M N P Complete Care Group

Burnham

Inspection report

19 Julian Road
Folkestone
Kent
CT19 5HW

Tel: 01303221335
Website: www.mnp-group.com

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 carried out this unannounced inspection on 19 April 2016. Burnham is a service for up to five people with physical disabilities. At the time of inspection there were four people living in the service. At a previous inspection on 6 January 2015 we found the provider was not meeting all the requirements of the legislation in respect of fire evacuation arrangements, record keeping and quality monitoring; we asked the provider to write and tell us what action they were going to take to address the specific shortfalls identified which they had done.

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There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 this inspection we found that staff recruitment was conducted safely but important information the service is required to keep in respect of staff recruitment and the checks made had not been retained.

People were protected from harm because there were enough staff available to support them both in the service and when out in the community. Staff were trained to meet people's needs and they discussed their performance during one to one meetings and discussions with the registered manager.

Staff felt listened to and supported and had regular staff meetings; they were provided with regular opportunities to discuss their training and development with the registered manager. Not everyone we met was able to verbally express their views but through gestures and signs and those that could tell us people showed that they were happy living in the service and felt well supported by staff. Staff showed affection and positive engagement with the people they supported. Staff spent time with people to understand their experiences of support and if changes were needed. Relatives told us that they were kept informed about their relative's welfare and were invited to contribute their views at placement reviews when they attended. Staff monitored people's health and wellbeing and supported them to access routine and specialist health when this was needed.

People were given individual support to participate in their own interests and hobbies. Risk assessments were completed for each person regarding the support they needed with their environment and the activities they participated in, this helped staff to understand how to protect them from harm, these were kept updated or amended whenever changes occurred. Accidents and incidents were monitored by the provider to see where improvements could be made to prevent future occurrence. Individualised guidance was available to staff to help them understand how to work positively with people whose behaviour could be challenging to others.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider understood when an application should be made and the service

was meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported by staff who had been trained to recognise and act on any suspicion of abuse and understood the whistleblowing policy and their responsibilities to report concerns. Guidance was available to staff in the event of emergency events so they knew who to contact and what action to take to protect people and keep them safe. People, staff and relatives were confident they could raise any concerns with the registered manager or outside agencies if this was needed.

People lived in a well maintained environment that was decorated and furnished to a high standard, it was visibly clean and tidy and people were enabled with staff support to personalise their own personal space. Equipment checks and servicing were regularly carried out to ensure the premises and equipment used was safe. Fire detection and alarm systems were maintained; staff understood how to protect people in the event of a fire as they had undertaken fire training and took part in practice drills.

People ate a varied diet and were consulted about the development of menus which took account of their personal preferences. Medicines were managed safely by trained staff. People and their relatives were routinely asked to comment about the service and action was taken to address any areas for improvement. A new quality assurance system had been implemented to enable the provider and registered manager to assess and monitor the quality of service delivery to ensure standards were maintained.

We have made one recommendation:

We recommend that the provider monitors whether all staff are participating in a minimum of two fire drills annually in accordance with recommendations for staff contained in the Regulatory Reform (Fire Safety) Order 2005.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff recruitment was carried out safely but some important information was not kept on staff files.

People were supported by staff who understood how to identify and respond to abuse and protect people from harm. There were always enough staff available to support people.

The premises were well maintained and routine checks and tests of fire detection equipment and gas and electrical installations were undertaken.

People were supported to take risks and assessments were completed to ensure this was managed safely. Accidents and incidents were monitored and actions taken to minimise the risk of recurrence.

Is the service effective?

Good

The service was effective.

People were asked what they wanted to eat and ate well, their nutritional and health needs were monitored and where necessary health professionals consulted.

Staff felt supported & received appropriate training and supervision for their role.

Staff were provided with clear guidance to help support people to manage behaviours which were challenging. Staff worked to the principles of the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the care and support staff provided. Staff communicated well with each other and the people they supported

People were given opportunities to be as independent as they could be and to explore new experiences and pursue their interests; staff had time to spend with people.

Staff respected people's privacy and dignity. Peoples end of life wishes where these had been expressed were recorded and acted upon.

Is the service responsive?

Good

The service was responsive.

People and where necessary their relatives were involved and consulted in the planning of their care.

People were supported by staff to do the things they wanted to do.

People and relatives said that they felt confident to raise concerns and that action would be taken to address them by the registered manager.

Is the service well-led?

Good

The service was well led.

There was a registered manager who staff, people and their relatives found approachable supportive.

Staff meetings were held regularly, and the registered manager found support through regular manager meetings. Relatives were consulted for their views about the service.

A new quality assurance system had recently been implemented to enable better assessment and monitoring of the service. The registered manager notified the Care Quality Commission appropriately of notifiable events.

Burnham

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on the 19 April 2016. The inspection team consisted of 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 also looked at all the other information we held about the service, including previous inspection reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We met the four people currently living at the service. Some people had limited communication but understood our questions and were able to give their responses through using a thumb up and thumb down sign. We spent time observing how a person with limited communication was supported by staff and interacted with them.

We spoke with four relatives, the registered manager, and three staff who worked in the service. We contacted three social care professionals and received feedback from two.

We looked at two people's care and health plans, risk assessments and medicine records. We also looked at operational records for the service including: staff recruitment, training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance surveys and audits.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe and happy living in the service. One said they now felt more settled and was able to do the things they wanted to do, they did a lot of things for themselves but said that staff checked on them regularly day and night to make sure they were ok.

Relatives told us "I am thankful he is there, there are very few services now that are that small it's brilliant" there are always enough staff, they get to know the people there as there is no staff turnover", and another said "I am always singing my praises of that service". Social care professionals told us they had no concerns about the service. One said "I have never had any issues with the service, never had anything other than good things from them".

The provider operated safe recruitment procedures. Staff recruitment records were clearly set out. This enabled the registered manager to easily see whether any further checks or documents were needed for each employee. Staff did not start work until they had attended for interview and required checks had been carried out. We checked three files two belonging to staff that had worked for the organisation for a long time and had an internal transfer to this service; we also checked the file of a staff member recruited directly by the service. Each file contained an application form with evidence of interview. Application forms contained information about people's employment histories with their reasons for leaving previous care roles where relevant, satisfactory employment and character references were obtained, a statement as to the staff member's health at the time of recruitment was also in place, a Disclosure and Barring Service (DBS) criminal record check which also checks identity was conducted for each applicant. We noted that in the files of transferred staff personal identity evidence used for the DBS to be carried out had not been retained; this information was in place on the most recently recruited staff member's file. The absence of the correct information in staff members files is a breach of regulation 17 (2) (d) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Fire alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills including the methods to be used in the event of evacuation of individual people, we would recommend the provider monitor the number of fire drills individual staff attend to ensure this complies with fire legislation guidance. Risk assessments of the environment were reviewed and guidance available to staff in the event of emergency situations that required evacuation. Personal evacuation plans took account of people's individual needs to ensure a safe evacuation.

Staff rotas showed that there was a sufficient staff presence on shift at all times during the day. Staff also told us that they thought there were always enough staff. One person had their own allocated care hours that they used to attend appointments and to go to events and activities of interest to them in the community for example, going to the local gym. In addition, there were two staff on shift to support the needs of other people in addition to the registered manager who worked office hours Monday to Friday. At night there was one waking night staff member. Agency staff were not used and gaps in shifts due to annual leave or sickness were covered from within the existing staff team or if necessary from staff working

elsewhere in the organisation. People had lived at the service a long time and the registered manager and staff were aware of their individual needs, these were kept under review to ensure people were receiving the right level of support with these from staff.

People were supported by staff that had the knowledge to recognise and report any concerns around potential abuse. Staff were able to tell us about the signs of abuse, and how they would report their concerns and to whom; including those agencies outside of the organisation such as the local authority safeguarding team. Staff received regular training in protecting people from abuse so their knowledge of how to keep people safe was up to date. The registered manager was aware of their role and responsibilities in safeguarding people from abuse and although had not needed to use the procedure for raising concerns about abuse was familiar with the process for doing so. Staff had access to the local authority, and the organisations safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the provider or outside agencies if this was needed.

People received their medicines safely. Only staff trained in medicines management were able to administer medicines. Some of these staff had also been trained to ensure that they knew the procedures for ordering, receiving and booking in medicines in the absence of the registered manager who normally took responsibility for this. People were unable to administer their own medicines and this was made clear in their care records. Medicines were stored appropriately and temperatures checked to ensure these did not exceed recommended levels. Medicine Administration Records (MAR) charts were completed properly and a photograph of each person was provided with them to ensure the right medicine was administered to the right person. External audits were conducted annually by the pharmacy to ensure the service was managing medicines appropriately. We viewed the last one that showed there were no concerns and only some minor recommendations which had already been implemented.

Risk assessments were completed for each person; these were individualised and took account of each person's specific needs and their personal awareness and understanding of danger and risk. Measures were implemented to reduce the level of risk so that people were protected from harm when undertaking activities outside and inside of the service, from the environment, the activities they were involved in or from other people. Risk assessments were kept updated and reviewed on a regular basis. These could be reviewed more often, if there were changes or safety concerns that impacted on the safety measures already in place. There was a low level of accidents and incidents; these were recorded clearly and the registered manager monitored these to see if improvements could be made to prevent similar events in future. For example, investigating falls and looking at falls prevention measures.

The premises, décor and furnishings were well maintained to provide a pleasant, clean, comfortable and homely environment. Repairs were carried out in a timely way and a programme of regular maintenance and upgrading was in place. There was a secure accessible garden which people used in good weather.

Equipment checks and servicing were regularly carried out to ensure this was safe and in good working order. Risk assessments for the building environment had been developed and looked at potential health and safety issues. Internal checks and tests of fire safety systems and
equipment were made regularly and recorded.

We have made one recommendation:

We recommend that although the provider is undertaking regular fire drills they should monitor the number of drills individual staff participate in annually to assure them that this frequency is in accordance with

guidance contained in the Regulatory Reform (Fire Safety) Order 2005.

Good

Is the service effective?

Our findings

People showed they were happy with the meals offered to them and where this was not the case staff were overheard asking what else the person might want. Relatives told us that they were kept informed about their family members health and any events that required medical intervention, one told us that their relative had been taken to hospital at night and the service had contacted them to tell them and that a staff member had stayed with the person at the hospital, another said that their relative looked so much better following a hospital procedure, they thought the service had been very pro-active and supportive around this procedure happening for the benefit of the person supported, and he was no longer in pain as a result." They commented that the service met their relatives needs for liquidised food but still ensured this was presented in a range of colours and textures, they said that 'staff really did care' and had gone to the lengths of liquidising their family members favourite sweet and had made this into a custard for him". One person told us they could have their meals in their room or in the main home it was their choice. A social care professional said they found staff always helpful and that they really seemed "on the ball".

Staff told us that they felt supported and received supervisions in accordance with the organisations policy. The registered manager worked weekdays and was available at shift handovers to staff, these were detailed and a record of these was made for those staff not on shift to view if needed. The handovers provided staff with updates about changes in people's care needs and important information they needed to know about in regard to operational matters or procedures they needed to follow in respect of preparing people for hospital admission. Team meetings were held twice annually unless the team needed to meet for a specific reason, as a small team there were always opportunities for staff to get together with the registered manager and each other if needed. The registered maintained an open door policy and staff were free to come and speak with her at any time.

It was rare for staff vacancies to arise but any new staff were required to complete an induction programme that included an awareness of the ethos of the service and an understanding of the needs of people using it, a probationary period ensured their competence was assessed at six and 12 week intervals. New staff were provided with the basic essential skills training they needed to understand how to carry out their role safely and protect people from harm. No new staff had been recruited in the last 12 months but the PIR informed us that should new staff be employed their induction would be in line with the new Care certificate format. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

Established members of the staff team received refresher training through a programme of training in a variety of topics that updated their basic knowledge and skills around providing safe care with regard to safeguarding, food hygiene, health and safety, fire, first aid, moving and handling, medicines, infection control Specialist training relevant to the needs of individual people supported was also provided for example training in catheter care, and awareness of epilepsy. Seven out of ten staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. One person was currently subject to a DoLS, this having only just been authorised. The registered manager showed that she had read widely and understood when an application should be made and how to submit one. People were supported by staff to make everyday decisions about for example, what they wore, where they ate, what they ate and what they wanted to do. When people lacked the capacity to make some more important decisions for themselves around their care and treatment, the service was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Behaviour which was considered challenging to people and staff was rare but the potential for this was identified within peoples care plans and staff responses were guided by clear information specific to each person, as to how best to de-escalate and manage such incidents in the least restrictive way, staff did not use restraint and would be unable to support people with whose behaviour required this, they had however received some behaviour training to help them understand how to de-escalate behaviour when necessary. Although rare the registered manager was made aware of all incidents that occurred including those around people's behaviour. The infrequency of such events gave the registered manager and staff confidence that the support they provided to people at times of high anxiety was effective in reducing incidents overall.

People's dietary needs and preferences were discussed with them or with people who knew them well before admission. Menus were developed that ran over a four week cycle, and took into consideration people's likes, dislikes and special dietary requirements. There was a set menu with a choice of two dishes and pudding for the main meal and choices of breakfast and suppertime options. Staff were heard discussing with people other foods they may want to eat and records showed that staff diverted from the main menu on occasion to accommodate people's preferences. Staff encouraged people to eat a healthy balanced diet. Most people had stable weights and were weighed every few months; other people were identified as needing to be weighed more often because of their low but stable weight. Any significant changes in people's weights were brought to the attention of the registered manager in case there was an underlying health issue and required referral to the GP.

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People were supported by staff to maintain their health and wellbeing. Routine health checks with doctors, community nurses, dentists, opticians and chiropodists were arranged; where necessary referrals were made to other health professionals, such as speech and language therapist (SALT) for help with swallowing. A record was kept of all health appointments and contacts and relatives told us that they were kept informed of any issues regarding the health and wellbeing of their family member. People had the right equipment to ensure staff were able to support them to move safely and to enable people to move around the service freely using wheelchairs in some instances. Adaptations to the premises had been made to make all floors accessible and bathing areas, bedrooms and communal spaces including the garden suitable for the needs of the people supported.

Good

Is the service caring?

Our findings

Relatives told us "I have never had a problem with them, they take care of him and fulfil every need, and they deal with things quite admirably". Another said "They have done a lot for X and he is very happy there", "I make observations when I visit, they treat him as a normal human being, I could not wish for more". Relatives said they were made welcome by staff; they visited when they wished, one said "anything I can do to help staff I'll do".

There was a relaxed atmosphere in the service; with good humoured exchanges with positive encouragement. We observed good interactions between staff and people. Staff showed that they understood people's individual characters and needs, and what activities interested them. Staff showed patience and kindness and expressed affection for the people they supported, their attitude was respectful. One person we spoke with told us that they felt happy with the support they received from staff. People's communication differed but they were relaxed in each other's presence and got on well but did not specifically seek each other out for company.

Relatives told us that they found communication from the registered manager and other staff good and that they always kept them informed about changes in care and treatment before these were implemented, and they said they were consulted about their relative's plan of care and were included in regular reviews even if they did not always attend. A social care professional said they had found the staff in the service really supportive of family members.

One relative spoke positively about the opportunities their family member was given around experiencing activities and leading the life they wanted to lead by having their own dedicated personal carer. Staff were sensitive to important events in people's lives and helped organise birthday parties, or helped remind people about important events they needed to mark with their relatives.

Staff supported people to make choices and decisions for themselves in their everyday lives and respected their choices. People made decisions about when they went to bed, what they wore, or did, whether they stayed in their rooms, where they ate and what they ate.

Staff were observed to protect people's dignity and privacy by discreetly managing personal care tasks and speaking about people respectfully whilst maintaining their confidentiality. People were supported as required but were encouraged to be as independent as possible. Staff were responsive to people's needs and adjusted support to suit individual requirements. The registered manager spoke positively about the improvement in one person's aspirations to develop their potential for greater independence. Bedrooms had been personalised with personal possessions and family photos, and reflected people's specific interests.

The registered manager and staff ensured that peoples end of life wishes were recorded, where possible people stayed until the end of their life and great care was taken to ensure people did not need to move on when their health needs deteriorated. With the support of external health professionals the service staff had

been enabled to ensure people experienced the last months of their life in a setting they knew with staff who cared about them and ensured they received the best care, as a result of good partnership working with health professionals in the community.

Good

Is the service responsive?

Our findings

Staff showed that they understood what interested people. Staff engaged in conversations with people about their interests and made a point of highlighting events people might wish to see or participate in. People's needs and preferences about the activities they liked to take part in was recorded in their plans of care.

People talked about the activities they did during the day which they said they enjoyed. They told us about evening and weekend events they had planned or they regularly attended. People enjoyed engaging with staff. They were relaxed and chose how they spent their time.
People did not have a weekly activity planner but a record of activities they had participated in each week showed that their level of activities varied from week to week and was often subject to the weather. One person required the support of staff to engage in activities where possible but also went out during the week to external day care activity and in the company of family or staff on other days.

Other people said they were happy with the amount and variety of activities they participated in; they liked the flexibility to do the things they wanted to do and three out of four people went out independently if they chose. Staff were observed helping a person with in house activities to provide the person with interests and stimulation, records showed the person also went out regularly with staff support on a number of occasions each week, along with outings with family members. The registered manager said she was keen to improve outing opportunities for people and had brought to the attention of one or two people in the service sport and exercise programmes for people with disabilities promoted by the local gym, one person was attending gym another had chosen not to but plans were underway to extend the frequency and range of external activities in the local area.

Before admission to the service the registered manager was involved in pre-admission assessment and information gathering to ensure they could meet the prospective person's needs before the decision for them to move in was made. Where possible prospective residents would be offered trial visits and overnight stays, reports were gathered from care managers and current providers or hospital staff to inform the assessment of needs.

Each person's care and treatment was planned and recorded in an individualised plan of care, this informed staff about what people needed and wanted in the way of support to live their daily lives. These plans guided staff in how they delivered support to the person around maintaining their personal care routines including moving and handling requirements, social interaction, method of communication, leisure interests, and night time support including continence management. Each person also had an aims, goals and achievements section to help with progression and achievement of minor achievements and goals in their daily lives. Staff knew each person well enough to respond appropriately to their needs in a way they preferred and that was consistent with their plan of care. People's care and support needs were reviewed every quarter if no changes had occurred in between these times, any changes required in their care and treatment were discussed with them and their relatives or representatives before these were put into place.

People and their relatives were included in the regular assessments and reviews of their individual needs. Staff were able to describe the level of support and care provided to each person they supported and what they did to encourage and enable people to maximise their potential for independence within the service.

People and relatives said they felt confident of approaching staff if they were unhappy with the support provided or another aspect of the service and these were dealt with immediately. A complaints procedure was in place and placed on a notice board for people to see, in response to us highlighting to the registered manager an inaccuracy in the procedure action was taken following the inspection to amend this and we received a copy of the amended procedure. A complaints log was used for the recording of any formal complaints received. The PIR informed us that there had been no complaints received in the last 12 months. A process was in place to ensure that a log of complaints was recorded with an outcome, the details of complaints were confidential and this documentation was stored by the registered manager. Open complaints when received were investigated by the registered manager who consulted with other staff or people outside of the service as necessary.

Good

Is the service well-led?

Our findings

A care professional told us that the staff always prepared information before the persons review and always kept them up to date with what was going on for the person. Relatives confirmed they were always invited to reviews but did not always choose to attend. They felt welcome in the service and were asked to contribute their views in surveys.

Relatives found the registered manager and staff approachable and from their experiences thought the service was managed well. The registered manager in post had been with the company for many years, before becoming a registered manager.

The aims and objectives of the service set out the principles of providing quality care. We observed staff displaying these values during our inspection, particularly in their commitment to the people they supported and where possible their potential for experiencing new things and to extend areas of their life that they could become more independent in.

The provider representative visited often to undertake quality monitoring. They were visible and accessible to staff, people and relatives.

The registered manager participated in weekday staff handovers from night to day staff so that they had a good knowledge and understanding of present issues within the service. A registered managers meeting was held monthly with the provider representative with registered managers across all their services, to discuss on going developments and operational issues, and individual people using the service.

A new quality monitoring system had been put in place to enable the assessment and monitoring of all aspects of the service. The implementation of this was in the early stages. Some weekly and monthly audits for example, cleaning, catering, health and safety and medicines were completed by senior staff. The new quality system enhanced what was in place and brought this together into units that the provider and registered manager had scheduled to cover different aspects of the service over a 12 month period for example assessment and monitoring of how staff were implementing infection control procedures through observations of practice, standards of cleanliness and a review of relevant records staff maintain to ensure measures in place protect people and staff from the risk of infection.

The registered manager said that the provider representative took their auditing responsibilities very seriously and gave timescales for the completion of any shortfalls, which were checked at subsequent visits. Audits conducted by staff were checked by the registered manager as part of her own audit and review responsibilities, areas for improvement were highlighted with actions to be taken to address them listed. Development of the service along with others in the group was discussed at joint manager meetings.

The provider information return told us about actions taken by the provider to improve the service and further planned improvements, for example, the development of the management self-audit tool focusing on the inspection methodology domains of safe, effective, caring, responsive and well led. A six monthly

questionnaire to relatives and one person who was able to complete a form for themselves had been implemented and people's views would be used to inform service development where possible. Relatives told us that communication with the service was good and that they felt kept informed at all times.

A range of policies and procedures were in place and staff knew where they were kept for reference purposes. The provider now subscribed to an on line service that ensured they were kept updated of changes to good practice guidance or legislation that impacted on their service, so this could inform updating of policies and procedures and staff could be apprised of changes. Staff said they were required to read updates so they were kept informed about changes.

The registered manager ensured the Care Quality Commission was apprised of any notifiable incidents appropriately.
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This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Important recruitment information had not been retained in staff records as required by Regulation 17 (2) (d) (i)