

MCCH Society Limited

Bursteds Houses

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 and 14 April 2016 and was unannounced. At our last inspection in December 2013 the provider met all the requirements for the regulations we inspected.

Bursteds Houses provides accommodation and support for up to 23 people across five separate units. At the time of our inspection the service was providing support to 19 adults with learning disabilities.

A registered manager had not been in place since the end of 2015 although the current service manager was in the process of applying for the position. 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.

At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not safely managed. Risks to people had not always been assessed and were not always safely managed. People were not always lawfully deprived of their liberty because conditions placed on their Deprivation of Liberties Safeguards (DoLS) authorisation had not always been met. Staff had not always been supported through regular supervision and training. The systems used by the provider to identify and mitigate risks to people and to drive improvements within the service were not always effective. You can see what action we told the provider to take in respect of these breaches at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

There were sufficient staff deployed within the service to meet people's needs and the provider undertook appropriate recruitment checks before employing staff to ensure they were suitable for their roles. People were protected from the risk of abuse because staff knew the action to take if they suspected abuse had occurred.

Staff sought consent from people when offering them support and demonstrated a good understanding of the Mental Capacity Act 2005, although improvement was required to ensure best interests decisions were recorded where people had been assessed as not having capacity to make specific decisions.

People were supported to maintain a balanced diet and to access healthcare services when required. Staff treated people with dignity, kindness and consideration. People's privacy was respected and they were involved in day to day decisions about the support they received.

Support plans were person centred and reflected people's strengths and preferences but improvement was required to ensure they remained reflective of people's current needs and conditions. The provider had a complaints procedure in place and people knew who to talk to if they had any concerns. Relatives spoke positively about the management of the service and staff told us the management team were available to

support them when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not safe.

Medicines were administered as prescribed but were not stored safely.

Risks to people had not always been assessed and were not always safely managed. Some people's risk assessments were overdue a review.

There were sufficient staff on duty to meet people's needs and the provider followed safe recruitment practices.

There were arrangements in place to deal with emergencies.

People were protected from the risk of abuse because staff were aware of the signs to look for and knew the action to take if they suspected abuse had occurred.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not always received refresher training in areas considered mandatory by the provider. Staff received an annual appraisal of their performance but had not always received regular supervision in line with the provider's policy.

People were not always lawfully deprived of their liberty.

The service had systems in place to comply with the Mental Capacity Act 2005 (MCA) although improvements were required to the way in which best interests decisions were recorded.

People were supported to access healthcare professionals when required.

People's dietary needs were met.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and their privacy was respected.

People were treated with kindness and compassion.

People were involved in day to day decisions about their support and were supported by staff who knew them well.

Is the service responsive?

The service was not always responsive.

People had support plans in place which were person centred and based on an assessment of their individual needs, but improvement was required to ensure support plans remained reflective of people's current conditions.

People were supported to take part in a range of activities which they enjoyed.

People were supported to maintain relationships that were important to them.

The provider had a complaints procedure in place and people were aware of how to raise concerns if they needed to.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Quality assurance systems used by the service were not always effective at driving improvements or mitigating risks to people.

Staff and people spoke positively about the leadership of the service.

People were involved in developing the service but improvement was required to ensure that people's views about the service had been sought and considered.

Requires Improvement ●

Bursteds Houses

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 13 and 14 April 2016 and was unannounced. The inspection team consisted of an inspector and an expert-by-experience on the first day and an inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. There were 19 people using the service at the time of our inspection.

Prior to this inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding concerns. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service to seek their views. We used this information to help inform our inspection.

During our inspection we spoke with three people living at the service. Where other people's complex needs meant they were not always able to communicate with us verbally, we observed them as they engaged with staff in their day to day activities. We also spoke with three relatives, six staff including the staff member responsible for the day to day running of the service, and the area manager. We spent time observing support to people in communal areas and reviewed four people's care plans, five staff recruitment files, staff training and supervision records and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt secure living at the service and receiving support from staff. One person commented, "I'm happy here." Another person responded, "I do," when we asked them whether they felt staff supported them safely. Relatives also spoke positively about safety within the service. One relative told us, "Oh, it's very safe here. I don't leave here worried because I know [their loved one] is well looked after." Another relative said, "I have no concerns about safety." However, a third person told us they had concerns about staffing levels, although they said, "The staff are doing the best with what they've got." We reviewed staffing levels at the service and found there to be enough staff on duty to meet people's needs. However, despite the other positive comments about safety, we found that risks to people had not always been adequately reviewed or managed. We also found that people were at risk because medicines weren't managed safely at the service.

Medicines were not stored safely. We found that the keys for two of the medicines cupboards within the service were not held by staff and had been left in areas which were accessible to people or visitors to the service. We also found that the temperature within one of the medicines cupboards exceeded the maximum safe temperature for the storage of medicines. We spoke to two staff members responsible for administering medicines about this issue and one of them was not aware that there was a maximum safe storage temperature. This meant people were at risk of receiving medicines which were unsafe or ineffective because staff were not always aware of the need to take action where safe temperatures had been exceeded.

Where medicines required refrigerated storage we found that they were kept in the kitchen rather than in a separate medicines refrigerator. This meant these medicines were not kept securely and placed them at risk of contaminating or becoming contaminated by food stored within the kitchen refrigerator. Senior staff also identified 19 staff members, excluding new starters and night staff not responsible for administering medicines, who were overdue a medicines competency assessment. Therefore we could not be assured the medicines were consistently being administered by staff who were competent to do so.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We spoke to senior staff about this and they arranged for a pharmacist to review people's medicines to ensure they were safe during our inspection. They also acted to address the storage area temperatures although we were unable to check if this had resulted in the required improvements at the time of our inspection.

Records relating to the administration of people's medicines showed that people received their medicines at the prescribed times. Each person had a Medicines Administration Record (MAR) which had been completed by staff to confirm administration. We saw people's MARs included a copy of their photograph and details of any allergies they had to reduce the risks associated with the misadministration of medicines.

Risks to people were not safely managed. On two separate occasions we observed one person being

supported by staff to mobilise in a wheelchair without using the wheelchair's footplates. This placed the person at risk of sliding out of the wheelchair or having their legs dragged under the chair whilst in motion.

We also found that areas in which people using the service could be considered to be at risk had not always been assessed. For example, we found one person did not have a risk assessment around the management of their finances despite a general managing finances risk assessment for their unit within the service making reference to each person requiring one to ensure staff were aware of the level of support required. In another example we found that one person did not have a moving and handling risk assessment in place, despite staff telling us that their condition had recently changed and that they now required support in this area. Additionally we found that where risk assessments had been conducted, they had not always been reviewed at a frequency in line with the provider's policy to ensure they remained up to date and reflective of each person's current needs.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We spoke to senior staff about these incidents and they told us they would arrange for the local wheelchair clinic to review the person's wheelchair to ensure it continued to be suitable to use. However we were unable to check on the outcome of this during our inspection.

People were protected from the risk of abuse because the provider had appropriate procedures in place. Staff we spoke with were aware of the potential types of abuse that could occur and could describe the signs they would look out for. They knew how to raise concerns in line with the provider's safeguarding policy and told us they were confident that senior staff would take appropriate action in response to any allegations of abuse they received. Staff were also aware of the provider's whistle blowing policy and told us they would use it if required. One staff member said, "There are some numbers we can call on display within the office if we have any concerns, but I've not had to use them." People also told us that they were comfortable speaking to staff if they had any concerns.

People we spoke with didn't always comment on the level of staff but one person confirmed they had support when they needed it. Relatives had mixed views on whether there were sufficient staff on duty to support people safely. One relative told us they had concerns about the staffing levels but was not aware of any incidents where people's safety had been compromised. They also told us that the staffing levels were, "Fine at the moment." Other relatives spoke more positively about staffing. For example, one person told us, "There are enough staff who are familiar with [their loved one's] needs so I'm very satisfied."

We observed there to be enough staff on hand to support people when required. Senior staff told us that staffing levels were arranged based on people's assessed needs and that where required staffing levels had increased to ensure people's changing needs were met. Staff we spoke with told us that the current staffing levels enabled them to support people when they needed it. One staff member told us, "People get the support they need here; the staffing levels are good."

The provider followed safe recruitment practices to ensure that only suitable candidates were employed at the service. Records showed that staff had completed application forms when applying to work for the provider which included details of their qualifications and work history. We saw that checks had been carried out on each applicant including proof of identification, references, criminal records checks and proof of each applicant's right to work in the United Kingdom, where applicable. Senior staff explained that applicants were shortlisted for interview in order to determine their suitability for the role they were applying for.

There were arrangements in place to deal with emergencies. Staff we spoke with were aware of the action to take in response to a fire or a medical emergency. We saw people had Personal Emergency Evacuation Plans (PEEPs) in place which provided information about the type of support each person would require to evacuate from the service safely. The provider also operated an on-call service for staff. This meant that senior staff support was available to staff at all times by telephone, when a member of the service management team was not on site.

Is the service effective?

Our findings

Whilst people did not comment directly on whether staff were competent in their roles supporting them, relatives told us they believed staff had the necessary skills to support people in a way that met their needs. When speaking to one relative about the service their loved one received, they told us, "He has got better. He is a different person here. He wouldn't leave the room before [moving to the service]." Another relative also commented, "I think the staff are well trained; they know what they are doing." However, although relatives commented positively about staff competency, we found improvements were required in the area of training to ensure staff remained up to date with best practice, and to ensure they received adequate support through supervision.

Senior staff explained that staff were required to undertake training considered mandatory by the provider in areas including safeguarding adults, food hygiene, infection control, manual handling and fire prevention. However senior staff also confirmed that not all staff had completed refresher training in all of these areas in line with the provider's training policy. For example, senior staff told us that 21 staff were overdue refresher training in food hygiene and infection control, and eight staff were overdue refresher training in fire prevention and manual handling.

Records showed that staff had undergone an induction when starting work for the service and staff we spoke with confirmed that this had included training, time spend shadowing more experienced colleagues and time learning about the service and the needs of the people living there, as well as reviewing the provider's policies and procedures. Staff also told us they received supervision on a regular basis as well as an annual appraisal of their performance and that they felt supported in their roles. One staff member told us, "I've found supervision helpful; I've been able to raise any issues I've had a work there, and they've been addressed." However, records also showed that staff had not always received supervision on a six weekly basis in line with the provider's policy, and 15 staff had not received supervision in 2016. We spoke to a senior member of staff about this and they confirmed that supervision was an area in which we need to improve.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us they sought people's consent when offering them support and respected their wishes if they declined. One staff member told us, "We always try to offer the residents choices and respect their decisions; you can't force people to do things against their will." Staff also demonstrated a good understanding of how the MCA applied in their day to day roles. Records showed that Mental Capacity Assessments had been undertaken around specific decision making areas, for example the management of medicines. Where people were assessed as not having capacity to make these decisions, staff explained how the process was made in their best interests, in line with the MCA. However, improvement was required to ensure that best interests decisions were recorded to demonstrate who had been involved in the decision making process.

Senior staff told us that DoLS applications had been made for all of the people using the service and we saw that some authorisations had been granted by the relevant local authority whilst others were outstanding. We spoke to senior staff about this and they confirmed they would follow up on the outstanding authorisations to ensure that all people using the service were only lawfully deprived of their liberty. However, we also found that the service had not always met conditions which had been placed on people's DoLS authorisations. For example, we noted that quarterly monitoring forms had not been submitted during the last quarter for two people, despite this being a condition of their authorisation.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

People's nutritional needs were met. Staff explained how people were supported to be involved in meal planning within the service using pictorial guides where appropriate, and people we spoke with confirmed their preferences were catered for. One person told us, "They [staff] will change your food if you don't like it, but I eat anything." We observed staff offering people choices during our inspection and where one person changed their mind about what they wanted to eat prior to the lunchtime meal, staff were able to cater for this without any problem.

People were supported to maintain their independence wherever possible whilst eating and drinking. For example we observed staff waiting before offering support to one person by cutting up their meal and they told us later that this was because on some days the person was able to cut their food up independently. We also saw that some people were supported with equipment such as plate guards which helped promote their independence whilst eating.

Professional advice had been sought where required to ensure people's nutritional needs were met safely. For example, we saw that two people had been referred to a Speech and Language Therapist (SALT) to ensure any risks around their eating were safely managed, and we observed one staff member preparing a person's meal in line with the SALT's guidance.

People told us they were supported to access a range of healthcare professionals when required. One person confirmed, "They [staff] take me," when asked about how they attended healthcare appointments. One relative also confirmed that staff supported their loved one to attend appointments when required although another relative commented that, "I've had to chase up to be sure they're supporting [their loved one] to attend health checks when needed." However, despite this feedback the records we reviewed showed that people had attended appointments when needed.

Staff we spoke with told us that they maintained good links with health and social care professionals in

support of people's needs. One staff member said, "We have great communication between the GP, Learning Disability Team and District Nurses; people are well supported." Records showed that people had regular input from a GP, District Nurse, Chiropodist and dentist. We also noted that people had hospital passports in place which provided hospital staff background with information about them and their conditions when they attended appointments.

Is the service caring?

Our findings

People and relatives told us that staff were compassionate and caring. One person told us, "Yes, everybody is friendly here," and that they like all of the staff. Another person responded positively when asked whether they were happy with the support staff provided. A visiting relative told us, "They [staff] are lovely; [their loved one] is being looked after." Another relative said, "The staff are caring and very committed." We observed staff interacting with people in a considerate and friendly way throughout our inspection. People were comfortable in the presence of staff and responded positively when engaged in conversation or whilst being supported.

Staff respected people's privacy and promoted their dignity within the service. We observed staff knocking on people's doors before entering their rooms and treating people with respect when supporting them. Staff we spoke with described how they worked to ensure people's privacy and dignity were maintained, for example by ensuring doors and curtains were closed when offering support with personal care. We also observed staff moving quickly to support one person who was not fully clothed when leaving their room at one point. They dealt with the incident discreetly in a polite and friendly way.

People and their relatives were consulted and involved in making decisions about their day to day support. Staff explained that they offered choices to people in the support they received and respected their wishes wherever possible, for example in the activities they undertook each day. One relative told us, "They [staff] have sought our input about [their loved one's] likes and dislikes," which was something they appreciated. We observed staff giving people time to make decisions for themselves about the support they received during our inspection and these interactions were relaxed and patient.

One relative told us that, "The staff know the people there inside out." Staff we spoke with demonstrated a good knowledge of the people they supported, including details of their life histories, and their likes and dislikes. For example, one staff member was able to describe one person's preferred morning routine, including the tasks they needed support with and the things they liked to do for themselves. Their description confirmed the details of a discussion we'd previously had with the person in question. Staff also encouraged people to maintain their independence with aspects of their daily living, for example by supporting them to make their own drinks where possible or to tidy their own rooms.

Staff were aware of people's needs with regards to their disability, religion, sexual orientation and gender and supported people accordingly in line with their identified needs and wishes. For example some people were supported to attend a local church service. Staff also confirmed they had undertaken equality and diversity training which they applied in their day to day work when supporting people at the service.

Is the service responsive?

Our findings

Individual support plans had been developed for each person using the service which were based upon an assessment of their needs. Staff confirmed that support plans were reviewed on at least an annual basis, although changes were made more frequently where people's needs changed. However improvement was required because we found one person's support planning no longer reflected their needs following a change in their condition after a stay in hospital. Staff we spoke with confirmed that their support plan should have been updated after they had returned to the service and told us they would arrange for a prompt review, although we were unable to check on this at the time of our inspection.

People's support plans had been developed in areas including communication, behavioural support, eating and drinking, personal care and mobility. Support plans were person centred, reflecting on people's strengths and preferences as well as providing guidance for staff on the areas in which they may require support. Staff we spoke with were aware of the details of people's support planning and could describe how the support they provided met people's individual needs.

People and their relatives told us they knew how to raise concerns at the service if they had a complaint. One person confirmed they felt confident talking to staff if there was anything he didn't like. A relative told us, "I think staff would respond appropriately if I complained; any issues I've raised in the past have been dealt with appropriately." Another relative said, "I've not had any problems but I'd talk to one of the management team."

The provider had a complaints policy and procedure in place and we saw that this was on display within the service in appropriate formats to people's needs. The procedure provided people and relatives with information about how any concerns raised would be investigated, including details of the timescales for investigation and response, and information as to how their concerns could be escalated if they remained unhappy with the outcome of the investigation. We saw that the service had received one recent complaint which had been responded to in line with the provider's procedure.

People were able to participate in a range of activities which met their needs and reflected their interests. One person told us, "I'm looking forward to going to the pub for lunch today." They also told us that they were enjoyed the arts and crafts on offer at the service and showed us pictures they had painted which were on display in their room. Other activities on offer through the service included music sessions, shopping and trips out to the local park. Records also showed that staff had been looking at options for sensory activities for some people at the service such as visits to the local Hydro pool, although staff told us this was still in the process of being arranged at the time of our inspection.

People were supported to maintain relationships that were important to them. Staff told us that visitors were welcome at any time and this was confirmed by the relatives with spoke with. One relative told us, "I can visit when I want and the staff are always welcoming." Another relative confirmed, "I visit regularly and am familiar with many of the staff."

Is the service well-led?

Our findings

People didn't comment on their views about the leadership of the service when we spoke to them. One relative told us, "I'm happy with the management team there; they've made themselves available when I've wanted to speak to them." Another relative said, they'd not spoke to a member of the management team since the most recent registered manager had left, but they also commented that they were confident any concerns they had would be dealt with appropriately.

The service had quality assurance systems in place but these were not always effective in driving improvements or mitigating risks to people. The provider had conducted quarterly audits of the service which covered areas including people's support planning and risk assessments, health and safety, meeting the requirements of registration and the level of support available for staff. We noted that the audit conducted in December 2015 had identified areas for improvement but that action had not always been taken to address the issues which had been found. For example, the audit identified that some people's risk assessments required a review and we found risk assessments that were still in need of review during our inspection. In another example, the audit had identified the need to ensure that staff received regular supervision but the frequency at which staff received this support had not improved in 2016.

Where incidents had occurred at the service, the provider had not always taken sufficient action to reduce the risk of them reoccurring. For example, we reviewed an incident report relating to the misadministration of one person's medicine. Senior staff had taken appropriate action in contacting the person's GP to ensure the person's immediate safety but no action had been taken to review whether the person responsible for the error was still competent to continue administering medicines. We also found that records relating to the management of the service had not always been securely maintained and could not be located. For example, records or monthly checks undertaken by senior staff could not be located during our inspection when requested.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Senior staff confirmed they would arrange for the staff member responsible for the medicines error to undergo further training and a reassessment of their competency to administer medicines, although we were unable to check on this at the time of our inspection.

There was no registered manager in post at the time of our inspection. The current staff member responsible for the day to day running of the service confirmed they were in the process of applying for the registered manager role. They demonstrated a good understanding of the requirements of the role and their responsibilities with regards to the Health and Social Care Act 2008.

The management team held staff meetings to provide a forum for discussion on the running of the service. However, improvement was required to ensure these meetings were held consistently across the service as the format and frequency currently varied between each of the units within the service and didn't focus on

the service as a whole. Areas discussed at a recent staff meeting included the staff rota, key working roles and activity options for people using the service.

Staff commented positively about the leadership of the service and told us they felt supported in their roles. One staff member told us, "I can't fault them at all, they [the management team] offer support when needed." Another staff member said, "The manager has an open door policy. She regularly checks to make sure everything's OK around the service." A third staff member commented that they felt senior staff had been slow to address concerns they had with specialist equipment that was in place to support one person but records showed that they had been proactive in following this with a service commissioner and the person's family.

People were involved in the development of the service. Staff told us that people were involved in the interview process when recruiting staff. Records showed that one person had been involved in recruiting the current service manager to their post. Senior staff explained the person had been involved in choosing the questions to ask during the interview and these had been scored as part of the overall interview assessment. However, improvement was required to way in which the provider sought people's views on the running of the service because whilst the annual survey conducted in 2015 indicated positive outcomes for people using services, it had been conducted across all of the provider's locations and did not offer clear feedback relating to the service at Bursted Houses. Senior staff were unable to confirm whether people at the service or their relatives had responded to the survey so we were unable to determine whether any of the feedback was relevant.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always safely managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not always lawfully deprived of their liberty.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always supported through regular supervision and some staff were overdue refresher training in areas considered mandatory by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not safely managed.

The enforcement action we took:

We served a warning notice on the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been established to assess monitor and mitigate risks to people using the service. Records relating to the management of the service had not always been securely maintained.

The enforcement action we took:

We served a warning notice on the provider.