

Choice Support

McRae Lane

Inspection report

25 McRae Lane
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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

This inspection took place on 22 February 2019. At our last inspection of 25, McRae Lane in January 2018, the service was rated as 'Requires Improvement'. Following that inspection the provider sent us an action plan detailing how improvements would be made. At this inspection we found the provider had made significant progress in all areas and we rated the service as 'Good'.

25, McRae Lane is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

25, McRae Lane accommodates up to five people with a learning disability and / or physical disability in one single-story purpose-built building which is wheelchair accessible throughout. 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. There were four people living in the service at the time of our inspection.

The service had a registered manager in post. 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 the last inspection in January 2018 we saw safe medicines management processes were not consistently followed with regards to checking stocks of medicines and medicines recording processes. Appropriate action was taken following that inspection, and at this inspection medicines procedures were found to be safe. Fire exits were alarmed and this has helped to minimise the risk to people's safety. Assessments and clear procedures were in place and understood by staff to respond to fire emergencies.

At the inspection in January 2018 we also found two staff members were not up to date with the provider's mandatory training, which included first aid and medicines management. At this inspection we saw certificated evidence that confirmed all staff had completed their mandatory training in all the areas deemed necessary by the provider including first aid and the safe administration of medicines and medicines management.

People's care and support was planned and delivered safely. Staff understood the provider's safeguarding procedures and their role in keeping people safe. The risks associated with people's care were assessed and managed to reduce the possibility of them experiencing foreseeable harm. There were enough suitable staff to meet people's needs and people's medicines were administered as prescribed. Staff followed appropriate health, hygiene and fire safety practices within the care home.

People had detailed assessments of their needs in place. These had input from health and social care professionals and were regularly reviewed. People's needs were met by trained and supervised staff.

People's dietary and nutritional needs were met. They ate well and were supported to do so in line with their assessments. The provider made sure people only received care that was in their best interests and they had timely access to healthcare services. The layout of the service and the equipment therein met the needs presented by people's physical disabilities.

People and staff shared warm relationships that had spanned many years. Staff supported people to maintain friendships and contact with relatives. People's privacy was maintained and staff promoted people's independence. Where people chose to, they were supported around their spiritual needs and to participate in the wider activities of church groups.

The service continued to be responsive to people's changing needs. People had person centred care plans and were supported to engage in a wide range of activities that met their individual needs and preferences.

Staff supported people in line with their communication needs. A complaints process was available to people in pictorial and easy to read formats and they had access to advocacy services when required.

Staff felt supported in their roles and enjoyed their work. Management structures and arrangements were clear and the role modelling of good practice was promoted.

The service had improved the robustness of its quality assurance processes so that action was taken where shortfalls were identified. Staff felt supported by the registered manager and encouraged to share their views regarding improvements to the service. People benefitted from the provider's partnership working with external organisations.

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. Appropriate action was taken following the last inspection and medicines procedures were safe. Fire exits were alarmed and this has helped to minimise the risk to people's safety. Assessments and clear procedures were in place and understood by staff to respond to fire emergencies.

Staff were trained and understood their role to safeguard people from abuse.

People had their risks assessed and plans were in place to reduce them.

People were supported by safe and suitable numbers of staff.

Is the service effective?

Good ●

The service was effective. Staff received a wide range of on-going training. This has all helped to meet people's needs more effectively. Staff received other support through supervision and team meetings.

People's dietary and nutritional needs were supported appropriately. Healthcare professionals visited the service to support people when required.

People were treated in line with mental capacity legislation.

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service was well-led. A variety of good quality assurance processes were in place that helped to minimise risks to people's safety and ensure improvements were made as necessary.

Staff felt supported by the manager and the provider organisation.

Staff were encouraged to share their views about improving the care and support people received.

The provider responded to feedback from people and their relatives.

The service worked collaboratively with external organisations to achieve positive outcomes for people.

McRae Lane

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 was 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 22 February 2019 and was unannounced. This meant the provider did not know we were coming. It was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

We were unable to speak with people due to their complex needs therefore we observed interactions between them and the staff. During the inspection we spoke with three staff and the registered manager.

We read three people's care records including their needs assessments, support plans, risk assessments, medicines administration records and medicines storage. We reviewed four staff files which included training records along with supervision notes. We read the minutes of recent team meetings and checked the provider's quality assurance records.

Following the inspection, we contacted two health and social care professionals to gather their views about the service people were receiving.

Is the service safe?

Our findings

At the last inspection in January 2018 we saw safe medicines management processes were not consistently followed. The provider did not have robust processes to record medicines and check stocks of medicines. Following that inspection the provider reviewed medicines processes and procedures with staff. All staff received refresher training for the safe administration of medicines. At this inspection we were shown evidence that supported this and we found people received their medicines as prescribed, stocks of medicines were as expected and accurate records were maintained of the medicines administered. Safe medicines management processes were in place and operated for the safe storage of medicines, ordering, receipt and disposal of medicines. All staff who administered medicines to people had their competency assessed regularly by the registered manager.

At the inspection in January 2018 we found fire exit doors were not alarmed and one of the fire exit doors was left open. There was a risk that people who were independently mobile could leave the service via the fire exits without staff knowing. At this inspection we saw the provider had taken appropriate measures to prevent this from happening as the fire exit doors were now all alarmed. We tested this and the resulting alarm sound alerted staff that a fire exit door was opened. This alarm mechanism has helped to ensure people's safety living in the service.

Staff knew how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff described how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

People were protected from the risk of avoidable harm because staff supported people in line with risk management plans. Where risks were identified plans were in place to keep people safe. An example of this was where one person found waiting for their meal difficult and their resulting behaviour strongly challenged the service. A risk management plan was put in place and implemented by staff that greatly reduced this behaviour and improved the person's wellbeing.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed at the service. The provider's recruitment process included interviews, criminal records checks, proof of identity and taking up two references. This meant people were supported by staff whom the provider assessed to be safe to deliver care and support.

People were protected from the risk and spread of infection by staff who followed appropriate hygiene practices when preparing food and delivering personal care. Staff wore single use gloves and aprons when supporting people with their personal care. Staff implemented the service's cleaning programme around the care home. This included cleaning communal areas, bedrooms, bins and kitchen appliances. Mops were colour coded to identify which areas of the home they were to be used to clean such as bathrooms, toilets,

kitchen and communal areas. This reduced the risk of bacterial cross contamination.

Food safety measures in place at the service included regular temperature checks of the fridge and freezer, checks of food expiry dates and the labelling of opened and hygienically stored items.

Regular maintenance checks were undertaken for fire protection systems, emergency lighting systems and the fire alarm.

The registered manager told us where lessons had been learned through areas such as accidents, incidents, complaints or investigations these were shared with the staff team through team meetings and staff supervisions. We saw evidence of this in minutes of meetings with staff and from what staff told us.

Is the service effective?

Our findings

In January 2018 we found two staff members were not up to date with the provider's mandatory training. This included first aid and medicines management. At the time we spoke with the registered manager about the training requirements and they said they would ensure the staff completed their mandatory eLearning. At this inspection we saw certificated evidence that confirmed all staff had completed their mandatory training in all the areas deemed necessary by the provider including first aid and the safe administration of medicines and medicines management.

People were supported with detailed assessments of their needs which included specialist assessments undertaken by healthcare professionals. People were supported with reassessments when their needs changed and staff had a clear understanding of the needs each person presented with.

New staff received a comprehensive induction to prepare them for their new role delivering care and support to people. An induction programme was in place which included completing a wide variety of training the provider identified as essential to their role. One new member of staff told us, "The induction I had was good and it helped me to understand what was required of me. The information I read in people's care files was very helpful too for me to get to know people. I spent a lot of time with people as well at the start of my working here." The registered manager told us new staff completed the Care Certificate. The Care Certificate is a nationally recognised qualification which sets out the standards that social care staff must adhere to when delivering care and support. This meant new staff had the skills and knowledge to deliver care and support to people. We saw certificated evidence that supported this.

People were supported by trained and skilled staff. Staff participated in an on-going training programme which covered subjects such as safeguarding, nutrition and fluids, moving and handling, autism, dealing effectively with behaviours that challenge, infection control, mental capacity and medicines awareness. One member of staff told us, "We have good access to a wide variety of training and also to some specialist training such as epilepsy and autism." Another member of staff told us, "We have plenty of training and it helps me to do my job better. I learn something new each time."

Staff attended regular one to one supervision meetings with the registered manager. Supervision sessions were used to discuss people's changing needs, staff development and the delivery of care and support at the service. Staff told us they received a record of their supervision meetings.

People's nutritional needs were assessed by staff in conjunction with the Speech and Language Therapy [SALT] team. Risk management guidance was provided for staff to help minimise risks for people who had swallowing problems. For example, where people were at risk of choking, the SALT team undertook swallow safety assessments and produced supporting guidelines that informed the care and support plans used by staff. Care records stated where people required their drinks to be thickened to enable them to swallow liquids safely. People presenting with risks associated with their dietary needs had care plans and risk assessments in place. We noted that the provider also worked together with other health professionals such as dieticians in order to provide healthy options for people. The menu we saw offered people a wide variety

of healthy and nutritional options.

Staff supported people to access a wide range of appropriate healthcare services to monitor and review their specific health needs and staff were trained to manage people's health associated risks. Staff arranged appointments for people when required. People had healthcare passports. These were care records containing important information about people's health to be shared with healthcare professionals in the event of people's hospitalisation. Hospital passports included information about people's communication, mobility and risks.

25, McRae Lane was a purpose-built service and so a fully accessible environment was provided with everything on one floor. This enabled people who were able to self-mobilise to navigate safely around the service. Low gradient ramps were in place enabling people to use the garden. Corridors and doorways were wide and handrails were located in communal areas such as the hall and lounge to enable people to mobilise more easily. The service had two adapted bathrooms and some bedrooms had tracking hoists to assist people to transfer. This meant the building was wheelchair accessible throughout and people could move around the home more easily.

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. Details of people's mental capacity assessments and best interests meetings were in place. Where people were subject to DoLS the details of the restrictions in place to keep them safe were clearly stated. This included the nature and duration of the restriction and arrangements for monitoring. This showed the provider was following appropriate procedures to only provide care that was in people's best interests.

Is the service caring?

Our findings

The service continued to be caring. People and staff knew each other well. The service experienced a relatively low staff turnover which meant most staff had supported people for many years. All the people living at 25, McRae Lane had lived there for more than five years and so were also well established in the home. One member of staff told us, "I really enjoy my job working with the people who live here. I wouldn't want to work anywhere else." Another member of staff said, "It's a wonderful place to work. I have so enjoyed getting to know these people, it's like family." We noted the caring, kind and compassionate interactions staff had with people over the course of this inspection. People responded positively to this support and we found a warm and calm environment prevailed in the home.

Due to three people at the service not being able to verbally express what they enjoyed, staff observed people's behaviour to identify what they enjoyed. Staff told us they continued to try new activities with people and take them to new places to try and identify additional things they enjoyed doing. Staff encouraged people to make as many choices as they were able to. This enabled people to make choices about what they would like to wear through feeling their clothes, what they would like to eat through providing them with more than one option, and trying a range of activities to find out what they would like to participate in.

Staff were knowledgeable about people's communication methods and what they were communicating through changes in their behaviour. Staff used stimulation of people's other senses such as touch and smell to help communicate and bring people enjoyment and understanding of an activity.

Staff continued to treat people respectfully and maintained their dignity. One staff member said, "I treat people here as I would want to be treated, so respecting their wishes and their dignity is very important." Staff spoke to people by their preferred name and used appropriate language or other ways of communicating with people.

Staff respected people's privacy and confidentiality. Staff knocked on people's doors before entering their bedrooms. The registered manager ensured that care records were kept in the office and their contents were not visible to visitors. We observed staff speaking to people politely and staff were able to tell us how they maintained people's dignity when supporting personal care needs. Care records noted the support people required to go to sleep at night.

No restrictions were placed upon visitors. People's relatives and friends were made to feel welcome when they arrived at the care home. Staff supported people to invite those they wanted to be present for events and celebrations at the service.

Is the service responsive?

Our findings

People's care continued to be designed and delivered around their individual needs and preferences. People's needs were comprehensively assessed by staff together with people's placing authorities and where appropriate their advocates. Information about advocacy services was included on each person's care file and advocates were employed appropriately. Detailed care plans were developed based on this information. Where it was possible the provider gained the person's views about how they would like to be cared for. People's care plans were reviewed monthly and as and when people's needs changed to ensure they provided up to date information about how to meet people's current needs.

People were supported by keyworkers to promote the personalisation of their care. Keyworkers were members of staff who have responsibility for coordinating appointments, activities and purchases. Keyworkers enabled people to personalise their bedrooms. Staff supported people to display items of their choice in their rooms. These included family photographs, pictures of themselves, posters and mementos. Care and support plans included details of people's preferred routines, likes and dislikes.

Staff supported people to engage in activities at the service and in the community. Staff involved people as much as possible in activities of daily living to help with skill development. Staff accompanied people in the community to undertake activities they enjoyed. This included going to watch local football matches, shopping, going to coffee shops and garden centres. People were supported to participate in a number of therapeutic activities including drama therapy, aromatherapy and hydrotherapy. Staff worked proactively to support people to explore what other amenities they would like to visit and what activities they would like to participate in.

People's communication needs were met. Care records noted where people used non-verbal gestures and expressions. For example, one person was supported to use a picture board to choose activities.

The complaints policy and process remained in place. From records and speaking with the registered manager we saw that no complaints had been received since the last inspection. Where concerns or complaints were raised the registered manager investigated the matter and resolved the issue. The provider's complaints policy was available in an easy read format and advocacy services were available to support people through the complaint procedure should they require them.

With respect to people's wishes and preferences for end of life care the registered manager told us they were working with health and social care professionals to develop a policy and procedure for staff to follow for people if and when the need arose. Only one of the people living in the home had relatives who wanted to be involved in their family member's lives. The registered manager explained this made the process difficult since people living in the home did not have the capacity to understand the implications or options involved. However, end of life plans were in the process of being developed. We will monitor the progress of this and report at the next inspection.

Is the service well-led?

Our findings

In January 2018 we found the provider's auditing processes may not have been sufficient to review the safety and security of the building and ensure people could not leave the service without staff's knowledge. At this inspection we found improvements had been made. All fire exit doors were alarmed and quality assurance processes were in place to monitor and improve the quality of service delivery. This included ensuring safety systems such as alarms and hoists were regularly serviced and maintained. Quality assurance processes included auditing areas of service delivery, including care records, staff records, medicines management, infection control and health and safety. Where improvements were identified as being required this was addressed. The provider also received a quality assurance inspection undertaken by the London Borough of Sutton in August 2018. The results of this audit were that all areas were fully met.

Staff told us they were confident in and felt supported by the registered. One member of staff told us, "The manager is very supportive." Another member of the staff team said, "We get good support and encouragement with our work from the manager."

The management arrangement for the service was clear. There was a registered manager in post. The care home had shift leaders on duty each day. Shift leaders are members of staff with responsibilities for leading the implementation of people's care plans, carrying out checks and ensuring accurate record keeping.

The registered manager held regular team meetings for the staff. Team meetings were used to review activities and events within the service as well as people's changing needs. We read the records of two team meetings which showed the registered manager leading discussions around a range of issues including people's choices, activities and events. Team meetings were also used to discuss aspects of service delivery such as people's dignity and respect. The registered manager gave information to staff at team meetings such as updates from the provider organisation and feedback following contact with external agencies. The registered manager maintained records of actions agreed at team meeting and reviewed these prior to and during the following team meeting.

The quality of care people received was the subject of on-going quality checks. Staff undertook and recorded checks throughout the service on each shift. These included checks of medicines, food labels, cleanliness and health and safety. On a weekly basis the registered manager undertook walking checks of the service during which they inspected lights, décor, flooring, equipment, the homes vehicles and external areas as well as medicines. The registered manager's quality audits also included a review of care records, people's finances, staff training and maintenance issues. Where shortfalls were identified these were recorded and progress to rectify them was monitored by both the registered manager and the provider organisation.

The registered manager continued to adhere to their CQC registration and submitted statutory notifications as required. They worked with us and supplied us with additional information requested throughout the year in response to notifications about incidents that occurred.