

MCCH

Bursted Houses

Inspection report

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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 responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 and 14 April 2016 at which we found breaches of legal requirements. We took enforcement action, serving warning notices in respect of breaches found of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to the unsafe management of medicines, and the provider not having adequate systems in place to monitor the quality and safety of the service provided.

We also identified further breaches of regulations because staff had not received refresher training or supervision on a regular basis, in line with the provider's policy. Risks to people were not always managed safely and people's risk assessments had not always been reviewed and updated in response to changes in their conditions. People were not always lawfully deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS) because the provider had not always complied with the conditions placed on people's DoLS authorisations. Following our inspection, the provider wrote to us and told us how they would address these issues.

We carried out this unannounced focused inspection of the service on 01 September 2016 to check that the requirements of the regulations had been met in response to the breaches we had identified and enforcement action we took. This report only covers our findings in relation to the follow up on the breaches of Regulations 12, 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to improvements made in response to our findings regarding the responsiveness of the service during our last inspection. You can read the report from our last inspection, by selecting the 'all reports' link for 'Bursting Houses' on our website at www.cqc.org.uk.

Bursting Houses provides accommodation and support for up to 23 people across five separate units. At the time of our inspection the service was providing support to 19 adults with learning disabilities.

At this inspection on 01 September 2016 we found that the provider had addressed the breaches of Regulations 12, 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that medicines were safely stored and managed, however further improvement was required because one person had not received a dose of a medicine as prescribed.

Risks to people had been assessed and risk assessments reviewed on regular basis to ensure they remained reflective of people's current needs. Staff were aware of the areas of risk to people and knew the action to take to manage risks safely. People were lawfully deprived of their liberty where it was in their best interests under the Deprivation of Liberty Safeguards (DoLS) and the provider complied with any conditions placed on people's DoLS authorisations.

Staff were supported in their roles through training and regular supervision. The provider had systems in place to monitor and mitigate risks to people and staff had taken action to make improvements in response to any issues identified during the monitoring of the service. We also found improvements had been made

to ensure people's support plans were up to date and reflective of their current needs and views.

We have revised and improved our ratings for the key questions 'Is the service effective?', 'is the service responsive?' and 'Is the service well-led?' to 'Good' in response to the improvements found during this inspection.

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 

At this inspection we found action had been taken to improve safety within the service although improvement was required to ensure people received their medicines consistently, as prescribed .

Medicines were securely stored. Staff responsible for administering medicines had received training and had undergone an assessment to ensure they were competent to do so.

Risks to people had been assessed and guidance put in place on how to manage risks safely. Staff were aware of the risks to people and worked in line with the guidance in people's risk assessments.

Is the service effective?

Good 

At this inspection we found action had been taken to improve the effectiveness of the service.

Staff were supported in their roles through training and regular supervision.

The service complied with the requirements of the Deprivation of Liberty Safeguards (DoLS) to lawfully deprive people of their liberty where it was in their best interests.

Is the service responsive?

Good 

Improvements had been made to the responsiveness of the service.

People's support plans were up to date and reflective of their individual needs.

Is the service well-led?

Good 

At this inspection improvements had been made to the leadership of the service.

The provider had quality assurance systems in place to identify

issues and drive improvements.

Bursteds Houses

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Bursteds Houses on 01 September 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 13 and 14 April 2016 inspection had been made. The team inspected the service against aspects of three of the five questions we ask about services: 'is the service safe?', 'is the service effective?' and 'is the service well-led?' This is because the service was not meeting some legal requirements.

Before our inspection we reviewed information we held about the service including notifications received from the provider about 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 commissioning the service and asked them for their views. We used this information to help inform our inspection planning.

The inspection was undertaken by one inspector. During the inspection we spoke to two people, five members of staff and the Registered Manager. We reviewed five people's care plans and other records relating to the management of the service including staff training and supervision records, and records of audits and checks undertaken by the provider and commissioning local authority. We also spent time observing the care and support people received from staff.

Is the service safe?

Our findings

At our last inspection on 13 and 14 April 2016 we found a breach of regulations because people's medicines were not stored safely, actions identified during medicines audits had not always been implemented and some staff were overdue an assessment of their competency to administer medicines.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider, requiring them to meet this regulation.

At this inspection we found that improvements had been made and that the provider met the requirements of the regulation, although further improvement was required to ensure people's medicines were administered consistently as prescribed. People told us they received the support they needed with their medicines. One person told us, "The staff help me; I get my medicines on time." Another person said, "The staff look after my medicines," and indicated they had no concerns about the support they received.

People's Medicines Administration Records (MARs) included a copy of their photograph, as well as details about any known allergies to help reduce the risks associated with the administration of medicines. We reviewed a sample of people's current MARs which confirmed that all but one person had received their medicines at the correct times when checked against remaining medicines stocks. However improvement was required because we found a dose of one person's medicine on the morning of our inspection had been signed for as having been given, but had not been administered. The person did not receive their medicines as prescribed and there was a risk that the management of their health condition would be affected.

We spoke to the registered manager about these issues and she took action by contacting the person's GP and following their advice to administer the dose at that time. We also confirmed that there were no obvious signs of the delayed administration having a negative impact on the wellbeing of the person in question. The registered manager also told us she would follow the issue up with the staff involved as part of their supervision and ensure they were reassessed to ensure they were competent to administer medicines, although we were unable to check on the outcome of this at the time of our inspection.

People's medicines were stored safely. We saw that medicines were stored in locked cupboards in each of the units within the service, which were only accessible to named staff responsible for the administration of people's medicines. Where people's medicines required refrigeration, these were securely stored in medicines refrigerators. Records showed that regular checks were made on the temperatures of the storage areas and medicines refrigerators to ensure medicines were stored within safe temperature ranges.

The provider had protocols in place for staff to follow with regards to the administration of people's 'as required' medicines. These provided information on the doses and frequency at which these medicines could be administered, as well as guidance to support staff in determining whether such administration was required.

Staff responsible for administering medicines had undertaken training and had been assessed to ensure they were competent to do so. Records showed that regular audits had been undertaken which included a recent audit from an external pharmacist which showed medicines at the service had been managed safely. We saw action had been taken where any issues had been identified. For example, new Controlled Drugs record books had been introduced in response to feedback.

At our last inspection on 13 and 14 April 2016 we found a breach of regulations because risks to people were not always consistently assessed or safely managed, and people's risk assessments had not always been reviewed and updated in response to any changes in their conditions.

These issues were a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). Following the inspection the provider wrote to us and told us how they would address these concerns. At this inspection we found that improvements had been made and that risks to people were managed safely.

People's support plans contained risk assessments which had been conducted in areas including moving and handling, falls, managing finances, going out in the community, and the administration of medicines. Records showed that risk assessments had been reviewed on a regular basis to ensure they were up to date and reflective of people's needs. Staff we spoke with were aware of the risks to people and knew how to support people safely, in line with the guidance in their risk assessments. For example, one person had been assessed as being at risk of choking whilst eating and guidance had been developed on how their meals should be prepared and the support they required to eat safely. We observed staff preparing the person's lunchtime meal and offering them the correct support whilst eating, in line with the guidance in their risk assessment.

Is the service effective?

Our findings

At our last inspection on 13 and 14 April 2016 we found a breach of regulations because staff had not always received refresher training or support through supervision in line with the provider's policies.

These issues were in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). Following our inspection the provider wrote to us and told us how they would address these concerns. At this inspection we found that improvements had been made and that the provider had met the requirements of the regulation.

Records showed staff had received training in areas considered mandatory by the provider including moving and handling, fire prevention, safeguarding adults, food hygiene, first aid and infection control. We saw that most staff were up to date with their training needs and that courses had been booked for staff to attend where any refresher training was still due. Staff we spoke with told us they were up to date with their training and that they believed they had the skills needed to perform their roles. One staff member said, "The training has been helpful; I'm confident in my work."

Staff also confirmed that they received supervision on a regular basis and this was confirmed by the records we reviewed. Records also showed that staff received an annual appraisal of their performance in support of their roles. One staff member told us, "I receive supervision regularly, it gives me a chance to share my views and discuss any issues." Another staff member said, "The discussions I have in supervision helps me improve in my work."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection on 13 and 14 April 2016 we found a breach of regulations because conditions placed on authorisations to deprive people of their liberty under DoLS had not always been met.

This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). Following the inspection the provider wrote to us and told us how they would address this issue. At this inspection we found that improvements had been made and people were lawfully deprived of their liberty under the MCA when it was in their best interests.

The registered manager confirmed that they monitored people's DoLS applications and authorisations on a regular basis, to ensure the service was compliant with the requirements of the MCA. Records showed that

authorisations had been granted for most of the people where applications had been submitted and that the registered manager was following up with the relevant local authority where authorisations were still outstanding. We saw conditions placed on people's DoLS authorisations had been met. For example, regular monitoring forms had been submitted to the local authority where there was a condition to do so.

We found that the provider had addressed the breaches of Regulations 13 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and had met legal requirements. We have therefore revised and improved our rating for this key question to 'Good' at this time.

Is the service responsive?

Our findings

At our last inspection on 13 and 14 April 2016 we found that improvement was required because people's support plans had not always been reviewed promptly in response to changes in their needs. At this inspection on 01 September 2016 we found that support plans had been reviewed on a regular basis and were reflective of the support people currently required.

People told us the support they received met their individual needs. One person said, "I'm happy here. The staff give me the help I need." Another person confirmed that staff supported them to undertake tasks when required and to take part in activities which were important to them.

People's support plans had been developed in areas including mobility, communication needs, personal care, and eating and drinking. Support plans included information regarding people's likes and dislikes, as well as their preferences in their daily routines. We saw guidance was in place for staff on how to support people safely and regular key worker meetings had been held with people to ensure their support plans remained up to date and reflective of their current needs, views and preferences. Staff we spoke with were aware of the support people required and the details in their support plans. They told us they worked to ensure people's individual needs were met.

We found that the provider had made improvements to ensure that the service was responsive to people's needs. We have therefore revised and improved our rating for this key question to 'Good' at this time.

Is the service well-led?

Our findings

At our last inspection on 13 and 14 April 2016 we found a breach of regulations because quality assurance systems were not always effective in driving improvements or mitigating risks to people. Sufficient action had not always been taken in response to incidents to reduce the risk of reoccurring, and action had not always been taken to address issues identified during audits.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider, requiring them to meet this regulation. At this inspection we found that improvements had been made and that the provider had met the requirements of the regulation.

There was a new registered manager in post at the time of our inspection who had previous experience working for the provider. They understood the requirements of being a registered manager and the responsibilities of the position under current legislation, including the Health and Social Care Act 2008.

The registered manager explained that their initial focus had been to conduct a complete review of the service in order to identify and address any issues. This had included changing working practice in some areas, for example increasing the frequency at which people's support plans and risk assessments were reviewed by staff to ensure they remained up to date. We noted during our inspection that this change had resulted in improvements to people's support planning in the time since our last inspection.

The provider conducted regular audits of the service which covered areas including safeguarding, risk management, support planning and staffing requirements. The registered manager had only just received the most recent audit from the provider which showed improvements had been made at the service since our last inspection. The registered manager confirmed that they were in the process of developing an action plan to address the minor issues that had been identified during the audit, for example by ensuring staff had signed people's risk assessments to confirm they were aware of the details. However, we could not check on the outcome of this at the time of our inspection.

We also saw that the registered manager had acted to address any issues that had been identified during a monitoring visit from a commissioning local authority. For example, they had updated the staff supervision matrix to include planned as well as completed supervision dates, and had acted to address an issue that had been identified regarding staff not keeping keys secure. We checked on this and found assigned staff holding keys securely during our inspection.

We found that the provider had addressed the breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and had met legal requirements. We have therefore revised and improved our rating for this key question to 'Good' at this time.