

MCCH Society Limited

The Gables

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	

Overall summary

This inspection took place on 14 & 18 May 2015 and was unannounced. At our previous inspection in September 2013, we found the provider was meeting the regulations in relation to the outcomes we inspected.

The Gables provides accommodation and personal care support for up to 16 people with a learning disability, autism and physical disability. At the time of our inspection the home was providing support to 15 people. The home 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.

There were safeguarding policies and procedures in place to ensure people were kept safe. Assessments were conducted to assess levels of risk to people's health and well-being ensuring risks to people were minimised.

Summary of findings

Accidents and incidents involving the safety of people using the service were recorded and acted on appropriately and the home had arrangements in place for foreseeable emergencies.

There were safe recruitment practices in place and robust recruitment checks were conducted before staff started work ensuring that people were cared for by staff who were suitable for the role.

Medicines were stored, recorded, managed and administered safely and the home had systems in place to monitor the safety of the premises and equipment used.

People were supported by staff who had appropriate skills and knowledge to meet their needs. Staff received appropriate training and frequent supervision that met their needs.

Staff demonstrated a good understanding of people's right to make informed choices and decisions independently but where necessary for staff to act in someone's best interests. Staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to eat and drink sufficient amounts to meet their needs and ensure a balanced diet. People had access to health and social care professionals when requested or required.

Some people using the service were not able to verbally communicate their views to us about the service. We therefore observed the care and support being provided. Staff were familiar with people using the service and knew how best to support them and how to approach them respectfully. Relationships between staff and people using the service were very positive and were characterised by kindness and mutual respect.

Care plans documented detailed information for staff about how to meet people's personal care needs, preferred activities and people's ability and methods to communicate nonverbally. Care plans showed people's care needs had been regularly assessed and reviewed in line with the provider's policy.

People had access to specialist equipment enabling greater independence which met physical, emotional and sensory needs. People were supported to access community services to meet their social needs.

The home had a complaints policy and procedure in place and a pictorial complaints booklet displayed in the entrance hall of the home so it was accessible to all.

There were procedures and systems in place to evaluate and monitor the quality of the service provided. Staff spoke positively about the registered manager and the support they received. The home and provider took account of people's views with regard to the service provided through residents and relatives satisfaction surveys that were conducted on an annual basis.

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?

The service was safe.

There were policies and procedures in place for the safeguarding of adults and staff demonstrated a good awareness of the actions to take should they have concerns.

Risks to people's physical and mental health were assessed and records contained guidance for staff to minimise known risks.

There were arrangements in place to deal with foreseeable emergencies and staff knew what actions to take in the event of a fire.

Medicines were stored, recorded, managed and administered safely by staff who were trained to do so.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

Good



Is the service effective?

The service was effective.

People were supported by staff that had appropriate skills and knowledge to meet their needs. Staff were provided with regular supervision and training that was appropriate to their roles.

Staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to eat and drink sufficient amounts to meet their needs and had access to health and social care professionals when required.

Good



Is the service caring?

The service was caring.

Relationships between staff and people using the service were positive. People privacy and dignity was promoted and respected.

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them.

Good



Is the service responsive?

The service was responsive.

People were provided with care and treatment in accordance with their identified needs and wishes. Care plans were person centred and detailed people's diverse needs.

People were supported to engage in a range of activities that met their needs and reflected their interests.

The home had a complaints policy and procedure in place and a pictorial complaints booklet displayed in the entrance hall so it was accessible to all.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There were procedures and systems in place to evaluate and monitor the quality of the service provided. Staff spoke positively about the registered manager and the support they received. The home promoted an open culture which encouraged feedback to help drive improvements.

The home and provider took account of people's views with regard to the service provided through residents and relatives satisfaction surveys that were contacted on an annual basis.

Regular monitoring audits were conducted to ensure the quality of the service.

Good



The Gables

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.

The inspection was carried out by an inspector on 14 & 18 May 2015 and was unannounced. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A

notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and for funding people's care at the home. We used this information to help inform our inspection.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four people using the service, nine members of staff and the registered manager. We spent time observing the support provided to people in communal areas, looked at five people's care plans and records, staff records and records relating to the management of the service.

Is the service safe?

Our findings

People who were able to talk to us told us that they felt safe living in the home and staff were caring. One person told us “I like it here. The staff are all very kind.” Other people who could not talk to us looked relaxed in the company of staff.

People were safe. There were policies and procedures in place for the safeguarding of adults from the risk of abuse and a copy of the “London Multi Agencies Procedures on Safeguarding Adults from Abuse” for staff reference. There was information displayed throughout the home for people to access about safeguarding issues and who to contact if people had any concerns. Information was also readily available in an easy read format to meet people’s needs. Contact information for the local authority safeguarding teams and the police was displayed in the staff office for reference. Staff demonstrated that they were aware of the signs of possible abuse and knew what action to take, should they suspect that someone was being abused. Staff told us that they felt confident in reporting any suspicions they might have. Staff were also aware of the provider’s whistle-blowing procedure and how to use it. Staff told us they had received training on safeguarding adults from abuse and training records we looked at confirmed this.

Assessments were conducted to assess levels of risk to people’s physical and mental health and care plans contained guidance to provide staff with information that would protect people from harm by minimising these risks. Risk assessments were detailed and responsive to individual’s needs, for example one person was at risk of choking. There was a detailed risk assessment in their care plan which directed staff to use thickening fluids in liquids and directed staff on how the person should be supported to achieve the correct posture for eating and drinking. Another care plan contained an epilepsy management plan which informed staff on the signs of a seizure, the recovery period and directed staff on the actions to take in an emergency. Information from health and social care professional’s involvement was also documented in care plans to ensure people’s needs were met and risks to people’s health was minimised.

Accidents and incidents involving the safety of people using the service and staff were recorded and acted on appropriately. The accidents and incidents records showed that staff had identified concerns and had taken the appropriate action to address concerns and minimise

further risks. For example we saw that an incident involving two people using the service was referred to the CQC and the local authority appropriately and advice was also sought from health care professionals to manage the person’s behaviour. We spoke with the registered manager who told us that all incidents and accidents were analysed centrally by the provider who advised the service about their performance.

There were arrangements in place to deal with foreseeable emergencies. People using the service had an individualised evacuation plan in their care plan which detailed the support they may need to evacuate the property in the event of a fire. Staff we spoke with knew what to do in the event of a fire and who to contact. They told us that regular fire drills were conducted and records we looked at confirmed this.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work so that people were cared for and supported by staff that were suitable for the role. Staff told us that pre-employment checks were carried out before they started work and there were enough staff on duty to meet people’s needs. One staff member said, “Most of us have been working here for many years. We are a good team and there is always enough of us to make sure people are well supported.” Staffing rota’s showed that staffing levels were suitable to ensure people’s needs were met and observations during our inspection confirmed that there were sufficient staff available to supervise and support people at all times. We saw that staff had time to sit and talk with people, and carry out individual activities and we saw that staff were able to respond to people’s requests. The registered manager told us that staffing levels were managed according to people’s needs and on occasions when people required extra support for arranged activities or events additional staff cover could be sought.

Medicines were stored, recorded, managed and administered safely. We observed how staff administered medicines to people. Staff checked medicine records to ensure the correct medicine was administered to the right person. Medicines were only handled by staff who were trained to do so. We looked at five people’s Medicine Administration Records (MAR) and noted they were up to date and corresponded with the amount of medicines administered with no omissions documented. There were suitable facilities for storing medicines and people had

Is the service safe?

detailed records for their medicines containing a photograph of the person and instructions for staff to explain when to give medicines which were prescribed by people's own GP's.

There were systems in place to monitor the safety of the premises and equipment within the home minimising risks to people. Equipment at the home was routinely serviced

and maintained and a maintenance book for staff to record any equipment issues demonstrated that issues were promptly dealt with. Hoists, gas, electrical, legionella testing and fire equipment tests had all been completed. The home environment appeared clean and was appropriately maintained.

Is the service effective?

Our findings

People were supported by staff that had appropriate skills and knowledge to meet their needs. One person told us “The staff are wonderful. They know me very well.” New members of staff completed a detailed induction programme which included mandatory training to help them learn about their role before they started work. This also included a period of shadowing an experienced member of staff. We spoke with a new member of staff who confirmed that they had completed the induction period and training. They told us “The induction was for 2 weeks and was very helpful. The training they provide is very good.” Staff files confirmed that staff had completed an induction programme, completed mandatory training and received probationary meetings with senior managers to ensure support was provided and staff were competent in their roles.

Staff we spoke with told us they received regular training appropriate to their roles and to meet the needs of people using the service. One staff member told us “The training is very good here. Its class based and e learning which are both effective.” There was a range of mandatory training provided that was regularly refreshed to ensure staff were up to date with best practice. Training included areas such as manual handling, first aid, mental capacity, safeguarding and other specialist areas such as epilepsy and diabetes. Staff also had the opportunity to complete accredited qualifications such as health and social care diplomas or equivalent qualifications.

Staff told us they had a yearly appraisal and supervision every six weeks and records we looked at confirmed this. Staff said they felt well supported to carry out their roles. One staff member told us “The service has improved so much over the last couple of years and we have a really good manager who supports us very well. Supervision is regular and I get lots of support.” Another member of staff said “Supervision is frequent and the manager is very supportive and approachable.”

Staff demonstrated a good understanding of people’s right to make informed choices and decisions independently but where necessary for staff to act in someone’s best interests. Staff understood the importance of asking for consent before they offered people support. We observed staff seeking people’s permission before carrying out personal care or support. Where people could not verbally

communicate staff looked for signs from people’s body language and behaviour to confirm they were happy with what was being offered or suggested. Staff told us that if a person could not make certain decisions then they would act in the person’s ‘best interests’. This meant that staff discussed people’s needs with relatives and health and social care professionals for their views where appropriate. Staff were aware that people’s capacity could vary depending on how they felt on any given day. Staff received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and records we looked at confirmed this. DoLS protects people when they are being cared for or treated in ways that deprives them of their liberty for their own safety. Appropriate referrals to local authorities were made so that people’s freedom was not unduly restricted. Applications for authorisations followed current guidance and covered areas of different restrictions such as the use of bed rails and wheelchair belts to prevent people falling out for their protection and safety.

People were supported to eat and drink sufficient amounts to meet their needs and ensure a balanced diet. Weekly menus were discussed and planned with people using the service to ensure a balanced diet that took account of people’s likes and dislikes, dietary or religious and cultural wishes as required. We noted that each flat had a menu folder which contained weekly pictorial menus for people to choose from and included different sweet and savoury recipes which people could use. During our inspection we saw people were supported to bake cakes which they had later for tea. We saw people were supported with aspects of food and meal preparation and with ordering their shopping online. We observed lunch time in one flat and saw that staff supported people to eat in a calm and relaxed environment. Where people were at risk of choking guidance documented in care plans was followed reducing the risk of choking. Staff engaged with people during lunch to make it a pleasant experience.

People’s food and fluid intake was monitored to ensure people had enough to eat and drink to meet their needs. People’s weight was checked regularly to reduce any health risks and was documented in people’s health care plans. Health care plans contained detailed guidance for staff for people who required specialist feeding regimes and where concerns about a person’s swallowing ability were

Is the service effective?

identified. Where required we saw the home worked closely with dieticians and speech and language therapists and staff followed recommendations made about the support people required.

People had access to health and social care professionals when required. People had a health care plan which detailed the support they required to meet their physical and mental health needs. These were updated regularly following advice from health and social care professionals. Records of health care appointments and visits were kept

in people's records documenting the reason for the appointment and details of any treatment required and advice given. The home worked with a range of health and social care professionals within the local community for example nurses, psychiatrist, occupational therapist, social workers, GP, dentist and opticians. The registered manager told us that where required staff accompanied people to health care appointments to help support them and provide reassurance while they received treatment.

Is the service caring?

Our findings

We observed staff speaking to and treating people in a respectful and dignified manner. One person told us “The staff are all wonderful. They treat me well and are kind.” Some people using the service were not able to verbally communicate their views to us about the service. We therefore observed the care and support being provided. Staff were familiar with people using the service and knew how best to support them and how to approach them respectfully. We observed that staff had good knowledge of people’s behaviour and were able to communicate effectively for example when enquiring if they wanted a drink or if they wanted to participate in an activity.

Relationships between staff and people using the service were positive and were characterised by kindness and respect. We saw one member of staff engaged in a soft mat activity with one person and they knew when the person wanted a drink and how they showed they had finished. Another member of staff was supporting one person to make a video diary and was discussing their childhood memories with them. Another member of staff noticed signs that one person was becoming restless and comforted them by stroking the palm of their hand which they responded to positively. Other staff members were involved in supporting people to participate in activities outside of the home. The registered manager told us that the home had a minibus which was used by staff to transport people to local activities and when accessing other community services.

People were supported to maintain relationships with relatives and friends. Care plans documented where appropriate that relatives were involved in their family members care and were invited to review meetings and any

other relevant meetings held. People were also notified about any significant events or visits from health and social care professionals. The home had access to a local advocacy service for people who required their support. One care plan we looked at showed that an advocate had been requested to attend a meeting to discuss one person’s care. The home used a key worker system which meant that a selected member of staff had responsibility for developing a particular supportive relationship with one person using the service to ensure their care needs were met.

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them. Care plans and assessments were completed in a pictorial format to aid understanding and people who were able to participate in care planning and reviews were encouraged and supported. Staff explained that care plans were used in monthly key worker meetings with people to discuss how their needs were being met and to help identify any changes that people might want to make in how their care and support was provided. Staff were knowledgeable about people's needs with regards to disability, race, religion, sexual orientation and gender and supported people appropriately to meet any identified needs or wishes.

People’s privacy and dignity was respected. Staff described how they ensured people’s dignity was respected and did this by knocking on people’s bedroom doors before entering and ensuring curtains and doors were closed when providing care. Discussions with staff demonstrated their commitment to meeting individuals' preferences and recognising what was important to each person.

Is the service responsive?

Our findings

People were provided with care and treatment in accordance with their identified needs and wishes. Detailed assessment of people's needs was completed upon admission to the home to ensure that the home could meet people's needs. Care plans provided clear guidance for staff about people's varied needs and how best to support them. For example one care plan contained detailed documentation of the person's behaviour when they were settled and relaxed as well as guidance for staff for when they were agitated. There was also detailed guidance for staff on managing the person behaviour whilst travelling on the mini bus and when out in the community. Health and social care professional's advice was recorded and included in care plans to ensure that people's needs were met and contained guidance such as managing epilepsy or diabetes. Care plans also recorded progress that was monitored by staff as advised by health and social care professionals, such as guidance for fluid monitoring or skin integrity.

Care plans documented detailed information for staff about how to meet people's personal care needs, people's preferred activities and people's ability and methods to communicate nonverbally. Care plans showed people's care needs had been regularly assessed and reviewed in line with the provider's policy. Daily records were kept by staff about people's day to day wellbeing and activities to ensure that people's planned care and support met their needs and to identify any changes in needs and health.

People's diverse needs, independence and human rights were supported and respected. People had access to specialist equipment enabling greater independence which met physical, emotional and sensory needs. Equipment included hoists, slings, adapted wheelchairs, soft mats and seating, tables, cutlery and adapted beds. The home had a sensory room equipped with special lighting, music, a vapour machine to disperse pleasant smells and fabrics to stimulate the sense of touch. People's specific ethnic or cultural needs and dietary requirements were documented within their care plans to ensure that needs and wishes were met. Communal areas were clean

and homely with many areas displaying arts and crafts that were completed by people using the service. People were encouraged to personalise their bedrooms with personal belongings and furniture. The registered manager explained to us how they consulted with people about the redecoration of their bedroom and the support they offered. For example they told us how they worked with one person to personalise their room making it a reflection of their personality and more comfortable for them.

People were supported to engage in a range of activities that met their needs and reflected their interests. People were supported to do and engage in things they liked such as attending social clubs and events, cooking, visiting local attractions, arts and crafts and visiting friends and family. At the time of our inspection we observed many people were out attending social clubs and activities. People were also encouraged with support to do daily household domestic tasks such as keeping their room clean and tidy and doing laundry.

People were asked for their views about their care and support and were provided with opportunities to discuss their needs with staff at regular keyworker meetings. Care plans documented keyworker meeting discussions and demonstrated that changes in people's needs and wishes had been discussed and actioned where appropriate.

The home had a complaints policy and procedure in place and a pictorial complaints booklet displayed in the entrance hall so it was accessible to all. These gave time scales for a response to a complaint and what to do if people were not satisfied with the outcome of the complaint. Complaints and compliments records showed there had been three complaints made about the service in 2014. We saw that appropriate action had been taken within the provider's time scales to address the reported concerns. The registered manager told us that they promoted frequent contact and communication with people using the service and their relatives to ensure any concerns were managed promptly and appropriately. Compliments recorded by visiting relatives and professionals included "Staff are very very helpful", "Staff are wonderful and kind", and "The home is beautiful and caters well for their needs".

Is the service well-led?

Our findings

There were procedures and systems in place to evaluate and monitor the quality of the service provided. Staff spoke positively about the registered manager and the support they received. They told us that the registered manager promoted an open culture which encouraged feedback from staff to help drive improvements. They said the registered manager was visible and helped them to support staff in meeting people's needs. During the inspection we observed positive team work within the staffing team helping each other to ensure people's needs were met. Staff communication was good and we observed staff frequently discussing and sharing what they were doing and how they supported people with other staff members. Staff told us they enjoyed their work and thought the staffing team worked well together. One staff member said "We are like a family here. All the staff get on well with each other and we really know people well and their needs." Another member of staff told us "We all work well together to do our best for people. The manager is really supportive and I like my job very much."

The registered manager had been in post for a couple of years and knew the service well. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. Twice daily staff handover meetings were held in each flat which provided staff with the opportunity to discuss people's daily needs and to allocate tasks. Each flat also had a communication book for staff reference which documented people's daily needs and tasks so staff were kept up to date on any changes in people's care. Staff team meetings were held on a monthly basis and were well attended by staff both day and night workers. Minutes of previous meetings held showed that items discussed

included people's health and well-being, activities and training. We observed a staff meeting which promoted the inclusion of people using the service. People were made to feel included and could contribute to the discussions. Discussions included people's daily health needs, key worker meetings, staff rotas and training.

The home and provider took account of people's views with regard to the service provided through residents and relatives satisfaction surveys that were carried out on an annual basis. We looked at the results for the 2014 residents survey which showed that 79% of people were very happy with the support they received, 76% of people felt their religious and cultural needs were met, 83% said staff were always friendly and helpful and 87% of people said they had regular meetings with their keyworkers. The relatives and friends survey results of 2014 showed that 83% of people rated the service as good or excellent and 87% said that staff were always friendly and helpful. As a direct response from the survey results the provider developed action plans which listed the improvements to be made. Comments, concerns and compliments were sent direct to the home for action to be taken and records we looked at confirmed this.

There were systems and processes in place to monitor and evaluate the service. The registered manager showed us audits that were conducted in the home on a regular basis. These included audits of incidents and accidents which were analysed by the provider for learning purposes and performance actions, environmental and maintenance checks, health and safety, care plans and records and administration of medicines amongst others. Audits we looked at were up to date and records of actions taken to address any highlighted concerns were completed. The registered manager told us that team leaders also conducted monthly quality audits within each flat and records confirmed checks had been conducted and where required actions had been taken.