MCCH Society Limited

# MCCH Society Limited - 101 Brook Street

**Inspection report**

101 Brook Street, Northumberland Heath,
Erith,
DA8 1JJ
Tel: 01322 332840
Website: www.mcch.org.uk

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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

This announced inspection took place on 23 and 24 July 2015. At our inspection on 03 June 2014, we found the provider was breaching one legal requirement in respect of arrangements to obtain the consent of service users who may lack capacity to make some decisions in relation to their care and treatment. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy these concerns. At this inspection we checked to see if these actions had been completed.

MCCH 101 Brook Street provides accommodation and short-term respite care and support for up to six adults who have a range of needs including learning disabilities. At the time of our inspection, there were three people on the first day and four people on the second day receiving personal care and support.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the health and Social Care Act 2008 and associated Regulations about how the service is run. There was a new manager in post at the time we visited.

People and their relatives said they felt safe and staff treated them well. We observed that people looked happy and relaxed. There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Risk assessments were in place and reflected current risks for people who used the service and ways to try and reduce the risk from happening. Appropriate arrangements for the management of people's medicines were in place and staff received training in administering medicines.

The service had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) protect people who may not have the ability to make decisions for themselves.

Staff received an induction and further training to help them undertake their role and they were supported through regular supervision and appraisal. People received enough to eat and drink and their preferences were taken into account.

Staff knew people's needs well and treated them in a kind and dignified manner. People's relatives told us their family members were happy and well looked after. They felt confident they could share any concerns and these would be acted upon. Staff were able to respond to people's communication needs and provided appropriate support to those who required assistance with their meals.

There was a positive culture at the service where people felt included and consulted. People commented positively about the service they received. There was an effective system to regularly assess and monitor the quality of service provided. The manager told us that the current provider held meetings with various stake holders including the relatives of people who used the services in relation to the proposed change to a new provider in September 2015 for a smooth transition of the service.

# 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

The service was safe.

People and their relatives told us they felt safe using the service and with staff who supported them. There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Assessments were undertaken of risks to people who used the service and support plans were there to manage these risks. Appropriate action was taken in response to incidents and accidents to maintain the safety of people who used the service.

Sufficient numbers of staff were available to keep people safe and meet their needs. Safe recruitment practices were followed.

Medicines were stored securely and administered to people safely.

**Is the service effective?**

Good

The service was effective.

People and their relatives were positive about staff and told us they supported them properly. Staff completed an induction programme and training relevant to the needs of the people using the service

People were supported by staff who had the necessary knowledge and skills to meet their needs. Staff were aware of the requirements of the Mental Capacity Act 2005.

People told us they were supported to have enough to eat and drink. People had access to external health care professionals as and when required.

**Is the service caring?**

Good

The service was caring.

People's relatives told us staff respected their dignity and need for privacy and they were treated with kindness and respect.

People were involved in making decisions about their care and the support they received. Staff knew people well and understood their needs and preferences.

**Is the service responsive?**

Good

The service was responsive.

People's care and support needs were regularly reviewed to make sure they received the right care and support. Staff were knowledgeable about people's preferences and were able to respond to people's varying communication needs.

People who used the service felt the staff and manager were approachable and there were regular relatives meeting to feedback about the service. The service actively encouraged people to express their views and had arrangements in place to deal with comments and complaints.

# Summary of findings

**Is the service well-led?**

Good

The service was well-led.

There was positive and open culture at the service. People and their relatives spoke positively about the care and attitude of the staff and the manager.

Regular staff and manager meeting helped share learning so staff understood what was expected of them at all levels. The provider encouraged feedback of the service through regular meetings with people who use the service and their relatives [coffee mornings]. The service had a system to monitor the quality of the service through internal audits and provider visits. Any issues identified were acted on.

# MCCH Society Limited - 101 Brook Street

**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 checked 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 23 and 24 July 2015 and was unannounced. The inspection team comprised of an inspector 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.

During the inspection we looked at four care plans, five staff records, quality assurance records, accidents and incidents records, people's feedback records, commissioners' quality assurance report, correspondence, and policies and procedures. We spoke with three people using the service and five relatives about their experience of using the service. We also spoke with the manager of the service and four members of staff.

Good

# Is the service safe?

## Our findings

People and their relatives told us they felt safe using the service and well supported by the staff and the manager. One person told us "I like them [staff] all, I like it here." A relative told us "staff manage their [relative's] medicine and are on the ball with it generally." We saw relatives meetings and staff meetings records included discussions about aspects of people's safety. We observed people interacting with staff in the communal areas. People were comfortable with staff and approached them without hesitation.

Staff knew what to do if safeguarding concerns were raised. It was clear from the discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to the manager, the local authority's safeguarding team and the Care Quality Commission where this was necessary. The Care Quality Commission received two safeguarding notifications from the provider since our inspection in June 2014. The manager told us that as a result of the investigation one person was moved to a supported living service and the other was being investigated. Safeguarding records we saw confirmed this. The service had a policy and procedure for safeguarding adults from abuse, staff were aware and had access to this policy. Manager and staff knew about the provider's whistle-blowing procedures and they had access to contact details for the local authority's safeguarding team. Records confirmed all staff and manager had received safeguarding training and refresher training was available as and when necessary. There were procedures in place to manage people's money safely.

Assessments were undertaken to assess any risks to people using the service and guidance was available for staff to reduce these risks. People's care records contained a set of risk assessments which were up to date and detailed. These included, for example, use of the kitchen, being out in the community, evacuation in the event of fire, moving and handling, the use of bed rails and people's nutrition. These assessments identified the hazards that people may face and support they needed to receive from staff to prevent or appropriately manage these risks. One member of staff told us about the risk one person faced who had difficulty in eating and drinking. They told us, "I follow guidelines on positioning, cut food into small pieces or give mashed food and food supplements, so people eat and drink safely". We noted guidelines in the kitchen for staff on how to reduce the risk of the person not eating and drinking including close supervision while eating. Later we observed staff following this guideline at mealtimes.

The service had a system to manage accidents and incidents and try to reduce reoccurrence. We saw accidents and incidents were recorded and the records included what action staff had taken to respond and minimise future risks, notes of who was notified, such as a relative or healthcare professionals. For example, when a person presented behaviour that requires a response, details of contact with health and social care professionals meeting were recorded. Action to reduce future risk included reviewing and updating risk assessments was discussed at the staff meeting in order to share learning.

There were sufficient numbers of staff on duty to meet people's needs. A relative told us, "normally there are two staff plus a manager, but if you have a wheelchair user needing 24 hour care, there are more staff." The manager told us that staffing levels were determined by the number of people using the service and their needs. During our two days of inspection we saw there were enough staff to support people when accessing the local community and where people stayed at the service staff were always visible and on hand to meet their needs and requests. There was a sleep in and a waking member of staff to support people if needed overnight. The service was managed by a manager and a 24 hour on call manager system was in place to ensure adequate support was available to staff on duty when the manager was not working. The staffing rota we looked at showed that staffing levels were consistently maintained. Staff told us there were enough staff on all shifts to meet people's needs.

The service followed appropriate recruitment practices to keep people safe. Staff files we looked at included completed application forms, references, qualification and previous experience, employment history, criminal records checks, and proof of identification. Staff we spoke with told us that pre-employment checks including references and criminal record checks were carried out before they started work. This practice ensured staff were suitable to work with people using the service.

There were arrangements to deal with emergencies. Staff knew what to do in response to a medical emergency. They had received first aid training and training on epilepsy so they could support people safely in an emergency. There

Good

# Is the service safe?

were suitable arrangements to respond to a fire and manage safe evacuation of people in such an event. For example, fire drills were carried out regularly. One relative told us “they [staff] have a fire drill. There’s a bell that goes off, I remember them going through the fire exits upstairs and the people downstairs.” There was a business contingency plan for emergencies which included contact numbers for emergency services and gave advice for staff about what to do in a range of possible emergency situations.

People were supported to take their medicines safely. One person told us “Staff gave my medicine this morning.” Staff authorised to administer medicines had been trained. The Medicine Administration Records (MAR) were up to date and the amount of medicines administered was clearly recorded. The MAR charts and stocks we checked indicated that people were receiving their medicines as prescribed by healthcare professionals. Medicines prescribed for people using the service were kept securely and safely. Medicine audits were carried out to ensure people received their medicines safely and to determine if staff required additional training to administer people’s medicines safely.

Good

# Is the service effective?

## Our findings

At our inspection on 03 June 2014, we found that suitable arrangements were not in place concerning the consent of people who may lack capacity to make some decisions in relation to their care and treatment. This was a breach of regulations. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy these concerns. At this inspection we checked to see if these actions had been completed.

At this inspection, we found where people had capacity to consent to their care, the provider had systems in place to seek and record their consent. Records were clear about what people's choices and preferences were with regard to their care provision and staff we spoke with understood the importance of gaining people's consent before they supported them.

The provider was aware of the changes in Deprivation of Liberty safeguards (DoLS) following the Supreme Court ruling and was in liaison with local authority to ensure the appropriate assessments were undertaken so that people who used the service were not unlawfully restricted. DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty for their own safety. Staff told us they received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff training records we looked at confirmed this. The MCA provides guidance about what to do when people cannot make some decisions for themselves. Assessments of people's capacity to make specific decisions were carried out and best interests meetings held where needed, regarding specific decisions about people's care. For example, in relation to the management of money and dental treatment. One relative told us "We had recently a best interest meeting so [family member] could have dental treatment."

People received support from staff that had been appropriately trained. Relatives told us they were satisfied with the way staff looked after their family members. Staff knew people very well and understood their individual needs. Staff told us they completed an induction when they started work and they were up to date with their mandatory training .This included training on safeguarding adults, food hygiene, mental capacity, equality and diversity, health and safety, infection control, epilepsy, first aid, administration of medicine and behaviour that requires a response. Records confirmed staff training was up to date and training due for renewal had also been noted with expiry dates. Staff told us they felt training programmes were useful and enabled them deliver care and support people needed. Staff were supported through formal supervision, yearly appraisal and they attended regular staff handover and team meetings. . Staff told us they felt able to approach their line manager at any time for support.

People were supported to eat and drink sufficient amounts to meet their needs. A relative told us "They [the service] have chart and [family member] will point to what she wants." Another relative said "[family member] can tell what they want if you have the picture there they will point to it." We saw photos of food menu on a large wall chart in the dining area to help support people with choices. Food in the fridge was date marked to ensure it was only used when it was safe to eat. People's support plans included sections on their diet and nutritional needs. One person's care plan indicated food allergies, and there was clear written guidance for staff on display in the kitchen, and in the person's care plan with appropriate risk assessment and protocol around potential emergencies arising from these. We saw a staff member encourage a person using the service to make a choice regarding a healthy meal.

People were supported to access the relevant health care services they required when they need to. We saw from care records that there were contact details of local health services and GP's. People had health action plans which took into account their individual health care support needs. They also had a hospital passport which outlined their health and communication needs for professionals when they attended hospital. Staff had clear understanding of any issues and treatment people required. Staff could attend appointments with people to support them where needed.

Good

# Is the service caring?

## Our findings

People and relatives told us they were happy staying at Brook street and that staff were caring. One relative told us "Whenever, I've been there, staff are always welcoming." Another relative said "The service is much better now. They respond to my [family member's] needs much better. I'd say they are more service user friendly." A third relative said "Staff seem friendly and good at dealing with people with special needs."

People who were able to express a view and their relatives told us they had been involved in making decisions about their care and support and their wishes and preferences had been met. For example, One relative told us "When we first went the lady [staff] at the time, she sat down for about an hour finding out what [family member] likes, how to provide care for them. I found that very good, because they [staff] were interested in what they wanted. Due to the complexity of some people's needs, staff used a variety of communication methods. For example pictures were used by staff to help some people make choices and decisions on a day to day basis. These included pictures of choices of food and drinks, shopping places and range of activities. It was clear from discussions we had with care staff that they knew people's personal histories, preferences and needs well and that people's care was personalised to meet their individual needs.

We observed staff treated people with respect and kindness. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. In the morning we observed one person leading a member of staff to the car. The staff member told us, "The person has taken us out towards the car, and we are going to take them for shopping of food items." We again observed, when the person had returned home with food shopping with a member of staff, they appeared relaxed and calm. This person told us that they liked and had enjoyed doing shopping. During lunch staff took time to sit and engage with people in a kind and friendly way. We saw one staff member encouraged one person to independently eat their meal. Another staff member supported a person during their meal time in the living room.

Staff respected people's privacy and dignity. One relative told us "They [staff] do respect their [family member] privacy. They needs bath support, so if they are being supported in the bathroom no one else is allowed to enter." Records showed that staff had received training in maintaining people's privacy and dignity. Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, they did this by ensuring curtains and doors were closed when they provided care. Staff spoke positively about the support staff provided and felt they had developed good working relations with people they care for. There were policies and procedures in place to help guide and remind staff about people's privacy, dignity and human rights were respected.

Good

# Is the service responsive?

## Our findings

People's relatives told us they felt involved in the care their family members received. For example, one relative told us "Just the other day [staff] phoned me just to double check about my [family member's] medicine." Another relative said "I attended the regular coffee mornings [relatives meeting with staff], they give us a voice. Ask what we would like to see, how we would like the service to improve. They are approachable."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. Care records gave staff important information about people's care needs. The care plans contained information for each person's life and social history, their interests, physical and mental health, allergies, social networks, preferred activities, method of communication and were written in a clear language. The care plans included the level of support people needed, and what they were able to manage on their own was included in the care plan. We saw some good examples of how staff could support people who had communication needs. There was clear guidance for staff on how one person could communicate by using sign language or by using objects of reference. Staff told us they had received training in sign language. We case tracked this and observed some people would lead staff by the hand to a place or object to communicate their need and during our inspection. We also saw staff support people who had mobility needs. There was clear guidance for staff on how to use a wheel chair and a hoist when needed.

People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they like to do, the things that may upset them and how staff could best support them. For example, one person liked shopping and watching videos and another person enjoyed music and walks in the community, a third person avoided drinking squash and cola as part of their dietary plan. Each person using the service had a keyworker and daily care notes covered areas such as activities, food and drinks, personal hygiene and administration of medicine with details of what services were provided to people.

People were supported to follow their interest and take part in activities. One relative told us "They [staff] will ask do you like bowling or have you been bowling before, to find out if they [family member] would want to go. They go to the cinema, bowling, swimming, to the pub and the Crush bar once a month." Another relative said "Staff are good, it gives them [family member] a bit of independence." Each person had an activity planner which included outings to social clubs, sports, and trips to cinema and household chores such as cleaning and meal preparation to help guide staff.

People's concerns were responded to and addressed. One relative told us "We had to fill out a complaint form a couple of years ago, but nothing recently." The service had a complaints policy and procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people at the service and relatives meetings discussed how people could complain if they were unhappy or had any concerns. All complaints were logged and were regularly monitored. We saw a relative had made a complaint following one incident. In line with their complaints policy and procedure, the service had undertaken a full investigation and recorded the outcomes. We noted the action taken by the manager to rectify the situation that included an apology being sent to the family, staff supervision and performance monitoring. The manager told us the focus was on addressing concerns of people as they occurred before they escalated to requiring a formal complaint.

Good

# Is the service well-led?

## Our findings

People's relatives commented positively about staff and the new manager. The atmosphere during the inspection was friendly, and we saw some meaningful interactions between staff and people who used the services and also between the manager and relatives.

There was a registered manager in post. They had detailed knowledge about all of the people who used the service and ensured staff were kept updated about any changes to people's care needs. We saw the manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One staff member told us "The manager is very supportive and always there to support you." Another staff member said "I get a lot of support from the manager for example, how to manage people's money and preparing the staff rota on computer." A third staff member said "The manager is approachable and knows what they are doing."

Regular staff and manager meetings helped share learning and best practice so staff understood what was expected of them at all levels. Minutes included people's and relatives views and guidance to staff about the day to day running of the service. For example, any changes in people's needs, complaints and compliments, activities, safeguarding, people using the service going on holiday and staff training needs.

The manager told us that the home's values and philosophy were clearly explained to staff through their induction and training. For example, there was a positive culture at the service where people felt included and consulted. We observed people were comfortable approaching the manager and other staff and conversations were friendly and open.

People were encouraged to be involved in the service through regular meetings [coffee mornings]. We saw minutes from these meetings covered issues such as menus, activities, transport, redecoration of premises, new furniture and equipment and communication with staff.

People were asked to complete feedback forms after completion of their stay at the service; we saw these feedback forms and noted most comments were positive. For example, one person said "I always enjoy my stay at Brook street, such caring and helpful staff, looking forward to my next visit." A relative said their [relative] "always enjoys their visits to the service, and never had any complaints." Suggestions had been made for service improvements, for example, one relative had suggested communication with some staff could improve including that they follow the support plan of their relative in relation to their bathroom routine. As a result, the manager had spoken with the relative and provided additional guidelines for staff to follow in their next stay.

The provider had an effective system to regularly assess and monitor the quality of service people received. These included regular staff meetings, relatives meetings, provider visits, in-house manager's checks covering areas such as the complaints process, medication, health and safety, accidents and incidents, care plans and risk assessments, house maintenance issues, staff training and development, people's finances and any concerns about people who use the service. There was evidence that learning from the audits took place and appropriate changes were implemented. For example, as a result of internal audit a ground floor door had been repaired, the medicine balance for as required medicines was being checked regularly and an epilepsy sensor had been purchased. .

The manager told us that the current provider held meetings with various stake holders including the relatives of people who used the services to consult them about the proposed change to a new provider in September 2015 and to ensure a smooth transition of the service. The manager further told us that the potential new provider had also held a meeting with the relatives and was committed to make further improvements in the best interest of the people who use services. We saw the minutes of the meetings to confirm these had taken place.