MCCH Society Limited

MCCH Society Limited - 76 Fen Grove

Inspection report

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Overall summary

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, and to provide a rating for the service under the Care Act 2014.

This inspection was an unannounced inspection carried out on 9 July 2014. At our previous inspection on 27 November 2013, we found the provider was meeting regulations in relation to outcomes we inspected.

MCCH Society Limited – 76 Fen Grove provides accommodation, care and support for up to four people with learning and physical disabilities. At the time of our inspection there were three people living at the service. The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Two relatives of two people who used the service told us they thought the service was safe and they had no concerns regarding the safety of the people. For example, one relative said, "I trust staff one hundred percent and my relative] is safe there" and another relative told us, "I think [my relative] is kept clean, well-fed and I can't find any fault with the staff."

Staff had the training and knowledge they needed to make sure people living in the home were cared for safely. They knew how to respond to specific health and social care needs. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. Staff supervision and annual appraisals of all care staff was up to date and was in line with the provider's timescales. The staff we spoke with felt supported by their line manager and said they always received advice and direction as and when required, to meet the needs of people at all times.

We found staff recruitment practices were safe and the relevant checks had been completed before staff worked at the home. Staffing levels were sufficient to meet people's needs.

We found that people's relatives, their care managers and appropriate healthcare professionals had been involved in the care planning process. However, we found where people were assessed to be unable to make decisions themselves, a best interests decision making process was not followed.

People's medicines were managed to ensure they received them safely. Staff who administered medicines

Summary of findings

were appropriately trained. We found staff recruitment practices were safe and the relevant checks had been completed before staff worked at the home. Staffing levels were sufficient to meet people's assessed needs.

We observed that meals were home cooked and freshly prepared. A care plan had been created to record the needs of the individual, and an eating and drinking record maintained on a daily basis to show food and drink intake. A relative said, "My relative is well-fed and is eating better". A community professional told us, "The staff are very good at following our recommendations and they keep a food intake record clearly."

The care plans and risk assessments reflected people's health and social care needs. Care plans showed that people had a wide range of health and social care needs and had access to external health care professionals' support, such as a dentists, GPs, and speech and language therapists, as and when required. All relatives told us that staff looked after their relatives well and supported them as and when needed to meet their care needs. For example, one person said, "They take my relative for regular health check-ups, to dentist, haircut, they have a shower in the morning and are kept clean".

People's assessments and care records considered their need for privacy and dignity. We observed staff treating people with dignity and respect. One relative told us, "My relative needs lots of caring and help; the staff do it well".

We saw that health and social care professionals, for example, GP, speech and language therapist and dentist worked together to meet people's specific needs. Relatives told us they were actively encouraged to make their views known about care and support provided at the home. The manager told us that the home had not received any complaints since the previous inspection in November 2013. One relative told us, "I have no complaints whatsoever." And another relative said, commenting on the staff team, "They are very good, I can't find any fault."

We found that people's relatives, their care managers and appropriate healthcare professionals had been involved in the care planning process. However, we found where people were assessed to be unable to make decisions themselves, a best interests decision making process was not followed to make decisions about their own care needs.

The provider had effective systems to regularly assess and monitor the quality of service that people received. Following these checks, an action plan was developed and implemented to address the issues identified. Relatives of people who used the service praised the manager and said she was approachable. For example, a relative commented in the June 2014, feedback survey, "We as a family are very happy the way our relative is cared for at Fen Grove, and we have the utmost trust in the manager and her staff.

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?

Good

This service was safe. We observed people were relaxed with staff. The relatives of people who used the service told us they thought the service was safe. Manager and staff received training on safeguarding adults, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff understood how to safeguard the people they supported. Risk management plans were in place and staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home.

People's medicines were managed appropriately so they received them safely.

Is the service effective?

Good

The service was effective. Family members were consulted and felt involved in the care planning process. The service ensured people's needs were met regarding their diet, including seeking professional advice where additional expertise was required and providing support to people who needed assistance with eating and drinking.

People were supported to maintain good health and had access to external healthcare services. Staff completed induction and further training to ensure they were equipped to understand care practices they delivered and how they contributed to people's health and wellbeing.

Is the service caring?

Good

The service was caring. We saw staff were attentive towards people and supported them at their own pace. Staff were knowledgeable about the needs of people who used the service, which were clearly documented.

During the inspection we saw staff provided kindness, compassion and companionship to people using a range of verbal and non-verbal communication techniques. We observed staff treating people with dignity and respect. People were provided with specialist equipment to support them in maintaining their independence.

Is the service responsive?

Requires Improvement

The service was not responsive. Staff gave information to people in ways that they could understand and supported people to make their own choices in relation food and drinks and activities.. However, when people did not have the capacity to consent, the provider had not acted fully in accordance with legal requirements. This meant people were at risk of receiving care against their wishes.

The service regularly reviewed and evaluated care and support plans. Activities were available for people, including support to maintain social contacts. Staff

Summary of findings

had enough time to provide care and support to people. Relatives were actively encouraged to make their views known about the care and support provided at the home. The service asked them for their views and opinions. People we spoke with felt able to raise concerns and had done in the past.

Is the service well-led?

Good

The service is well-led. The manager interacted well with people who used the service. Relatives of people who used the service said the manager was approachable and visible. Staff spoke positively about the culture of the service and told us it was well-managed and well-led. Relatives who had completed surveys fed back positively about the service.

Staff knew their roles and responsibilities as well as organisational structure and who they would go to for support if needed. There were regular team meetings and handover meetings, which provided an opportunity to discuss concerns and suggest improvements. The provider had effective systems to regularly assess and monitor the quality of service that people received. There was evidence that learning from audits took place and appropriate changes were implemented. Emergency plans were in place and understood by staff.

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Detailed findings

Background to this inspection

We inspected Fen Grove on 9 July 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting.

The inspection was led by an Adult Social Care inspector who was accompanied by 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 care service, for example, learning disability services.

Before the inspection, we reviewed information we held about the provider, including the provider's information return (PIR). This is a form submitted by provider giving data and information about the service. We spoke with the GP, about people who use the service, a staff member from the speech and language therapy team that worked alongside the service, and a member of the local commissioning team. They gave positive feedback about the service. At our previous inspection of 27 November 2013, we found the provider was meeting regulations in relation to outcomes we inspected.

During inspection we observed care and support in communal areas and saw how people were being supported with their meals during lunch time. We looked at records about people's care, including three people's care records and records relating to the management of the home for example, staff recruitment and staff training records, safeguarding records, quality monitoring reports and records of incidents accidents and complaints.

People living at the home had complex ways of communicating and they were not able to fully tell us their views and experiences. Because of this we observed care to help us understand the experience of people who could not talk with us. We spoke with two relatives, two health and social care professionals, two members of staff, registered manager and the area manager.

Good

Is the service safe?

Our findings

Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they were able to raise concerns within the organisation and would be provided with sufficient support from the manager. They told us they were confident the manager would address concerns raised by staff or people who used the service. The manager told us there had been no safeguarding incidents at the home since the previous inspection in November 2013, but was able to describe the action they would take if an incident did occur. We saw safeguarding and whistleblowing policies were available and provided guidance to staff on how to raise a concern. The manager told us all staff were up-to-date with safeguarding training, which gave staff the skills to identify and act on allegations of abuse. We looked at staff records which confirmed all staff were up-to-date with safeguarding training and refresher courses were planned. All these factors showed us both staff and management had a good understanding of how to raise safeguarding and other concerns to ensure people were kept safe from abuse.

The risk assessments we saw covered moving and handling, bedrails and use of seat belts, eating and drinking, fire, using the bathroom and finance. Where risks were identified, staff were given clear guidance about how these should be managed.

The staff we spoke with knew what action to take in response to each individual's needs. When people were at risk, staff followed effective risk management procedures to protect them. We looked at three people's care plans and risk assessments and saw they were written in enough detail and updated as and when required. a range of areas including moving and handling; , bedrails, use of seat belts and , eating and drinking, Where risks were identified, staff were given clear guidance about how these should be managed.

The Care Quality Commission has a duty to monitor activity under the deprivation of liberty safeguards. All staff had completed training on Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager knew the correct procedures to follow to ensure people's rights were protected. There were no DoLS authorisations currently in place.

All the people in the home received one to one support and this allowed good relationships to develop. Staff were able to describe how individual needs were met to ensure each person was kept safe. We observed people interacting with staff in the communal areas. And found people were relaxed with staff; they sought physical contact and reassurance from staff throughout the day. We spoke with two relatives of two people who use the service. Both told us they thought the service was safe and they had no concerns regarding people's safety. For example, one relative said: "I trust staff one hundred percent and my relative is safe there." Another relative told us, "I think my relative is kept clean, well-fed and I can't find any fault with the staff."

Staffing levels were sufficient to meet people's needs. We looked at the staff rotas for the two weeks prior to the inspection. The manager explained how staff were allocated on each shift. They said staffing levels were kept under review and adjusted according to the dependency levels of people who lived in the home, and any external health care appointments. They said, when required, staff worked later or started earlier to support the people using the service. Staff were able to clearly tell us about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. We saw there was a minimum of two staff on duty during the day and at night there was one waking night staff and a sleep in member of staff. We saw during our inspection that staff were present when people needed their help and were able to respond quickly to people.

We looked at recruitment records of three staff members and spoke with staff about their recruitment experiences. We found that recruitment practices were safe and that relevant checks had been completed before staff worked at the home. This made sure that people were protected from staff that were known to be unsuitable.

We found people's medicines were managed so they received them safely. We looked at the medicines administration records (MAR) for three people living in the home. These showed all required medicines were in stock and people had received their medicines as prescribed. All medicines were held securely. Medicines were supplied pre-packed by the pharmacy. Staff records we saw showed that staff who administered medicines were appropriately trained and assessed as competent to administer medicines safely.

Good

Is the service effective?

Our findings

Staff had completed induction training before starting work at the home. The induction training required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles. Staff informed us that they received a range of training, which enabled them to feel confident in meeting people's needs and flagging up any concerns / changes in health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date in line with best practice. Staff records we saw showed that staff received training on safeguarding people, emergency first aid, medicines management, food safety, fire awareness, Mental Capacity and Deprivation of Liberty Safeguards, epilepsy, rectal diazepam and moving and handling. Staff were able to speak confidently about care practices they delivered and understood how they contributed to people's health and wellbeing.

Staff supervision records we saw showed that formal supervision of all care staff was up to date and was in line with the provider's timescale for supervision. We saw that at these supervision sessions staff discussed a range of topics including progress in their role and any issues relating to the people they supported. All staff we spoke with during the inspection felt supported by their line manager and said they always received advice and direction when they requested it. The staff records we looked at included evidence of annual appraisals taking place for all staff that had completed one year in service and we saw specific learning and development needs had been discussed. This showed that staff were supported to enable them to meet people's needs.

We saw that staff communicated effectively and interacted in a respectful way with people at all times. Photographic and pictorial signage were used throughout the home to identify specific rooms and also to inform people which staff were on duty and what the choices for the meals were. We saw that people were encouraged to make choices in many aspects of their daily life. For example, people were asked what they would like to eat, what clothes they would like to wear or if they wished to join in an activity. All family members we spoke with confirmed they were consulted and felt involved. One person said that, "anything to do with the support plan for my relative we discuss with manager and do what is best for them."

We observed that meals were home cooked and freshly prepared. The staff we spoke with were aware of the people's health and social care needs and how this care should be delivered. There was a choice of foods that suited people's recorded needs and preferences. We saw support was provided by staff to people who needed assistance with eating and drinking. We saw one person at the home required some additional support regarding their diet and external professional advice had been sought. A care plan had been created to record the needs of the individual, and an eating and drinking record maintained on a daily basis to show food and drink intake. A relative said "[My relative] is well fed and is eating better". A community professional told us, "The staff are very good following our recommendations and they keep a food intake record clearly." This ensured that people ate and drank sufficient amounts for their needs. We found that staff had attended basic food hygiene training which provided them with skills and knowledge to ensure people's food and drink was prepared safely.

People were supported to maintain good health and had access to external healthcare services. During the inspection we reviewed three people's care records. Care plans were in place showing people had a wide range of health and social care needs and had access to external health care professionals' support when required, such as a dentist, GP, speech and language therapist and

hospital. All relatives told us that staff looked after people well and supported them to meet their care needs. For example, one relative said, "The staff take my relative for regular health check-ups, to dentist, haircut, they have a shower in the morning and they are kept clean." Another family member told us staff had supported their relative to access healthcare services when they expressed a concern.

Each person who used the service had a hospital 'passport' in place. A hospital passport is used in the event of a hospital admission to ensure hospitals have relevant information on people's needs and preference, especially when people cannot speak for themselves. This helped to ensure a smooth transition between services if a person was admitted to hospital.

Good

Is the service caring?

Our findings

Care plans were in place for relationships and social contact. These plans guided staff on how to ensure people maintained and promoted relationships. We observed care and saw that staff had the time to ensure their relationships with people who used the service were meaningful. We spent time in the communal areas and observed staff interacting with people who used the service. We saw staff were attentive towards people; they ensured that they made time for people so they didn't feel rushed. We saw one person was still eating their breakfast whilst everyone else had returned to the living room. Staff regularly reassured the person, telling them to take their time and that there was no hurry. We saw the person continued to eat and finished their meal with assurance from staff.

We observed that throughout the inspection staff gave information to people in ways that they could understand and make choices. Staff supported people to make their choices in what they wanted to eat. For example, a staff member asked one person if they wanted a drink and then brought two different milkshake options to choose from. We noted that staff rechecked the choices people had made and gave them enough time to make their choices.

Staff were able to describe to us people's needs and preferences in a clear and concise way. We saw that individual needs were documented clearly in care records and staff were knowledgeable about this. Most people had one to one support, which allowed staff to develop close relationships with people. During the inspection we saw staff provided kindness, compassion and companionship to people using a range of verbal and non-verbal communication techniques. For example, during meal times and activities. Staff took an interest in people and made sure they were occupied and happy. People looked happy in response to staff interaction. We spoke with two relatives of people who used the service. They told us their relatives were well treated in the home, staff respected their preferences and showed dignity and respect. For example, a relative told us, "I am grateful my relative is living here". Another relative said, "My relative needs lots of caring and help, the staff do it well".

We observed staff treating people with dignity and respect. We saw staff knocked on people's doors before entering rooms and closed the doors, which ensured dignity was maintained when providing personal care. Staff provided us with examples of how they ensured people's dignity and privacy were maintained. We noted people's assessments and care records considered their need for privacy and dignity. For example, one person's care plan stated only female staff should provide care at all times. The manager confirmed with us that only female staff provided care to this person. People were provided with specialist equipment to prompt their independence such as an adapted vehicle and chair. Adapted cutlery and plates were used to support one person to eat independently. Where people had spilt their food or drinks on themselves during the meal staff discreetly supported them to wipe their clothing.

The manager informed us that the home had an 'open-door' policy for the families, they could come and visit whenever they wanted and also had access to the adapted vehicle to take their relatives ones out for activities. One person went to visit their family most weekends which supported them to maintain personal and family relationships.

Requires Improvement

Is the service responsive?

Our findings

During our inspection we saw when people did not have the capacity to consent, the provider had not acted fully in accordance with legal requirements. The provider had policies in place for acting in accordance with the Mental Capacity Act (2005) (MCA) and was able to explain the process for supporting people to make complex decisions where they did not have capacity.

The three people's care records we looked at included formal capacity assessments that had been completed in line with the MCA Code of Practice. These assessed their capacity to make specific decisions about their care and treatment. Where three people were assessed as lacking the capacity to make these decisions, a best interests decision making process was not followed. For example, one person had rails on their bed that restricted their movement and another person was receiving medicines, but did not have the capacity to understand why. This meant people may have been receiving care against their wishes without the service having first established that it was in their best interests, as required by law. This breached Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the provider had failed in most of the cases to follow best interests' meetings processes with family members and relevant health and social care professionals.

We saw that health and social care professionals worked together in line with people's specific needs. For example, staff with relatives and social care professionals undertook regular reviews of care and support packages, evaluating what had worked well and what had not. Staff commented that communication between external health and social care professionals was good and enabled people's needs to be met. Care records showed evidence of professionals working together. For example, GP, speech and language therapist, aromatherapist, and dentist.

Activities were available for people to be involved in, such as art and crafts, attend day centre, trips out into the community and visits with family. Staff told us they had enough time to provide care and support to people so that they were not left without interaction and stimulation. Two relatives we spoke with told us they were actively encouraged to make their views known about the care and support provided at the home. They told us that they were in regular contact with staff at the home and staff asked them for their views and opinions. For example one relative told us, "I have no complaints what so ever." Another relative said, "They staff are very good, I can't find any fault". We saw the home's complaints policy and procedure. It provided people with details about how to make a complaint and it was accessible to all staff and people. It set out the procedures which would be followed by the manager and organisation. Relatives we spoke with felt able to raise concerns and had done in the past. We saw evidence of these discussions and meetings taking place by looking at meeting notes. We were told by the manager that the home had not received any formal complaints since the previous inspection in November 2013, but if they did the organisation would follow these up as a matter of importance. No concerns about the service had come to the attention of the Care Quality Commission.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. Staff told us there were regular team meetings and handover meetings, which provided an opportunity to discuss concerns and suggest improvements. This promoted an open culture and showed staff views were valued.

We spoke with the manager and care staff on duty and found that they were aware of people's care and support needs. We observed the manager and the staff interacted well with people who used the service. Relatives of people who used the service praised the manager and said they were approachable and often visible. Throughout the inspection, staff spoke positively about the culture of the service and told us it was well-managed and well-led. They described management as "supportive" and said they enjoyed working at the home.

We saw feedback questionnaires completed by relatives in June 2014. This reflected their satisfaction with the home and suggestions for improvements to their relatives' well-being. For example one relative commented "We as a family are very happy the way our relative is cared for at Fen Grove, and we have the utmost trust in the manager and her staff."

We saw there were systems in place to record, review and learn from incidents that had taken place in the home. The service had no recorded incidents or accidents involving people who used services since the previous inspection in November 2013.

The provider had effective systems to regularly assess and monitor the quality of service that people received. These included regular audits of medicines, care plans, health and safety, staff rota, supervision and training. There was evidence that learning from these audits took place and appropriate changes were implemented. For example, following these audits, an action plan was developed and implemented to address the issues identified; these included booking staff on training refresher courses, replacing the first aid kit, returning unused medicine as appropriate and replacing some furniture.

Emergency plans were in place and understood by staff. We saw each person had an emergency evacuation plan in place. This included personal evacuation plans for people, contact numbers for managers and off-duty staff and information about fire safety. The service operated an on-call rota for senior staff to ensure someone was always available for advice or to attend in the event of an emergency.

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 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010.** **Suitable arrangements were not in place for obtaining, and acting in accordance with, the consent of service users who may lack capacity to make some decisions in relation to their care and treatment.**