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M.C.A. Care Homes

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

About the service

MCA Care Homes is a residential care home providing personal care and support for up to three people with learning disabilities. At the time of the inspection one person was using the service. The service is also used by a few people on a regular respite basis.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Relatives spoke positively of the caring and person-centred nature of the service. They told us people liked staying at MCA Care Homes.

Risks associated with people's health and care needs had been assessed and guidance provided to care staff on how to minimise risks to keep people safe from harm.

There was enough staff available to support people safely. Recruitment processes enabled the provider to only recruit those staff assessed as safe to work with vulnerable adults.

The person using the service at the time of inspection did not require support with medicines. However, procedures were in place if people needed support with medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans were detailed and listed people's support needs and how staff were to support people with their identified needs.

Management oversight processes in place enabled the service and the provider to monitor, and where required, improve the quality of care people received.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

M.C.A. Care Homes

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff including the director, registered manager and three support workers. The person who used the service was out of the service most of the day we inspected. When they returned

we spoke with their relative and briefly observed their interactions with staff and the registered manager. Due to their cognitive impairment, they were unable to provide any feedback to us.

We also spoke by telephone to an additional three relatives of people who use the service as respite on a regular basis.

We reviewed a range of records. This included two people's care records, one of whom was the care plan of a person who used the service regularly on a respite basis. We looked at five staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us that their loved one was safe when using the service and told us their loved one was happy to go to the service and felt safe there. One relative told us, "I'm happy with the care [Person's] getting. They look after them well."
- People were protected from the risk of abuse. Staff had received training in safeguarding adults and demonstrated an understanding of safeguarding procedures and when to apply them.
- Staff were confident any concerns they raise would be listened to and actioned appropriately by the registered manager. A staff member told us, "I would report incident to senior and manager to take action. I can also call CQC to report."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Care plans contained explanations of the control measures for staff to follow to keep people safe and reduce risk of incidents.
- Relevant safety checks had been completed in relation to gas, fire, water and electrical safety.
- Regular health and safety checks were completed on the building and environment.
- The home was clean and well-maintained.

Staffing and recruitment

- There were enough staff on duty to ensure people's needs were met in a person-centred way.
- There was one staff on duty when there was one person using the service and increased if there were people staying for respite.
- The service used a small regular staff team which meant that people received care from a consistent team of staff who knew their care needs well. Relatives told us, "Person has a good relationship with the staff" and "It's like family. We can rely on them."
- Staff were safely recruited with required pre-employment checks completed.

Using medicines safely

- At the time of the inspection, there were no medicines in use at the service. The person using the service had not been prescribed any medicines.
- Medicines procedures were in place for when people used the service on a respite basis. This included appropriate medicines storage and documenting medicines administered in a medicine's administration record.
- Staff had received training in administering medicines which was refreshed on a regular basis.
- We saw that staff did not have their competencies to administer medicines assessed, the registered

manager told us they would ensure this was done before medicines were next administered at the service.

Preventing and controlling infection

- Staff had completed infection control and food hygiene training and followed safe infection control practices.
- The service was clean, tidy and fresh smelling.

Learning lessons when things go wrong

- No recent accidents or incidents had been reported at the service.
- The registered manager and provider us that they were always keen to learn and improve ways they can work.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their care and support needs assessed prior to using the service to ensure staff could meet them.
- A relative told us the registered manager and a staff member visited prior to assess the persons daily routine as they wanted to ensure they maintained their daily routine to avoid anxiety.
- Care and support plans were reviewed regularly to ensure people's care needs continued to be met.
- The provider referred to best practice guidance to ensure care delivered was in line with the current requirements. For example, the registered manager had implemented oral health training for staff.

Staff support: induction, training, skills and experience

- People were supported by staff who had received induction and training for their roles which was regularly refreshed. A staff member told us, "We get regular refresher training. For example, medicines, epilepsy and oral care recently."
- Staff told us they received regular supervision and an annual appraisal and were supported by the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager told us how choices such as drinks and foods were offered, and favourites were well known to the staff and recorded in people's care plans.
- We saw adequate quantities of fresh food which reflected the menu choices on offer.
- People's cultural dietary preferences were supported, for example, Caribbean menu choices.
- A relative told us that prior to using the service they were asked about what their relative's food likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care records showed people were supported to access external professionals if needed and care records were updated to reflect advice from health professionals.
- People had hospital passports containing important information to accompany them on any hospital visit.
- People were supported to maintain their oral hygiene. A relative told us, "They get [Person] to brush their teeth properly."

Adapting service, design, decoration to meet people's needs

- The service was small and informal. The provider had adapted the ground floor bedroom to have an accessible wet room for people with mobility problems. A relative told us this was a positive aspect of the service.
- People had access to a well-maintained garden area for outdoor activities.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider was compliant with the MCA. Where people were being deprived of their liberty, referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- Staff understood the MCA and ensured that people were asked to consent and offered choice before care was provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. Relative's told us, "Staff are very friendly. [Person] is happy going there" and "[Person] has a good relationship with staff. They communicate well with [Person]."
- Staff told us that they worked to build trusting relationships with people based on an in-depth knowledge of their needs, likes and dislikes. One staff told us, "We give people good care. I enjoy it. It's like family here."
- Assessments and care plans took account of peoples protected characteristics and staff could describe how they used this information to support people to meet their needs. For example, people's cultural and religious needs were documented and being met by staff.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care and daily lives. For example, their daily routines, food choices and how they wanted to spend their time. Staff told that although there was a menu in place, they checked with the person every day whether they wanted something different to eat.
- Relatives told us they were involved and consulted around how people wanted their care. They told us that the registered manager regularly updated them. They told us they had seen people's care plans which they signed to evidence their involvement in the care planning process.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop and maintain their independence. Staff told us they provided care based on supporting people to do what they can for themselves and aiding if needed.
- A relative told us they found their relatives independence had improved when they returned from a stay at the service because staff supported the person to learn and develop new life skills.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed and contained information for staff to enable them to support people in a person-centred way.
- Care plans showed how staff should support people effectively when they were distressed, anxious or in relation to specific support needs. These plans were clear and detailed.
- Regular reviews of care were arranged to reflect and record people's changing needs.
- Relatives told us of the positive impact the service had on the person. One relative told us of the positive strategies used by the staff and registered manager which avoided the use of 'as needed' medicines for anxiety. A relative told us, "[Person] used to be very challenging. They are getting better."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and how staff were to respond to those needs, were clearly documented within their care plans.
- Care plans detailed the person's communication methods and gestures or body language they may use and how staff should respond.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. This included support to spend time with their families and engage in activities that were important to them. A relative told us, "They take [Person] out and about and when indoors, games and puzzles."
- People had opportunities to access their local community and social events such as bowling.
- We saw photos of recent activities and trips which had occurred that were on display throughout the service.

Improving care quality in response to complaints or concerns

- No complaints had been received since the last inspection.
- Relatives knew who to complain to if they were unhappy and told us they would be confident that any concerns raised would be addressed. There was a complaints procedure in place and people had access to

information about making a complaint.

End of life care and support

- The service was not supporting anyone at the end of their life at this inspection.
- The registered manager told us they would review how they would look at including end of life care planning into the care planning and review process.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well run. The registered manager and staff team were committed to providing high quality and person-centred care. The provider's systems ensured people received person centred care which met their needs and reflected their preferences.
- We received positive feedback from relatives about the overall quality of the care provided and staff team. Feedback from relatives included, "Great! Fantastic, [Person] loves going there" and "I'm happy with the care [Person's] getting. They look after them well."
- Relatives told us that they were contacted by the registered manager if there were any concerns or incidents. Relatives told us that the registered manager was open and transparent.
- The registered manager told us there were no recent incidents or concerns. Staff told us they would report any concerns to the registered manager who would act on them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had relevant training, experience and skills to bring to the service. A relative told us, "Any issues, I will call [Registered Manager]. He is a nice friendly man. They do a very good job there."
- Staff were confident in their role and morale was positive. Staff told us, "[Registered Manager] is really supportive" and "Very supportive. The registered manager is around to make sure things are okay."
- A range of audits were regularly carried out to check the quality and safety of the service. Where areas for improvement were identified, the registered manager documented actions taken.
- The registered manager promoted an open culture where people and staff felt comfortable to approach the registered manager to raise any concerns.
- The registered manager told us they looked for ways to continually improve the service people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided through regular contact with the registered manager and annual surveys.
- Surveys were sent out annually to people's relatives, to gather feedback about the quality of the service provided. We saw the results of this were very positive. Feedback noted included, 'Exceptionally lovely,

friendly, clean and very friendly and professional staff and manager', 'They go above and beyond to always help' and 'It is the only place I would trust to leave her.'

- The registered manager and staff continued to work in partnership with other services, for example health and social care professionals.