

MCCH

Herondale

Inspection report

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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 ●

Summary of findings

Overall summary

We inspected Herondale on the 6 November 2018.

Herondale is a residential care home for up to eight people who may have mental health difficulties. At the time of our inspection seven people were using the service. The service had spacious living areas and was set over two floors. The service was set in a residential area with easy access to the local community and had a large garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good

understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Herondale

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 the 6 November 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we communicated with five people and one relative. We spoke with the deputy manager and two care workers. We reviewed two care files and medication records, audits and meeting minutes held at the service.

Is the service safe?

Our findings

People felt safe living at the service. One person told us, "The staff are very caring and supportive." A relative told us, "There is a lovely atmosphere here. Much better than other homes I have visited."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. In addition, staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. In addition, there were systems in place to protect people's finances and to support them with managing their money, clear records kept. The deputy manager knew what to do if there was a safeguarding concern and would work with the local authority to investigate these.

People received care from a consistent staff team. Staff told us that there were enough staff available to support people with all their needs, including trips into the community. The deputy manager told us where needed staff numbers were increased for example, when additional support was required at night following one person's changing needs. The registered manager had an effective recruitment process and staff recruited were suitable for the role they were employed for. People and their relatives were invited to take part in interviewing new staff if they wished to be involved in this process.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered different areas including; access to the community, managing money, environmental risks and challenging behaviour. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. The service had emergency plans in place and this included guidance to staff on fire evacuation procedures. Staff knew how to raise the alarm if somebody suddenly became unwell and were trained in first aid.

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements the provider had a procedure for the manager to follow for these to be attended to. The registered manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.

People received their medication safely and as prescribed. The service had effective systems for the ordering, booking in, storing and disposing of medicines. Medication administration records were in good order. Medication was stored safely and securely. Senior staff had received training in medication administration dispensed the medication to people. People told us that staff supported them to take their medicines and that they jointly signed for their medication with staff.

Is the service effective?

Our findings

People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care. Staff told us they had been supported to achieve national recognised training certificates. One member of staff said, "I have recently repeated all my annual training." Another member of staff told us, "I have completed my level three in management and recently we completed training in dementia awareness to help us support a person with dementia."

Staff we spoke with felt that they were well supported with training and were supported to obtain the skills they needed to provide good care. New staff were given a full induction into the service and all staff received regular supervision and had a yearly appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions, even if these could be perceived as unwise. The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. We saw assessments of people's capacity in care records this told us people's rights were being protected. Where people lacked capacity to manage their own finances we saw the registered manager was working with people's appointees to ensure their finances were protected. The registered manager kept detailed records of people's spending and provided these accounts to the appropriate people to monitor and ensure that their finances were protected.

People had enough to eat and drink. We saw that people had access to the kitchen and risk assessments were in place so that people could be supported to make food and drink independently. Where required staff supported people, and prepared their meals for them. People had choice over what they wanted to eat and drink and we saw at lunchtime people had a variety of different foods they had chosen to eat. The evening meal was prepared for people by staff. One person told us, "We have a choice over what we want to eat of two options at night, but if we do not like either we can still have something else." They went on to tell us that the staff were good cooks.

People were supported to access healthcare as required and the service had good links with other healthcare professionals, such as GPs, district nurses and community psychiatric nurses. The deputy manager told us people were supported to attend health appointments. Each person had a health passport to take to hospital appointments and people were supported to have annual health reviews.

The environment was appropriately designed and adapted to support people. The service was spacious, people had their own large rooms and there was access to a large garden. We saw that all the rooms had been individually decorated the way people wanted them. The deputy manager told us and we saw areas in

the service had that been redecorated as part of a regular refurbishment program.

Is the service caring?

Our findings

Staff continued to provide a very caring environment. Throughout the inspection we saw people and staff had good relationships. One person told us, "[Staff name] helps me a lot, all the staff are very good." A relative told us, "The staff are very good at getting to know [person name] and understanding all their needs."

Staff knew people well including their preferences for care and their personal histories. We saw care records contained all the information staff would need, to know people, what is important to them and their likes and dislikes. We saw that people were supported as individuals to follow their routines and maintain their independence. Staff were very keen to ensure people had choice and options over their life and could build on their independence. One person told us, "I like going out on my own to the shops or into town." A relative told us, "It is good here because [person name] still has the opportunity to be independent and to build on that."

Staff told us that they supported the service to feel homely for people. We saw there were lots of photographs on display of joint activities and holidays people had shared together. We saw in the garden people had chosen a water feature as a memorial to a person who had recently died. We saw from minutes of house meetings people had discussed and chosen this feature together.

People felt supported at the service. Staff demonstrated a good knowledge of people's individual support needs. Each person had a key worker this is an allocated member of care staff who works alongside the person to help them with their rehabilitation or to maintain their independence. One member of staff said, "Everyone here is different, they all have their own interests and know what they like to do or spend their time. People were supported to spend time with their families and to keep in contact with them and other significant people in their life. One person told us, "I had my birthday party here and over twenty members of my family came to help me celebrate. The staff were really good at helping to organise it." A staff member told us, "We help two people maintain relationships with their partners and we often go out to meet them or they come to the service to visit them."

People were treated with dignity and respect and their diverse needs were also supported. We saw that people's privacy was respected and staff asked permission before entering their rooms. If people wished they had a key to their room so that they could keep their property and belongings secure and some people chose to have safes in their rooms. People were supported with their religious needs and one person chose to attend church weekly.

Is the service responsive?

Our findings

People continued to receive care that was individual and personalised to their needs. We saw from care records that people had person centred care plans in place which were very inclusive of people's views and wishes. This enabled staff to support them in the way they wished to be supported to live full and active lives. Support plans were regularly reviewed so that staff had the most up to date information to support people.

The service remained responsive. The deputy manager told us how they worked with peoples changing care needs to ensure they had all the support and equipment they needed to support them. For example, they had adapted a toilet downstairs so that one person could access this to manage their personal care needs. In addition, the service was good at adjusting staffing levels to respond to people's changing support needs.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw that staff considered people's communication needs and styles. When gaining feedback from people if they did not wish to verbally express their feedback we saw the service had developed a tick box sheet to record people's feedback with them.

People enjoyed varied pastimes and engaged in meaningful activities. People were supported to access activities that they enjoyed such as, watching films, completing jigsaw puzzles and accessing the local community. One person told us, "I like making cards and going shopping, [staff name] helps me with this." People were also supported to complete meaningful activities such as keeping their rooms clean and helping around the service. Staff told us how one person liked to do some gardening and planted flowers in the garden.

The service had a complaints process in place that was accessible and any complaints were dealt with effectively. The deputy manager told us where one person had raised a complaint about staff this was investigated independently by a senior staff member from a sister service. We saw this complaint had been dealt with and resolved promptly.

There was not any end of life care being delivered at the service, however the deputy manager told us that they knew how to get support from the GP and palliative care team. People did have recorded in their care plans their final wishes at the end of their life, for example where they would like to be and funeral arrangements.

Is the service well-led?

Our findings

The service had a registered manager. 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.

The registered manager was responsible for the running of this service and another small service nearby. They divided their time equally between the services, in addition they had a deputy manager in post to provide leadership and staff support when they were not on site.

Staff shared the manager's vision for the service. One member of staff told us, "We support people so that they can have the best life they can." Another member of staff said, "We promote independence so that people can lead the best life possible."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt very supported by the registered manager and deputy manager, and said they felt they had a good team. Staff had regular handover meetings to discuss people's care and had regular staff meetings to discuss the day to day running of the service. Staff were always able to contact a senior member of staff if they had any concerns as the provider had an on-call system for their services. This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service through their interactions with people. The registered manager also gathered feedback on the service through the use of questionnaires and meetings with people. One person told us, "We have meetings every month and talk about anything going on in the home or any complaints." We saw minutes of meetings and actions taken by staff in response. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The service had been developed as a small family home in the middle of the community. The deputy manager told us that people accessed the local community and used facilities such as the library. People also accessed local shops and churches.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits on health and safety, infection control and care records this information was used as appropriate to continually improve the care people received.