

MCCH

25 McRae Lane

Inspection report

25 McRae Lane
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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 

Summary of findings

Overall summary

25 McRae Lane provides accommodation, care and support to up to five people with a learning disability and/or physical disability. At the time of our inspection five people were using the service.

At our last inspection in December 2015 the service was rated good. At this inspection on 4 January 2018 we identified some errors and areas requiring improvement. The rating for the three questions, "Is the service safe?", "Is the effective?" and "Is the service well-led" had deteriorated from 'good' to 'requires improvement' meaning the service was now rated 'requires improvement' overall.

Risks to people's safety posed by the environment had not always been considered. The fire exits were not alarmed meaning there was a risk that people could leave the service without staff's knowledge. We identified some errors regarding medicines records and stock control. Some staff had not adhered to the provider's mandatory training requirements and formal supervision was not held in line with the provider's policy. We also identified that some areas of the service required redecoration and refurbishment. The registered manager had systems in place which had identified the majority of these concerns and action was planned in response to them, however, this had not been implemented at the time of our inspection.

Despite the evidence above and staff not receiving regular formal supervision, staff felt well supported and there was regular informal supervision and support delivered that at the time was not being captured. Whilst some staff had not completed their required training, they were not left on shift on their own and other staff were on duty who had completed the required training and refreshed their knowledge and skills. Some medicines management errors were identified, however, people had received their medicines as prescribed and there was no current adverse impact on people's health or welfare.

Staffing levels had been increased in response to changes in people's needs and there were appropriate staffing levels in place in order to provide people with prompt support. Staff were aware of safeguarding adults procedures and action was taken in response to any safeguarding concerns raised. Staff adhered to good practice in order to prevent and control the spread of infection.

Staff adhered to the principles of the Mental Capacity Act 2005 and the restrictions authorised through the Deprivation of Liberty Safeguards (DoLS). Staff supported people with their dietary requirements and their health needs. Staff liaised with healthcare professionals to obtain advice about how to support people with their health and social care needs and implement best practice guidance. The environment was accessible, clean and free from malodours.

Staff continued to have caring relationships with people. They were aware of how people communicated and what people were communicating through changes in their behaviour. Staff empowered people to make as many choices as they were able to and to experience new things. Staff respected people's privacy and maintained their dignity.

People's needs were regularly reviewed and care records were updated in line with any changes in their support needs. Care plans provided detailed information about the level of support people required and how this was to be delivered. A vehicle had been purchased which gave people greater opportunity to access local amenities. Staff provided people with activities which provided sensory stimulation.

A complaints process remained in place. No complaints had been received, instead we saw the staff had received many compliments. Staff felt well supported by the registered manager and able to have open and honest conversations with them. The registered manager had built working relationships with the local authority and clinical commissioning group. They adhered to the requirements of their CQC registration.

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 required improvement. Fire exits were not alarmed impacting on the safety and security of the building. Safe medicines management practices were not consistently maintained.

Staffing levels had increased in order to meet changes in people's needs. Risks to people's safety were regularly reviewed and plans were in place to mitigate those risks. Safe infection control practices were maintained. Lessons were learnt and practice was improved following incidents and safeguarding investigations.

Requires Improvement ●

Is the service effective?

Some aspects of the service required improvement. Some staff had not adhered to the provider's training requirements and supervision sessions were not held in line with the provider's policy. Some areas of the service required redecoration and refurbishment.

Staff adhered to the principles of the Mental Capacity Act 2005 and conditions within the Deprivation of Liberty Safeguards (DoLS) restrictions. Staff supported people with their dietary requirements and their healthcare needs, including liaising with specialist professionals to obtain advice on implementing best practice guidance.

Requires Improvement ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

Some aspects of the service required improvement. The quality assurance processes needed strengthened to ensure they consistently identified and actioned improvements required at the service in a timely manner. Developments were planned in order to capture people's feedback and further involve them in

Requires Improvement ●

service delivery, however, this had not been implemented by the time of this inspection.

An open and honest culture had been developed and staff felt involved in service delivery. They felt well supported by the registered manager and felt their opinions were listened to and acted upon. Since the registered manager had been in post they had developed working relationships with the local authority and clinical commission group. They adhered to their CQC registration responsibilities.

25 McRae Lane

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 January 2018 and was unannounced.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in 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.

During the inspection we spoke with one person using the service. The other people using the service were unable to speak with us and therefore we observed interactions between them and the staff. We spoke briefly with all staff on duty and spoke in detail with four staff, including the registered manager. We viewed two people's care records, the staff's training records and supervision and appraisal records for three staff. We reviewed medicines management arrangements for four people and records relating to the management of the service.

Is the service safe?

Our findings

People received their medicines as prescribed. However, we saw that safe medicines management processes were not consistently followed in regards to checking stocks of medicines and medicine recording processes. For three out of four people whose medicines we checked we saw the person received their medicines as prescribed, stocks of medicines were as expected and accurate records were maintained of the medicines administered. For one person we found inaccuracies in stocks of two medicines and found records that another medicine had been administered however, it was no longer in stock. This meant accurate records were not maintained in regards to medicines management and there was a risk the registered manager did not have accurate records to keep track of medicines stored at the service. However, there was no current impact on the health of the person and the registered manager told us they would address the concerns with the staff.

Safe medicines management processes were adhered to in regards to safe storage of medicines, ordering, receipt and disposal of medicines. Protocols were in place to instruct staff as to when to administer medicines that were prescribed 'when needed' and appropriate records were maintained in regards to the administration of topical creams.

One person had moved into the service since our previous inspection. Staff gathered information from the referring agency and discussion with the person to assess any risks to their safety and welfare. Management plans were developed in response to the assessments to ensure detailed information was available to staff about how to manage and mitigate risks. For those that had lived at the service for some time, staff regularly assessed their risk management plans to ensure they were appropriate and people were adequately supported in line with any individual risks.

Staff continued to carry out checks to ensure a safe environment was provided for people. This included ensuring appropriate processes were in place in regards to gas safety, electrical safety and water safety. However, we found that the fire exit doors were not alarmed. During the inspection we observed one of the fire exits had been left open. There was a risk that people who were independently mobile could leave the service via the fire exits without staff knowing. People had been assessed as not having the capacity to understand the risks to themselves in the community and there was a risk, particularly at night, of someone being outside for extended periods of time without staff's knowledge. We spoke with the registered manager about this who said they would raise the concern with the provider.

Since our last inspection there had been an increase in the number of staff during the day from three to four staff. This was due to a change in one person's need and the requirement for them to receive one to one support during the day. We observed there were sufficient staff on duty to meet people's needs. People received prompt personalised support.

Since our last inspection there had been a number of staff that had left the service and the provider was still in the process of recruiting new staff to fulfil these vacancies. At the time of inspection there was a reliance on agency staff. However, the registered manager informed us these were the same regular agency staff who

were familiar with the service and the people using the service. One of the staff we spoke with confirmed they were agency staff but had been working at the service over a three year period. There had been no new staff recruited since our last inspection and therefore we did not look at this area during this inspection. However, the provider's processes remained the same and we will continue to review this during future inspections.

Good practice was adhered to in regards to preventing and controlling the spread of infections. People's care records referred to the importance of maintaining good hygiene and supporting people in regards to behaviours that could impact on their hygiene and increase the risk of developing infections. Staff wore appropriate personal protective equipment and cleaning schedules were completed. On the day of inspection the environment was clean and free from malodour.

Staff followed best practice in regards to safeguarding adults. They demonstrated knowledge in recognising signs of possible abuse and the reporting procedures to follow if they had concerns about a person's health or safety. Staff had completed safeguarding adults training to refresh their knowledge in this subject. Since our last inspection one safeguarding concern had been identified and reported by the registered manager to the local authority safeguarding team so an appropriate investigation could be undertaken. The staff followed advice provided during this process and had improved practices in response.

Following an incident earlier in the year all staff had been reminded of the incident reporting process. The staff we spoke with were clear about what processes to follow to ensure preventative measures were undertaken where possible and if an incident did occur what processes to follow to ensure the person received the medical attention they required and the management team were informed so they could take any further action if required.

Is the service effective?

Our findings

People received support from staff who had the knowledge and skills to undertake their duties. Staff completed a programme of mandatory training. In addition, staff were able to complete additional training delivered by the provider's trainer. The provider's trainer delivered bespoke training relating to the needs of the people using the service in regards to their learning disability, their sensory impairments and the behaviour they displayed. From checking staff's training records we saw two staff members were not up to date with the provider's mandatory training, this included in regards to first aid and medicines management. Whilst staff had not completed their medicines management training they had been assessed by the registered manager as competent to administer medicines. These staff were not on duty together without additional staff members present so there was always someone on duty with the required training and competencies. We spoke with the registered manager about the training requirements and they said they would ensure the staff completed their mandatory eLearning.

Staff told us they felt well supported by the registered manager and felt they could approach them if they had any questions or needed advice. The registered manager told us the provider's policy was for staff to be formally supervised four times a year. From records we saw this had not been adhered to. Nevertheless the registered manager told us there was regular informal supervision.

Staff supported people in line with the Mental Capacity Act (MCA) 2005. Staff were aware of what decisions people had the capacity to make and respected those decisions. Where people did not have the capacity, best interests' decisions were made on their behalf in liaison with relevant professionals involved in their care and support from independent mental capacity advocates (IMCAs). People had nominated persons who looked after their finances and staff liaised with them if they felt it would be beneficial for the person to make any big purchases.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff supported people in line with the conditions in their DoLS authorisation.

Staff provided meals in line with people's preferences and their dietary requirements. We observed staff asking people what they would like for lunch and providing meals in line with their choice. Staff involved people as much as possible in meal preparation. There was clear information in people's records about their dietary requirements and staff told us who required specific diets. People were provided with adaptive cutlery and crockery to enable them to eat their meal independently. One person had experienced some pain in their knees due to some extra weight they had put on. Staff had supported this person to lose weight through maintaining a healthy balanced diet and they confirmed they no longer experienced pain in their knees.

People's health needs continued to be met, through staff liaising with relevant healthcare professionals. At our previous inspection the service had been notified there needed to be a change in the GP practice

providing support to people. At this inspection a new GP provider had been identified and staff supported people to access primary healthcare services. Where people needed additional specialist support this was arranged. This included arranging assessments for people whose mobility changed, when they required additional support with behaviour that challenged and/or in regards to a person's dementia diagnosis.

Through liaison with specialist healthcare professionals staff were obtaining advice to enable them to implement best practice guidance. This included in regards to supporting people with dementia and gathering ideas about how to use colour at the service to support people to identify different areas. Staff had also implemented proactive behaviour support strategies to support people with learning disabilities who displayed behaviour that challenged staff and also to reduce any aggressive behaviour they displayed.

A fully accessible environment was provided with everything on one floor. This enabled people who were able to self-propel their wheelchair to navigate safely around the service. The service also used a variety of textured floors to enable people with visual impairments to feel their way around the service. Since our previous inspection the service had developed a sensory room. We saw this was being well used. At the time of inspection we identified some redecoration was required, including installing additional handrails to help people mobilise around the service and some furniture needing reupholstering due to rips and cracks in the covering which could injure someone and was no longer easy to maintain appropriate cleanliness. From discussions with staff and the registered manager they informed us these improvements had already been identified and were in the process of being addressed.

Is the service caring?

Our findings

We observed staff speaking to people politely and in a caring manner. The staff on duty had worked at the service for a number of years and had developed relationships with people. They knew each person's personality, their interests and what they enjoyed. Due to most people at the service not being able to verbally express what they enjoyed, staff observed their behaviour to identify what they enjoyed. Staff told us they continued to try new activities with people and take them to new places to try and identify additional things they enjoyed doing. Staff said they needed to be "creative" and identify people's new interests through "trial and error". One staff member said, "We are here to empower [people]. You'll never know what they can do for themselves unless you empower them."

Staff encouraged people to make as many choices as they were able to. This enabled people to make choices about what they would like to wear through feeling their clothes, what they would like to eat through providing them with more than one option, and trying a range of activities to find out what they would like to participate in.

Staff were knowledgeable about people's communication methods and what they were communicating through changes in their behaviour. Staff used stimulation of people's other senses to help communicate and bring people enjoyment and understanding of an activity. For example, on the day of our inspection the staff were taking down the service's Christmas decorations. They gave each decoration to people or placed them against the person's cheek so they could feel the different textures. Staff were also aware of what actions they could take to help reassure and comfort a person. For example, staff had identified that one person was calmer if they stroked their head.

Staff continued to treat people respectfully and maintained their dignity. One staff member said, "Dignity and respect has to come in, and choice." Staff spoke to people by their preferred name and used appropriate language. Staff concentrated on what people were able to do for themselves and empowered them to make small developments they were capable of. Staff spoke to people and offered them support discreetly when they were discussing matters of a confidential or personal matter.

Staff supported people with their religious and cultural needs. This included supporting those that wished to attend church. Staff were aware of who was important to the people using the service and supported them to talk about these individuals.

Is the service responsive?

Our findings

A full assessment was undertaken prior to a person coming to live at the service. This included liaising with the referring agency and obtaining information about the person's current needs as well as their history, their previous social and housing circumstances and the reasons why they required residential care. Detailed care plans were developed based on this information and obtaining the person's views about how they would like to be cared for. People's care plans were reviewed monthly and as and when people's needs changed to ensure they provided up to date information about how to meet people's current needs.

Staff supported people to engage in activities at the service and in the community. Staff involved people as much as possible in activities of daily living to help with skill development. Staff accompanied people in the community to undertake activities they enjoyed, this included going shopping, to coffee shops and garden centres. Since our last inspection the service had purchased a vehicle which enabled them to access more amenities in the community. The staff continued to support people to explore what other amenities they would like to visit and what activities they would like to participate in.

Care records did not currently address people's end of life preferences and there were no advanced care plans available. However, from speaking with the registered manager it was clear that this was something they were starting to think about and were interested in exploring. They were going to seek advice about how to make these types of decisions for people without capacity and who were not able to communicate their wishes. We will follow this up at our next inspection.

The complaints policy and process remained in place. From records and speaking with staff we saw that no complaints had been received since the last inspection. The one person who was able to communicate with us told us they felt able to speak openly with staff and particularly with the support workers who supported them daily.

Staff had received a number of compliments since our last inspection. We viewed the compliments received and some of the comments included were, "[The person] appears very happy and sociable", "Lovely place. Staff are very helpful" and "Very nice atmosphere within the home. Pleasant staff, very welcoming".

Is the service well-led?

Our findings

The same registered manager remained in post as at our previous 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.

Staff felt well supported by the registered manager. Since the registered manager came into post they had done a lot of work to develop an open and honest culture within the staff team. Staff said they could speak openly at staff meetings and in discussion with the registered manager. They felt the registered manager respected their views and felt their opinions and suggestions were listened to. Comments from one staff member we spoke with included, "She's fantastic...She works with the staff. She's very understanding...She makes sure it's [any concerns] resolved",

Processes continued to be in place to monitor and improve the quality of service delivery. This included auditing areas of service delivery, including care records, staff records, medicines management, infection control and health and safety. Where improvements were identified as being required this was addressed. However, we found that these processes may not be sufficient or frequent enough to identify and address the concerns we found on the day. In particular, there were not sufficient systems in place to review the safety and security of the building and ensure people could not leave the service without staff's knowledge.

The registered manager had audited the medicines stocks and records prior to our inspection and no inaccuracies were identified. Through these processes they were able to identify the inaccuracies we identified regarding medicines management had occurred the day before and the day of our inspection and they were going to address this with the staff on duty those days. The registered manager was already aware of the other areas we identified as requiring improvement during our inspection. For example, the completion of mandatory training and frequency of supervision. Staff told us the registered manager regularly reminded them to complete their mandatory training. The registered manager also had regular informal supervision with staff due to the small size of the service and staff team. From discussions with the registered manager on the day of inspection they were going to look at ways of capturing these informal sessions. They had also already taken action to improve the aesthetics of the environment. We will follow this up and action taken in response to the other aspects requiring improvement at our next inspection.

At the time of inspection people using the service were unable to complete satisfaction surveys or participate in a formal service user meeting. The registered manager was looking into different ways of obtaining people's opinions, through sensory stimulation and use of technology. We will follow this up at our next inspection.

Since the registered manager had come into post they had begun developing working relationships with other agencies, including primary healthcare services, the local authority and clinical commissioning groups. The registered manager told us an outcome of the safeguarding investigation earlier in the year had

meant they had developed closer working relationships with the local authority's safeguarding team and the agency funding the person's care.

The registered manager continued to adhere to their Care Quality Commission (CQC) registration and submitted statutory notifications as required. They worked with us and supplied us with additional information requested throughout the year in response to notifications about incidents that occurred.