

First Choice Care Limited

Medway House

Inspection report

62 Medway Gardens
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13 January 2016

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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?	Requires Improvement ●

Summary of findings

Overall summary

Our inspection of Medway House took place on 8 and 13 January 2016. This was an unannounced inspection.

At our last inspection of Medway House on 18 December 2014 we found that the home was not meeting the requirements of the law in relation to the following: consent to care and treatment; care of people who use services; records. During this inspection we found that the provider had taken significant steps to improve the service in order to meet the requirements identified at the last inspection.

Medway house is a home situated in North Wembley and is registered to provide accommodation and personal care to six adults who have mental health needs. At the time of our inspection the home had no vacancies. .

At the time of our inspection, a new manager had been appointed and they were undergoing the process of becoming the registered manager for the home. 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 living at Medway House told us that they felt safe. Staff members had received training in safeguarding, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were also knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

People had up to date risk assessments to ensure that they were kept safe from avoidable harm. These were person centred and contained detailed guidance for staff about how they should support people to ensure that risks were minimised.

People's medicines were stored, managed and given to them appropriately. Records of medicines were well maintained.

There were enough staff members on duty to meet the needs of people living at the home. Staff supported people in a caring and respectful way, and responded promptly to support their needs and requests.

Staff who worked at the service received regular relevant training and were knowledgeable about their roles and responsibilities. Appropriate checks took place as part of the recruitment process to ensure that staff members were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager, and those whom we spoke with told us that they felt well supported. A regular programme of staff training was in place which met national training standards for workers in health and social care.

The home was meeting the requirements of The Mental Capacity Act 2005 (MCA). Assessments of people's capacity to make a wide range of decisions were in place and had been undertaken and we saw that these were regularly reviewed. All staff members had received training in MCA and The Deprivation of Liberty Safeguards (DoLS). Those we spoke with were able to describe their roles and responsibilities in relation to supporting people to make safe decisions.

People's dietary needs were met by the home, and we saw that people were enabled to make choices about food and drink. Some people cooked for themselves, and meals were provided which met people's cultural requirements.

The care plans maintained by the home were detailed and up to date. These contained guidance for staff about how they should support people. Staff met regularly with people to discuss their views about their care and support and their progress in relation to their care plans. The home liaised with other health and social care professionals to ensure that people received the care and support that they required.

People were supported to participate in range of individual and group activities. The home also supported people's cultural, religious and language and communication needs.

People told us that they knew how to make a complaint. We saw that a formal complaint that had been received by the home had been addressed quickly and appropriately.

The provider visited the home regularly. During our inspection we saw that the new manager and the provider spent time engaging positively with people who lived there.

The home had systems in place to monitor the quality of the care and support that was provided, and we saw that actions had been taken to address any identified concerns. However, we found that the provider had not always notified CQC about incidents where they were required to do so as a requirement of their registration.

Policies and procedures were up to date and reflected regulatory requirements and good practice in care.

We found one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we have told the provider to take at the back of the full version of the report

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. Risk assessments for people were up to date and contained guidance for staff members on how to manage identified risks.

Staff members that we spoke with understood the principles of safeguarding, how to recognise the signs of abuse, and what to do if they had any concerns.

Medicines were well managed and recorded.

Is the service effective?

Good ●

The service was effective. People's capacity to make safe decisions had been assessed and staff members had received training in the requirements of The Mental Capacity Act 2005.

People who used the service told us that they were happy with the support that they received.

Staff members received regular training and supervision, and team meetings were held regularly.

Is the service caring?

Good ●

The service was caring. Staff members interacted with people in a respectful and positive way.

When people required support this was responded to quickly and in a way that respected people's privacy and dignity.

The communication needs of people who did not communicate easily in English were supported by staff members with knowledge of their language and culture.

Is the service responsive?

Good ●

The service was responsive. Care plans were person centred, and contained detailed information for staff members about how they should support people.

People met regularly with their key worker, and the records

showed that people had been asked for their views on their progress in meeting identified support outcomes.

People who used the service knew how to make a complaint if they needed to.

Is the service well-led?

The service was not always well led. The provider had failed to notify CQC about incidents where they were required to do so.

A new manager had recently been appointed, and action had commenced ensure that they were registered with CQC.

A range of quality assurance processes were in place and we saw that these were used to improve service provision.

Policies and procedures were comprehensive and up to date.

Requires Improvement 

Medway 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 inspection took place on 8 January 2016 and was unannounced. We returned to the home on 13 January 2016 to complete our inspection.

The inspection was carried out by a single inspector.

We used a range of methods to help us to understand the experiences of people living at the home. We spoke with two people who used the service, two care staff, the provider and the new home manager. We observed activities within the home and interactions between staff and people who used the service. We looked at three care plans and associated care documentation including risk assessments and medicines administration records. We also reviewed three staff files, along with a range of other documents maintained by the home. These included policies and procedures, staffing records, training records, complaints records, accident and incident reports, staff rotas, menus, activity records and quality assurance documentation.

Before the inspection the provider had completed a Provider Information Record (PIR). This is a form that asks the provider for key information about the service, what the service does well, and what improvements they plan to make. We also reviewed our records about the service, including previous inspection reports, statutory notifications and enquiries.

Is the service safe?

Our findings

People told us that they felt safe at the home. One person said, "I am very safe." Another person told us, "I am voluntary. I would leave if I wasn't safe here."

At our previous inspection of Medway House on 18 December 2014 we were concerned that the records of people's risk assessments were limited and did not include plans for managing identified risks. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this visit we found that significant improvements had been made in this area. People's risk assessments were individualised and up to date, and were linked to other information contained within their care files. The assessments covered a range of identified risks, such as mental health, physical health, finances, relationships, medicines, drug and alcohol use, self-care and risk in the community. These were supported by risk management plans that provided guidance for staff on how to support people to ensure that they were safe. We saw that a risk assessment and management plan for one person had been updated following a meeting with their mental health care co-ordinator and the changes reflected issues that had been discussed and agreed with the person.

Staff members that we spoke with demonstrated that they understood the principles of safeguarding adults, and were able to describe different types of abuse and provide examples of indicators that abuse might be taking place. They referred to the home's safeguarding policy and procedures and their responsibilities in immediately reporting and recording any concerns. One staff member told us, "one of the things we have to watch out for is self-neglect, as this is safeguarding too." We saw evidence that training in safeguarding had been received by all staff members.

There were sufficient staff members on shift to ensure that people received the support that they required. During our inspection we saw that staff members were able to respond promptly to meet people's need and requests. A staff rota was displayed on the office wall. We saw that on a typical day there were two staff members on shift from 8am – 4pm, with one staff member from 3pm to 10pm, who would also sleep in at the service overnight. The manager and deputy manager covered some of these shifts. Although the home shared a staff team with another nearby service owned by the provider, there was a core staff team that worked regularly at the home. The provider told us that agency workers were not used, and that absences were covered by regular bank staff, or workers from the other service. This arrangement was confirmed by the staff members that we spoke with. We saw that arrangements were in place to ensure that additional staffing was provided to support planned activities, where people required to be accompanied on outings and to medical appointments. During our inspection a learning and development session was taking place, and we saw that a staff member came in to cover the absence of another who was required to participate in this.

We looked at three staff files. Staff recruitment records included copies of identification documents,

evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. This demonstrated that the provider ensured that staff members were suitable for the roles that they were required to undertake.

Medicines were managed and administered safely. We looked at the storage, administration and recording of medicines. Medicines were stored in a suitable locked cabinet within the home's office. We were told that medicines were ordered and received on a monthly basis and saw records in relation to this. We did not see medicines being administered but observed that this took place in privacy in the office. People knew when they were due to receive medicines, and had no concerns about how or when these were received. The medicine administration records were well maintained.

The communal areas were appropriately furnished and clean and tidy. We saw that health and safety checks had been completed regularly. Certificates of safety, for example, in relation to electrical and gas safety, portable electrical appliance testing, and fire equipment had been carried out. The provider had ensured that actions identified during a recent fire safety inspection had been carried out promptly, and we were shown evidence of this.

Is the service effective?

Our findings

People told us that the service was effective. One person said, "I think they really help me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our previous inspection of Medway House on 18 December 2014 we were concerned that the home was not meeting the requirements of MCA and DoLS. This was a breach of regulation 18 of The Health and Social Care Act (Regulated Activities) 2010 and corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

On this visit we found that the home was meeting the requirements of the MCA and DoLS. We saw that assessments of people's capacity to make decisions were contained within their care files and that these were updated on a regular basis. All staff members had received training in MCA and DoLS during the past year. Staff members that we spoke with were able to demonstrate an understanding of their responsibilities in relation to MCA.

No one who lived at the home was subject to DoLS, and restrictions were only in place for people where this was a condition of their residence at the home under The Mental Health Act 2007 (MHA). Two people who were not subject to MHA restrictions, required support to undertake some activities outside the home due to physical or speech and language impairments. We saw that their care records were clear about the reasons why they required to be accompanied when away from the home and that there was evidence that they had agreed to or requested this.

People that we spoke with were generally positive about the support that they received from staff members. The staff members that we spoke with felt that they received the support and information that they required to carry out their duties effectively. Training records were up to date and we saw that staff members had received training in, for example, Mental Health, Dementia and Epilepsy Awareness, in addition to core training that met the National Minimum Training Standards published by Skills For Care. During our inspection a workshop on safe administration of medicines was taking place for staff members who required a 'refresher' session. The manager informed us that he was planning to deliver refresher training in risk management and positive behaviour management within the month following our inspection.

Staffing records for the service showed that staff had received regular supervision sessions with a manager.

The staff members that we spoke with told us that this was helpful, and provided an opportunity to discuss concerns about the people whom they were supporting. Team meetings had taken place regularly. We saw from the recent team meeting minutes that discussions had taken place regarding the quality of care plans, feedback from the outcome of a fire safety inspection and a quality assurance review by a local authority, safe administration of medicines and key working practice.

People were provided with food that met their dietary requirements. Information contained within people's care plans identified people's food preferences, and we saw that a menu was available that reflected these. Choices available on the menu appeared varied and well balanced. One person that we spoke with said, "I am a vegetarian, and I like to have chapatti with my meal." Two people prepared their own meals and we saw that arrangements were in place to support this. One person said, "I only like African and Caribbean food. I buy my own food." Their care plan showed that they had a budget for food shopping and that this was supported by staff members. We saw that people were able to prepare drinks and snacks at any time. The notes of resident meetings showed that food and menu choices were discussed with people who used the service.

The care records for people who used the service showed evidence that relevant health and social care professionals were involved in their support. The staff members that we spoke with referred to input from external health and social care professionals. One person that we spoke with told us that they had had a meeting with their care co-ordinator recently.

The home environment was suitable in respect of the physical and other needs of the people who lived there. Two bedrooms and a bathroom were situated on the ground floor and accessible for people with mobility needs. The communal areas were spacious, and there were sufficient bathroom and toilet facilities. There was access to a garden. We were told by staff that this was mainly used by smokers in the winter, but was used more frequently by other people when the weather was good.

Is the service caring?

Our findings

One person that we spoke with said, "the staff are good." Another told us, "some of them are good."

We observed that staff members communicated with people who used the service in a friendly, respectful and professional way. Four people who used the service were of Asian origin, and some had limited use of English as a second language. The majority of staff at the home were able to communicate with people in their home language. We saw that people's care plans identified speech and language communication needs and provided guidance for staff members on how they should communicate with them. We observed staff members communicating with people in ways that they understood, and saw that discussions and chat about their interests and needs took place. For example, one person was writing numbers in an exercise book and we saw that a staff member stopped and chatted to them about what they were doing. Another person was watching a Bollywood film on the television and we saw that a staff member engaged in 'banter' in their first language about the movie, and that the person responded with smiles and discussion.

The staff members that we spoke with talked positively about the people who used the service and indicated that they understood their needs. One told us that they particularly enjoyed, "supporting people to do activities." Another staff member said, "I always try to think how I would like to be treated if I was in their place."

People's care plans contained information about their preferred social and cultural needs and important relationships, and the staff members that we spoke with were knowledgeable about these. One person told us that they regularly attended a local place of worship. Three people at the home spoke Gujarati as their first language, and a number of staff members were fluent in this. We saw that one person who had a speech impairment was able to make their needs known, and that staff members gave them time in which to do this.

People's privacy and dignity was respected. We saw for example, that medicines were delivered in privacy, and that staff members responded to people's anxieties by taking them to a quiet place to discuss, with their consent. Staff members knocked on people's doors and waited for a response before entering. People were asked for their agreement before support was provided. For example, we saw that people were asked about what and when they wished to eat lunch. We also saw that people were involved in preparing their meal.

Information about advocacy services was maintained within the home. We asked about use of these. The provider told us no one at the home currently had an advocate, but that they would be supported to access one should they so wish. People's care plans indicated that family members were active in supporting people where required, and two people told that they regularly spent time with family members. During our inspection, another person was visiting their family.

Is the service responsive?

Our findings

People told us that the service was responsive. One person said, "staff listen to me. They do what I need."

At our previous inspection of Medway House on 18 December 2014 we found that the care plans for people who lived at the home did not always include significant information about their needs or guidance for staff on how to support these. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and corresponds with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this visit we found that significant steps had been taken to ensure that care plans were detailed, person centred and up to date. We looked at the care documentation for three people. Care plans now contained detailed information about people's support needs, such as mental and physical health, money management, self-care, nutrition, communication and community based activities. They contained clear guidance for staff about how, why and when support should be provided. Information contained within the plans was specific to the person and we saw that, where a person's support needs had changed their plan had been immediately updated to reflect this. Guidance about supporting specific health needs, such as epilepsy, was detailed and reflected good practice.

People had signed their care plans to show that they agreed with them. One person told us that they knew about their plan and said, "it's good." Another person told us that they did not agree with their care plan even though they had signed it. However we saw notes of regular meetings that were held at the home with this person and their mental health care co-ordinator, where progress and agreement on actions identified in the plans were discussed.

We saw that people had met with their key worker on a monthly basis. Records of key work meetings showed that progress in relation to outcomes included in people's care plans were discussed. People were also enabled to discuss their feelings and their ideas about things that they would like to do. Actions were set where agreed, and progress against these was discussed at the next meeting. One staff member told us that the key worker meeting record template had been revised, and "these are much better now." Daily care notes were kept and these provided sufficient detail about people issues arising for people on a day to day basis, and how these had been supported.

People were supported to participate in a range of activities, and group activities were organised by the home for those who wished to participate. These had included outings to coastal resorts, along with visits to the cinema, a local night club and meals out. During the weekend prior to our visit four people had gone bowling. A staff member described a walking group that the home organised. "Some people don't go out a lot, but they like walking to local places when we organise it, and it's good exercise." Activity records showed that people regularly went on local walks. One person told us that they went horse tiding, and another proudly showed us their exercise bike which they told us they used regularly.

One person told us that they had regular residents meetings. We saw that regular recorded meetings had

taken place. The notes of the most recent meeting on 28 November 2015 showed that issues such as menus, activities, health and safety and cleaning had been discussed.

The people that we spoke with told us that they knew what to do if they needed to make a complaint. We looked at the home's complaints register. One formal complaint had been raised during the past year and we saw that this had been addressed promptly and appropriately.

Is the service well-led?

Our findings

There had been a change of manager since our last inspection on 18 December 2014. A new manager had commenced employment at the home during the week of our inspection. We discussed the process of registration with The Care Quality Commission with the manager and proprietor and we were assured that this had already commenced.

The provider had failed to notify CQC about incidents that had been reported to the police in relation to a person who had failed to return home. We noted that, on each occasion, the person had eventually returned safely. However the provider was required to provide a regulatory notification in respect of any incident that had been reported to the police.

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

We discussed this with the provider and manager. The provider explained that provision of regulatory notifications to CQC would have been the responsibility of the previous manager who had now left. They told us that they would ensure that notifications were provided to CQC in the future.

The home has accreditation with Investors in People and the staff members that we spoke with were positive about the support and development that they received. They told us that they did not know the new manager well yet, "but he seems good." They said that they liked the provider who visited the home regularly, and one staff member said, "he is very supportive." People who used the service felt that the home was well managed. We saw that the manager and provider communicated positively with both people who used the service and the members of staff who were on shift.

During our inspection the new manager was facilitating a team meeting that included a learning and development session on medicines administration. They told us that they planned to build other such sessions into regular team meetings as this would enable them to get to know current staff approaches and understanding of care and support practice and to reinforce good practice at the home.

The provider had a range of quality assurance processes in place at the home. For example, care plans and medicines records had been recently audited and we saw that monthly reviews of documents were up to date. A health and safety risk assessment was in place and the fire safety risk assessment had been updated in December 2015 to reflect actions undertaken following a fire safety inspection. There was evidence that quality issues were discussed in staff team meetings, including actions in response to the fire safety inspection and a quality assurance monitoring visit by a local authority.

The provider had undertaken a service user feedback survey during August 2015. We saw that high levels of satisfaction had been recorded by people who lived at the home.

We reviewed the policies and procedures in place at the home. These were up to date and reflected good practice guidance. We saw that staff members were required to sign when they had read the policies.

We saw recorded evidence that the home liaised regularly with relevant professionals, including relevant mental health professionals, general practitioners and commissioning authorities.

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 18 Registration Regulations 2009 Notifications of other incidents The registered person failed to notify the Care Quality Commission of incidents which occurred in the carrying on of a regulated activity.