MCCH Society Limited

MCCH Society Limited - 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

Overall summary

This inspection took place on 11 December 2014 and was unannounced. At the last inspection on 30 September 2013 we found the service to be meeting the regulations we looked at.

MCCH Society Limited – 25 McRae Lane provides accommodation and personal care for up to five people who have severe to profound learning disabilities, visual impairments and other disabilities. On the day of our visit there were four people living in the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Medicines management was not safe as people did not always receive their medicines as prescribed.

The service was not meeting their requirements in relation to the Deprivation of Liberty Safeguards (DoLS) as applications for authorisations to deprive people of liberties had not been made. This meant that people may have been unlawfully deprived of their liberty. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Care plans and risk assessments were in place and information was available to staff to understand people's needs and about the best ways to support them, including their preferences and personal histories. Staff treated people with kindness, dignity and respect.

The premises and equipment used to support people were safe as they were well maintained, with a range of safety checks in place.

The manager and staff had a good understanding of how to recognise abuse and how to respond if they suspected abuse was taking place.

There were enough staff employed to meet people's needs, although more staff were being recruited to increase the level of social activities on offer. People were not always able to do activities they were interested in regularly due to staffing levels and lack of resources.

Recruitment procedures were robust and only applicants who were found to be suitable worked in the home. The induction, training and ongoing support provided to staff helped them to meet the needs of people using the service.

People were provided with choice and support to eat and drink. Staff supported people with their healthcare needs in accessing necessary healthcare services.

There were arrangements to support people in relation to their disabilities, for example environmental adaptations had been made to the home. Staff had developed close relationships with people and could detect the subtle changes in people's mood, posture or sounds, knowing what they were trying to communicate.

For people who did not have relatives to support them in making decisions about their care, there were no advocates. This meant that they might not have been fully supported to make decisions or decisions might have been made without consideration of their best interests.

A range of audits to monitor the quality of the service were in place, although these had not been effective in identifying areas for improvement such as those we identified.

The organisation had a clear vision and values which staff were aware of. The manager and staff understood their responsibilities and staff found the manager supportive. Resources were available to support the team and drive improvement.

At this inspection, there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to medicines management and consent to care and treatment. You can see what action we told the provider to take at the back of the full version of the 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?

The service was not always safe. People did not always receive their medicines as prescribed. The premises and equipment were adequately maintained with a range of safety checks in place. Staff understood the signs and symptoms of abuse and how to protect people. There were enough staff to meet people's needs and recruitment procedures were safe.

Requires Improvement

Is the service effective?

The service was not always effective. The service was not meeting their requirements in relation to DoLS as they had not made applications to ensure people were being deprived of their liberty lawfully.

Staff were supported effectively through induction, training and supervision so they had the skills they needed to meet people's needs. People were supported to eat and drink and were provided with a choice of meals. Staff supported people to meet their healthcare needs.

Requires Improvement

Is the service caring?

The service was caring. Staff treated people with kindness, compassion, dignity and respect. Staff developed closed relationships with people and so could understand their changes in mood, posture and sounds and what they were communicating. Staff understood people's preferences, personal histories and the best ways to care for them.

Good

Is the service responsive?

The service was responsive. People's needs were regularly assessed and care was planned in response to their needs. People were involved in reviewing their care, with staff observing their preferences for care through observations. Support in terms of people's disabilities was in place to promote their independence.

Good

Is the service well-led?

The service was not always well-led. Although a range of audits were in place to monitor the quality of the service, they had not identified issues we found in relation to DoLS and medicines management. The manager and staff understood their roles and responsibilities and the manager was supportive to staff. Innovation was encouraged, and the manager had been involved in creating and delivering training to improve staff competencies and skills.

Requires Improvement

MCCH Society Limited - 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 11 December 2014 and was unannounced. It was undertaken by a single inspector.

Before the inspection we reviewed information we held about the service and the provider. We also contacted the local authority commissioning team to ask them about their views of the service provided to people.

During the inspection we observed how staff interacted with the people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. All people using the service were unable to communicate their views to us due to their complex needs. We spoke with the registered manager and four other members of staff. We also spoke with a specialist health and safety contractor commissioned by the provider. We looked at five people's care records and records relating to the management of the service. Most staff had worked with the service for many years so we looked at the recruitment file for the one person who had recently started.

After the inspection we spoke with health and social care professionals associated with people using the service to ask them about their views of the service provided to people. These were the local GP, a specialist nurse who supported people with difficulties swallowing, a social worker and an aromatherapist. We were unable to contact any relatives involved in people's care.

Requires Improvement

Is the service safe?

Our findings

The provider did not have effective arrangements to ensure people were protected from the risks associated with medicines management. We checked stocks for five medicines with staff and for two medicines there were less tablets in stock than expected. This indicated that people might not have received their medicines as records indicated. In addition, staff had not administered a medicine to a person earlier in the day which meant they had not received that medicine as prescribed, and there were no checking mechanisms in place to identify this in a timely manner.

It was not always possible to check how much medicines there should be in stock because there were no records of medicines received into the service at the most recent monthly delivery from the pharmacy. There were also no records of medicines carried forward from the previous month to the current month. Staff told us this information was usually recorded on the Medicines Administration Record (MAR sheet) as two staff checked through all the received medicines each month. However, only one staff member had checked in the medicines and had not recorded the quantities received or brought forward, against protocol. We carried out our audit based on the a medicines audit carried out a few days before our inspection, as well as considering the medicines the home had expected to receive.

These issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Medicines Management.

The GP told us staff ensured people attended regular medicines reviews. We found pictures of medicines in the medicines file and people's allergy status was recorded to prevent inappropriate prescribing. Staff received training in medicines administration and could only administer medicines when they had been assessed as competent.

There were not always sufficient staff to meet people's needs. We observed that in some situations it was difficult for staff to provide care for people due to staffing levels. When we arrived for the inspection one member of staff was left alone as the other member of staff had to take a person to an appointment arranged at short notice. There were two separate visitors to the home in this time, besides ourselves and decorators who were on-site, who the staff member had to attend to. Walls were freshly painted as the home was being redecorated and so staff needed to support people to avoid getting paint on their clothes. We observed it was difficult for the staff member to provide this support to people during this period, as well as to people who required personal support. However, staff told us this particular situation was exceptional. Usually additional staff were brought in when people had appointments, but in this situation that was not possible as the appointment had been arranged earlier that morning. The manager had identified staffing as an issue and recruitment was underway to increase staffing numbers during the day.

Recruitment practices were safe and checks were carried out before new staff worked at the service unsupervised. These included obtaining suitable references and completing a criminal records check, checking employment histories and considering applicant's health to help ensure they were safe to work with adults. This helped to ensure that people were protected from staff who may be unsuitable to work for the provider.

We looked at people's support plans and risk assessments. Risk assessments had been completed for areas such as using a wheelchair, having a Jacuzzi and using public transport.

The information in these documents was up to date and regularly reviewed. This meant that staff had access to current information about the people they supported and how to keep them safe.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. The central heating and electrical wiring system had been tested to ensure they were safe. The temperature at hot water outlets was tested regularly to reduce the risk of people being scalded. Records were kept of maintenance jobs and showed these were completed soon after they were requested, with a worker visiting the home each week to carry out these repairs. We met with an external specialist contractor who regularly visited the home to ensure control mechanisms to reduce the risk of Legionella infections were in place. Legionella is a bacterium which can accumulate rapidly in hot water systems if risks are not managed. Regular water testing took place and recent testing had shown there was no Legionella in the water system. However, there was no evidence of a Legionella risk assessment in place to document the preventative steps that were being taken.

Requires Improvement

Is the service safe?

Items of equipment required for the care of people or for their individual use were also checked and maintained to ensure they were safe to use. Records showed that people's wheelchairs, portable electrical appliances (PAT) and fire-fighting equipment were properly maintained.

Staff understood the signs and symptoms of abuse and knew what to do to protect people if they suspected abuse was taking place. The registered manager used supervision to reinforce how to follow safeguarding procedures with staff. The staff induction included safeguarding adults and staff received annual training in this topic. Information we have about the service showed that the registered manager had acted appropriately in the past in reporting allegations of abuse to the local authority so these were dealt with appropriately.

Requires Improvement

Is the service effective?

Our findings

The provider was not meeting the requirements in relation to the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) to help protect people's human rights in relation to capacity and consent. We saw a number of instances where people might have had restrictions on their liberty. The registered manager had not considered whether these could have amounted to people being deprived of their liberty so appropriate applications for authorisations could be made. They told us assessments were underway although this could not be evidenced. Staff did not have an understanding of DoLS and what it meant to deprive a person of their liberty, although they told us they had received training on this topic. A social worker told us the manager probably needed to make a DoLS application in relation to a person using the service and that they would explore this at their forthcoming review meeting. These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Consent to Care and Treatment.

Staff had a basic knowledge of the MCA, having received training in this. Mental capacity assessments to determine if people had capacity to make certain decisions were recorded for decisions such as purchases over a certain amount and medical interventions. Where people were assessed to lack capacity for such decisions, meetings were held involving their representatives and decisions were made in their best interests.

Staff received a range of training to do their jobs and told us the training was beneficial to helping them support people. Each staff member was provided with regular training in topics such as safeguarding, mental capacity act, medicines administration, manual handling and food safety.

New staff completed a week-long induction at the head office before they started working at the service. This included training in topics such as safeguarding adults, health and safety, deprivation of liberty safeguards, first aid, moving and handling, basic communication and autism. New staff shadowed more experienced staff within the home before working unsupervised and followed an induction programme.

Staff told us they felt supported by the registered manager. They received regular supervision in which they discussed issues relating to people using the service, team work, risk assessments, safeguarding and health and safety. The registered manager also carried out annual appraisals with staff to discuss and provide feedback on their performance and setting goals for the forthcoming year.

Staff had a good understanding of people's food and drink preferences and we observed people were served the food they liked, as described in their care plans. A healthcare professional told us people were provided with care in an individualised way. They gave an example of how a person was given a particular alcoholic drink some evenings because they enjoyed this. Staff encouraged and supported people to eat adequate amounts and understood when people had had enough by their body language.

A healthcare professional commented that, on occasion, staff blended people's food together instead of separately, and we observed this during our inspection. For the lunchtime meal all people were served food blended together, although their guidelines specified food was to be served in different ways. This meant people were not always served food as advised by specialists, and this may also reduce people's enjoyment of the food as they were not able to taste the different components of the meals. Staff told us this was not usual, although it could not be explained why this had occurred. We saw food prepared according to people's guidelines for the evening meal.

The specialist nurse told us, "The food is nutritious and smells good." People were encouraged to eat a healthy and balanced diet. Food was cooked using fresh ingredients.

Staff monitored people's weight and records showed they had obtained advice where there were concerns about their weight or any difficulties in eating or drinking. The dysphagia nurse told us, "If they have any concerns about people's eating or drinking they contact us in a timely manner and ask for help, they don't let people's health deteriorate." For example a person who was losing weight was provided a high-fat diet and a person who had difficulties in swallowing was prescribed a thickener.

Staff understood people's health needs and supported them to access care from healthcare services. The GP told us that staff listened to their instructions and asked more questions which showed they were being proactive in ensuring the instructions were clear. People had health

Requires Improvement

Is the service effective?

action plans in place and the GP confirmed people had annual reviews from a learning disability nurse to make sure they were receiving the necessary healthcare. Records showed people received regular health checks, with visits to the GP, dentist and optician as necessary. The GP told us the staff who usually worked in the home were excellent and understood people's needs very well. However, they told us that on occasion staff who did not usually work with the people attended appointments and it came across that they knew the people less well.

Staff responded promptly to changes in people's health. For example on the day of our visit night staff had arranged for a person to visit the GP later in the day due to a sudden deterioration.

Staff had created hospital passports for people to use when they visited hospital. These detailed people's health conditions and how hospital staff should support the person. Staff recognised certain foods aggravated a person's healthcare condition and had explored treatments with the GP and alternative therapists.

Good

Is the service caring?

Our findings

People were unable to tell us about their care and support because of their complex needs. Healthcare professionals told us staff were caring and kind and our observations were in line with this. The dysphagia nurse told us staff were caring and give a lot of "tender loving care." The aromatherapist told us people always appeared happy. We observed that staff had good relationships with the people they supported. People were relaxed with staff and acted comfortably around them. One staff member told us, "I thoroughly enjoy my job. We treat people how we would want to be treated."

The specialist nurse told us staff knew people's likes and dislikes and were always able to give information readily. They said staff were very knowledgeable about people. A social worker told us staff knew a person using the service very well and most had worked with them for a number of years. Our discussions and observations showed staff understood people's preferences and the best ways to support them. For example, staff knew who preferred to spend time by themselves and we saw they respected this.

People were involved in decisions about their care, even though they were not able to express their views verbally. Staff understood people's communication needs and used simple words with an appropriately calm tone when speaking to people. Many staff had developed close relationships with people having worked with them over many years, learning to detect subtle changes in people's mood, posture or sounds and the likely meanings people wished to communicate. For example, staff knew the particular signs a person displayed when they needed support with continence. For another person staff understood that, when they displayed behaviours which challenged the service this was usually linked to pain they were experiencing from a health condition. They then used strategies described in the person's care plan to support them.

Staff used alternative ways of communicating with people who were blind and deaf-blind. Where one person had created their own gesture indicating medicines, staff used this to let them know their medicines were due. Staff used everyday objects to indicate when events were about to happen, such as passing them a cup to indicate they were about to receive a drink.

The GP told us that staff treated people with dignity and respect and our observations were in line with this. The specialist nurse commented told us staff always treated people with dignity and respect. Staff ensured toilet doors were closed when providing personal support, and discussed when people required support in a discreet way. We observed staff supported people to dress appropriately and took care with people's appearance. The aromatherapist told us, "People's personal care is very good, and staff make sure they wear co-ordinating clothes with matching socks." People had specific guidelines in place as to how they should be supported with their personal appearance, which staff followed. Staff told us they used massage techniques most days to soothe a person when they became agitated and this reduced their anxiety, although records did not support that they did this at that frequency.

People did not have access to advocates to speak up on their behalf which meant they did not have an independent person to represent their interests. The manager told us it had been difficult to find an advocacy service in the local area so they were planning on exploring links with a group of more able people using other services within the organisation who advocated for themselves in a 'self-advocacy' group.

People were supported to maintain their independence. The specialist nurse told us, "They try to promote people's independence as far as possible." They gave an example of staff encouraging people to walk freely around the home, finding their own way with tracking along the walls. We observed staff encouraging people to help do some household tasks such as loading the dishwasher.

Good

Is the service responsive?

Our findings

Health and social care professionals made positive comments about the service and told us the staff supported people in a way, which met their needs. The aromatherpist described how staff knew people's individual character traits as well as what they liked to do. They told us how one person liked to use a swing in the garden and staff recognised when they wanted to do this. A social worker told us how the staff had responded well when the needs of a person using the service changed. They described how they had worked together to identify equipment that would support the person.

People's needs were regularly assessed, recorded and reviewed to check whether they were being met. People's care plans contained detailed information on their health conditions and personal histories which provided the necessary information for staff to understand and meet their needs.

As people were unable to express their views verbally, staff supported them to be involved in reviewing and planning their care in alternative ways. Staff observing people's body language and reactions to different aspects of their life, inferring their views and preferences from this. People's representatives told us they were also consulted as part of the care planning process and the service was responsive to their views and suggestions. Social workers reviewed people's care annually at meetings alongside the registered manager and staff. They confirmed the registered manager listened to their views and their input was valued in planning and reviewing people's care.

The provider has made arrangements to meet people's needs in relation to their disability. Where people had a visual impairment, the provider has used contrasting colours with areas of dark and bright to help people distinguish objects in the home. A dark strip ran across the walls, contrasting with the walls behind it. These were positioned at an appropriate height and people used this to move freely around the home. Staff understood the importance of sensory stimulation to people using the service, and supported them to be visited by an aromatherapist each week. Staff frequently supported people to enjoy f a Jacuzzi bath installed in the home. When a person developed a dementia-related disability their social worker confirmed the home had reviewed the way they cared for them so that they could remain in the home.

People were not always supported to follow their interests. There was no programme in place for people to attend activities they enjoyed on a regular, frequent basis due to staffing and transport difficulties. As the home did not have its own vehicle, staff explained how taxis could be unreliable and the drivers sometimes did not understand the needs of the people using the service so they could support people appropriately. The manager explained how they planned to increase the level of activities once additional staff were recruited.

However, staff knew the activities individuals liked to do, such as swimming, cycling and being outdoors and were sometimes supported to do these. Day trips to farms, garden centres and shopping trips took place, with banger racing, bowling and seeing a football match at a stadium taking place on occasion. Staff told us that people were often unwilling to engage in activities inside the home, although most enjoyed regular Jacuzzi, aromatherapy and massage.

The service had a complaints procedure. People using the service were unable to make complaints or suggestions due to their complex communication needs. Health and social care workers told us they had never had cause to complain and had no concerns about how the manager would deal with any should they wish to make any. The organisation regarded complaints handling as mandatory training for all staff.

Requires Improvement

Is the service well-led?

Our findings

Senior managers undertook regular audits to check the quality of the service and a quality assurance lead for the organisation had also inspected within the last few months. However, while the last senior manager's audit had identified several areas for improvement, the manager had not dealt with all the issues adequately. For example, the audit had identified that not all staff understood DoLS. We found that the registered manager had not fully addressed this as staff still did not understand DoLS.

We noted that whilst some audits were effective, others were not so effective. For example the medicines audit that had not picked the issues we identified in a timely manner. Other regular audits to monitor the quality of service included a range of environmental and safety audits, as well as daily and monthly financial audits. A software package was used to monitor staff training and showed which staff were due training according to the organisations training schedule. Annual satisfaction surveys were carried out across the organisation and the 2013 results showed that a high proportion of people were very happy with the support they received.

The GP told us the service seemed quite well-run when they visited. Staff told us the registered manager was good. They said they felt comfortable raising concerns with the registered manager and were encouraged to do so. Staff were aware of the whistleblowing policy and knew they could raise any concerns with senior management within the organisation. Staff confirmed that the registered manager would follow through with any issues they raised with them. Staff told us that where the manager had identified improvements were required in their work they would discuss these with them, in a respectful and constructive way. Staff also told us the home was a good place to work at and had a good atmosphere with staff supporting each other.

The manager understood their role in ensuring people received care to meet their needs and in supporting staff in their role. They encouraged open communication with staff and there were regular opportunities for staff to give their views, feedback and suggestions. The manager met staff regularly for supervision. However, although staff confirmed team meetings were held every six to eight weeks, minutes to support this could not be found, with the only minutes from the October meeting being available for the whole of 2014. The manager and staff told us they had been produced and could not explain why they could not be located.

The organisation had a clear vision for a 'world where everyone is valued for who they are and can live the life they choose'. Their values included to help people be the best they can be and to respect people as individuals. Staff told us they had been made aware of these and felt they reflected these values in the way they were encouraged to carry out their roles.

Resources and support were available to support the team and drive improvement. The organisation invested in a programme of staff training. The registered manager was encouraged to develop their management and other specialist skills. For example they were being supported to do a management course and the organisation utilised their skills and experience as a moving and handling trainer.

Information from investigations was used to drive quality across the organisation. For example, in the October team meeting we saw that safeguarding incidents from other parts of the organisation were discussed and the lessons learnt were shared with staff at this care home.

Innovation was recognised and encouraged to drive up quality. A group of managers in the organisation had recently been supported to put together and deliver a course termed 'back to basics'. This was to remind staff of the importance of privacy, dignity and respect, as well as how to interact with people positively. Many staff had worked with the organisation for several years and the managers had noticed some complacency in the areas of privacy, dignity and respect so put together a course to improve standards. Staff told us this course had made them question their practice and make the necessary changes in the way they cared for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use services and others were not protected against the risks associated with the unsafe use and management of medicines by means of making appropriate arrangements for the recording, safe keeping and safe administration of medicines. Regulation 13.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person did not have suitable arrangements in place for establishing, and acting in accordance with, the best interests of people using the service. Regulation 18(2).