

# First Choice Care Limited

# Medway House

## Inspection report

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Date of inspection visit: 18 December 2014

Date of publication: 22/04/2015

### 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?

Good



### Overall summary

This inspection took place on 18 December 2014 and was unannounced.

During our last inspection of Medway House on 16 January 2014 we found no breaches of the regulations assessed.

Medway house is a home situated 1n North Wembley and is registered to provide accommodation and personal care to six adults who have mental health needs. The majority of people living at the service were of Asian origin. At the time of our inspection the home had no vacancies. The registered provider was also the registered manager, as they had previously provided direct management to the home. However, 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.

Written risk assessments for people living at Medway House were not always clear about the actual risk to the

# Summary of findings

person and did not provide guidance for staff regarding how risks were to be managed. They did not always reflect information that was contained elsewhere in people's files or told to us by staff.

People were protected from the risk of abuse. The provider had taken reasonable steps to identify potential areas of concern and prevent abuse from happening. Staff members demonstrated that they understood how to safeguard the people whom they were supporting. Four people told us that they felt safe living at Medway House. One person raised anxieties about their safety in relation to their finances, and we saw that these had been addressed and that staff were aware of them.

Medicines at the home were well managed.

The physical environment at the home was suitable for the people who lived there. The provider informed us that actions had been taken to address minor maintenance issues. A fire exit was blocked by a sofa, and we were told by the provider that this would be addressed immediately.

Staff recruitment processes were in place to ensure that workers employed at the home were suitable. Staffing rotas met the current support needs of people, and we saw that additional staff were provided to support activities where required.

There was limited evidence to show that people who used the service had been involved in making decisions about their care. Some people did not leave the home unaccompanied, and although there was reference to limited capacity in some care documents, and by staff, there was no evidence of any assessments of capacity for these people as required by The Mental Capacity Act (2005), nor had applications been made for Deprivation of Liberty Safeguards that are part of The Mental Capacity Act. We discussed these concerns with the provider who assured us that action would be taken to address them.

Staff training was generally good and met national standards for staff working in social care organisations. A

number of staff members had achieved a relevant qualification. However, Mental Capacity Act training had not been updated to reflect recent developments to the Deprivation of Liberty Safeguards. Staff members received regular supervision, and team meetings took place each month.

People's dietary needs were met by the home, and there was evidence that people were enabled to make choices about the food and drink that they received.

Other health and social care professionals were involved with people's treatment and support.

Staff members treated people with respect and dignity. The home was able to meet people's cultural and language needs.

The care plans maintained by the home lacked guidance in respect of how support should be provided by staff. They had not always been updated to reflect current information about people who used the service that might have a significant impact on their care.

The new manager told us that they had already identified some of our concerns, and the notes of the most recent team meeting showed that they had been discussed.

Policies and procedures were in place and generally met regulatory requirements. However, we did not see a policy in respect of the Mental Capacity Act, although there was one in relation to Deprivation of Liberty that required updating to encompass recent guidance.

People living at the home and their support staff informed us that they were happy with the new manager.

Quality assurance monitoring took place regularly and records of this were in place.

We found three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Aspects of the service were not safe: Risk assessments did not always clearly identify risks, and risk management plans did not provide guidance in how risks were to be managed.

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

Medicines were well managed and recorded.

**Requires Improvement**



### Is the service effective?

Aspects of the service were not effective. Some people were considered to lack capacity but there was no evidence of assessments following the guidance of The Mental Capacity Act in relation to this. Where people were subject to continuous supervision and unable to leave the home unaccompanied, Deprivation of Liberty Safeguards authorisations had not been applied for.

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.

**Requires Improvement**



### Is the service caring?

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.

**Good**



### Is the service responsive?

Aspects of the service were not responsive. Care plans lacked detail of how people should be supported, and did not include significant information about people's needs.

People met regularly with their key worker, and the records showed that people had been asked for their views and that outcomes were set.

Records showed that issues arising for people on a day to day basis were recorded along with actions taken.

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

**Requires Improvement**



# Summary of findings

## Is the service well-led?

The service was well led. A new manager and deputy manager had been recently appointed, and action had commenced ensure that the manager was registered with CQC.

There was evidence that the new management team had identified many of the issues raised during this inspection, and had already discussed improvement plans with the staff team.

People who used the service and staff members were positive about the management of the service.

Good



# 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 18 December 2014 and was unannounced.

The inspection was carried out by two inspectors and 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.

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.

We used a range of methods to help us to understand the experiences of people living at the home. We spoke with five people who used the service, two care staff, the deputy manager, 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 four care plans and associated care documentation including risk assessments, medicines administration records and procedures, and a range of other documents maintained by the service. These included policies and procedures, staffing records, training records, complaints records, accident and incident reports, staff rotas, menus, activity records and quality assurance documentation.

# Is the service safe?

## Our findings

Four people who used the service confirmed that they currently felt safe in the home. One person told us that, “I have no anxiety living here. The staff are good. They talk to me and care for me. I like it here.”

We had concerns about the quality of risk management and assessment at the home. Risk assessments were in place for people who used the service and we saw that these had been updated within the previous six months. However these assessments lacked detail about what the risks were and how they should be managed. For example, one person’s risk assessment contained a section on use of firefighting equipment but did not state why this was a risk to the person. Their risk management plan stated that they would, “require full support of staff if fire,” but specify what this meant in practice. Another person’s assessment referred to risk in areas of finance, mental health and behaviour, but did not specify what the actual risks were. Their risk management plans advised staff to monitor, but there was no information about what they should be monitoring and how.

Risk assessments and care plans for people living at the home who were not subject to The Mental Health Act showed that restrictions were in place for some activities in relation to personal safety, for example, only accessing the community if accompanied by a staff member. However, there was limited evidence that people had agreed to these restrictions as risk assessments had not always been signed by the person. Staff members that we spoke with confirmed that some people were unable to leave the home unaccompanied. Examples that they provided included a person with epilepsy “this person keeps falling down. We monitor them every 10-15 minutes.” Another example was a person with dementia whom staff said “gets confused when they go out.” The risk assessments that we viewed for these people did not provide details about these risks and how they were monitored and managed.

This was a breach of regulation 9 of The Health and Social Care Act (Regulated Activities) 2010.

We discussed our concerns about the accuracy and quality of risk assessments and risk management plans with the

new manager. They informed us that they were already aware of the fact that these were not always accurate or detailed and we noted that this had been discussed at a recent staff team meeting.

Two people at the home were subject to section 37/41 of The Mental Health Act 1983. This meant that there were restrictions placed upon them for some activities. These were clearly indicated in their care plans and risk assessments, and people that we spoke with indicated that they were aware of these restrictions. One person we spoke with said, “I am free inside but restricted because I only get about 3 hours leave as I am under the Mental Health Act.”

Staff that we spoke with demonstrated that they understood the principles of safeguarding of vulnerable 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. We saw evidence that training in safeguarding had been received by all staff members. Staff members that we spoke with understood the process of ‘whistleblowing’ if they had any concern about poor practice that could not be dealt with through the usual reporting procedures.

One person told us that they did not feel safe in relation to their finances. We saw from this person’s care record that their anxieties and risks in relation to financial abuse had been recorded, and staff members demonstrated that they were aware of these. We reviewed the financial records for this person and two others whose finances were being managed by the service, and saw that monies were appropriately stored, expenditure was fully recorded and receipted, and that documentary records matched the sums of money held.

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 covered some shifts. We asked about risk in relation to ensuring that there were enough staff members available to support people, particularly after 4pm. The provider and manager told us that additional staff were provided to support planned activities, and we saw that

## Is the service safe?

this was the case in respect of a group outing that was taking place on the evening of the inspection. The provider told us that if any particular risk was identified for a person who used the service, staffing levels would be reviewed.

We looked at four 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. Staff files also contained recruitment details, training certificates and supervision records. There was evidence that staff supervisions took place on a regular basis.

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 observed that people went to the office of the home to receive these. 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 generally clean and tidy. However we noted that the carpet in the lounge area might benefit from cleaning, and there was condensation damage to some of the painted surfaces in the bathrooms. The provider told us that plans were in place to deal with some of the maintenance issues at the home. A sofa in the lounge area was placed in front of the doors to the garden that were designated as a fire exit. We raised this with the manager who told us that arrangements would be put in place to remedy this. The cover over the emergency light in the entrance hall was loose. This was raised with the manager during our visit and we saw that it was immediately fixed.

Accident and incident information was appropriately recorded. Staff members described emergency procedures at the home, and we saw evidence that fire drills and fire safety checks took place regularly. An emergency 'on call' service was in place. This was provided by the manager and deputy manager who alternated on call weeks between them. The staff members that we spoke with said that they would contact the 'on call' manager in case of an emergency, and were confident that there would be an immediate response.



# Is the service effective?

## Our findings

People that we spoke with were generally positive about the support that they received from staff members. One person told us that, “staff are good,” another said, “this is not as chaotic as previous places I have lived at.”

We had concerns about the home’s understanding and use of The Mental Capacity Act 2005. Staff members had not received training on The Act since November 2010, and this meant that recent developments in relation to the Deprivation of Liberty Safeguards (DoLS) that are part of the Mental Capacity Act 2005 were not familiar to all staff. The Deprivation of Liberty Safeguards require services to seek authorisation where restrictions are put in place for a person who is assessed as lacking capacity in order to keep them safe in their best interests. One member of staff that we spoke with recalled receiving training on The Mental Capacity Act, but was unable to describe what this was, and how this was relevant to people who used the service.

The care plans that we viewed indicated that some people had limited capacity to make decisions regarding some areas of support, but we did not see any evidence of assessments under the Mental Capacity Act in relation to this. For example, one person’s care plans stated that they were, “not to go out unsupervised. This is the clinical team’s decision and will be reviewed regularly.” The file contained no evidence of a Mental Capacity Assessment in relation to this nor of any regular review. The same plan stated that the person “appears to have capacity to make some decisions about his money.” However, there was no evidence that this decision had been arrived at following an assessment of capacity.

We did not see any policies or procedures that related to The Mental Capacity Act, but there was a policy on The Deprivation of Liberty Safeguards. This was limited and did not refer to the recent Supreme Court Judgement on Deprivation of Liberty, but we noted that there was a letter from Brent Council attached to a noticeboard in the office referring to this and asking providers to review their responsibilities.

We saw from the care plans that a number of people who were not subject to any section of The Mental Health Act 1983 were restricted in relation to leaving the home unaccompanied and staff members that we spoke with told us that some people did not have understanding of

personal safety. In most cases, care plans contained no information about assessments in relation to this, nor was there any evidence of Best Interest decisions being made in relation to requirements of The Mental Capacity Act. Applications for Deprivation of Liberty Safeguards (DoLS) authorisations had not been applied for in respect of people considered to lack capacity who were subject to continuous supervision, and not allowed to leave the home unaccompanied as required under The Act.

This was a breach of regulation 18 of The Health and Social Care Act (Regulated Activities) 2010.

We raised this with the manager and provider, who informed us that they would ensure that capacity assessments were made and DoLS applications submitted to the relevant local authority as soon as possible.

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 some training in, for example, Mental Health, Dementia and Epilepsy Awareness, in addition to core training that met the National Training Standards published by Skills For Care. These set out the minimum training standards for staff members working in social care services and include, for example, principles of care, safeguarding, and equality and inclusion.

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. There was also recorded evidence of monthly team meetings, and we saw from the recent team meeting minutes that discussions had taken place regarding the quality of care plans, risk assessments and key working records, and how these could be improved.

People were provided with food that met their dietary requirements. We saw that people were able to prepare drinks and snacks at any time. A menu was available that indicated that the main hot meal was provided during the evening, and people that we spoke with confirmed this. Choices available on the menu were well balanced. Two people that we spoke with said that their dietary needs were met by the service. One said, “I am a vegetarian and I am given chapatti, rice and sandwiches.” We observed a



## Is the service effective?

communal lunch session where people were served tomato soup and cheese salad sandwiches. One person chose a peanut butter sandwich as an alternative. An evening meal was not being prepared on the evening of the inspection as there was a group outing to a dinner and dance at a local Asian Centre. The notes of resident meetings showed that food and menu choices were discussed with people who used the service.

One person chose to order takeaway meals on a regular basis. They told us that “I don’t like English food. I prefer African food like fufu.” They also told us that they sometimes cooked for themselves in the kitchen at the

home. We saw that this person’s food preferences had been discussed in a meeting with their care co-ordinator, and that arrangements had been made to ensure that this was supported.

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. We saw recorded evidence that people had been supported to attend appointments with, for example, psychiatrists, general practitioners, and at local hospitals. There was evidence that members of the local community mental health team had been involved in meetings about peoples’ care.

# Is the service caring?

## Our findings

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 reflected language communication needs. During our inspection we used an interpreter to facilitate discussions with two people.

Staff communicated with people in ways that were not only task led. For example, we saw that discussions about people's interests and activities took place. The staff members that we spoke with talked positively about the people they supported. We were told that, "I really enjoy spending one to one time with people, and finding out about what they want," and, "when people's behaviours are challenging, we try to ensure that this doesn't affect others, so we support them with time out and try to talk to them about how they are feeling."

People that we spoke with were generally happy with their relationships with staff at the home. During our time at the

service we saw that staff members interacted in a positive way with people. Staff addressed people in a respectful way and included them in conversations. We were introduced to people and staff members explained why we were at the service and what we were doing.

There was limited information available about how people were involved in planning their care. Some people had signed their care documentation and records of key worker meetings but this was not true for all. People told us that they were happy with the support that they received from staff members, and one person mentioned that there were monthly residents meetings where people could share their views about the service. We saw notes of these meetings that showed that these were well attended, and that people were consulted about, for example, menus, activities and maintenance issues at the home.

The privacy and dignity of people were respected. We saw, for example, that medicines were administered in privacy, and that staff members responded to people's anxieties by taking them to a quiet place to discuss, with their consent. We saw that two people who asked to speak with staff members were encouraged and supported to do so in a quiet place away from any interruptions.

# Is the service responsive?

## Our findings

We viewed the care documentation for four people. The care plans provided some assessment information and listed a range of supports to be provided by staff members. However there was no detail in relation to how and when these supports should be provided. For example, one plan stated, “staff to continue monitoring leave and mental health,” with no reference as to what and how this should be done. Another plan advised, “maintain strong boundaries around inappropriate behaviour towards other residents, staff and in the community,” but provided no information in respect of such boundaries and how they were to be maintained.

Staff members told us that care plans were updated on a six monthly basis. Although we saw that this was the case, they had not been subsequently updated to include significant information that was found elsewhere in people’s notes. For example, one person had been diagnosed with dementia and another person was undergoing tests to establish whether or not they had dementia. In both cases the care plans did not mention this and nor did they provide any information or guidance in relation to managing dementia related behaviours. One care plan file recorded health issues in relation to a person’s epilepsy, and the need to monitor their seizures but the plan did not indicate what actions staff should be taking, although this was indicated in notes of a staff meeting.

This was a breach of Regulation 20 of The Health and Social Care Act (Regulated Activities) 2010.

There was limited evidence of involvement from people in agreeing their care plans. Some plans had not been signed by the person. One person had signed their plan, and it was noted that this has been signed “after explained to him”. However there was no information as to how the plan was explained.

We discussed our concerns with the provider and manager, and they assured us that actions had been initiated to improve the quality of care planning documentation. We noted from the minutes the most recent staff team meetings that the new manager had identified these issues and had discussed with the staff team ways of improving care plans and making them more person centred.

We saw that people had met regularly with their key worker. Most key worker meeting notes indicated a list of activities and tasks that people were required to do with no indication of how they were involved in this, and whether or not measurable outcomes had been set in relation to these activities. However, the most recent key worker meeting notes that we saw showed that people had been asked for their views and there was evidence that outcomes had been set that involved the person. 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.

The people that we spoke with told us that they had not needed to make a complaint, but knew what to do if they needed to. One person said that they would prefer to speak to an advocate: “I have been in the care system so long and know that it is better to speak to advocates.” This person told us that they would talk to their local authority care co-ordinator about accessing an advocate. We spoke with the manager about this. They told us that they would ensure that people who used the service received information about local advocacy services.

The records of activities that people participated in were limited. Two people told us that they went bowling or to the cinema but had not done this for a while. The manager told us that people did participate in a range of activities, but acknowledged that recording of this was poor and told us that they would ensure that this improved in the future.

# Is the service well-led?

## Our findings

The home had recently appointed a new manager and deputy manager. At the time of our inspection the provider was the registered manager. We discussed the process of registration with The Care Quality Commission with the manager and proprietor and were assured that this was about to commence for the new manager.

We reviewed the policies and procedures in place at the home. Most had been updated in October 2013. We saw that staff members were required to sign when they had read the policies.

The staff members that we spoke with told us that they felt that the new manager was supportive and approachable. People who used the service felt that the home was well managed. We saw that the manager, deputy manager and provider communicated positively with both people who used the service and the members of staff who were on shift.

We saw from recent notes of team meetings that the new manager had raised concerns about the quality of care documentation within the home and had discussed plans to ensure that there was a more person centred approach to care and support. They told us that they had concerns

about the lack of detail and guidance contained within care plans and risk assessments, and that they would be working with team members to develop systems that were more detailed and outcomes based with the intention of improving the quality of care provided by the service.

The service provider visited the home on a regular basis. We saw that quality assurance processes were in place. These included recorded monthly evaluations of care, environmental and health and health and safety issues. There was recorded evidence that quality issues were being discussed at staff team meetings and that actions to address concerns were agreed within the staff team.

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.

We saw recorded evidence that the home liaised regularly with relevant professionals, including relevant mental health professionals, general practitioners and commissioning authorities. There was recent evidence that the new manager had made contact with relevant social services teams regarding reviews for people who used the service, and that some of these reviews had already taken place.

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 | <p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Regulation 9(1)(a) HSCA 2008 (Regulated Activities) 2010 which corresponds to Regulation 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) 2014</p> <p>The registered person had not taken proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe.</p> |

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>Regulation 18(1)(a)(b)(2) HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014</p> <p>The registered person failed to have suitable arrangements in place, in relation to the care provided for service users in accordance with the Mental Capacity Act 2005, for obtaining, and acting in accordance with the consent of service users or others lawfully able to consent on their behalf, or where applicable, establishing and acting in accordance with, the best interests of the service user.</p> |

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records |

This section is primarily information for the provider

## Action we have told the provider to take

Regulation 20(1)(a) HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) 2014

People who used the service were not being protected against the risks of unsafe or inappropriate care by means of the maintenance of accurate records.

Regulation 20 (1) (a)