MCCH Society Limited

MCCH Society Limited - 146 Lower Robin Hood Lane

Inspection report

146 Lower Robin Hood Lane
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection was carried out on 26 and 27 May 2015 and was unannounced.

The service provided accommodation for people who require nursing or personal care. The accommodation was a large bungalow providing support to five people with learning disabilities. There were five people living in the service when we inspected.

There was a registered manager employed at the service. 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.

Summary of findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The registered manager showed that they understood their responsibilities under the Mental Capacity Act 2005 and DoLS. Mental capacity assessments and decisions made in people's best interest were recorded. At the time of the inspection the registered manager had applied for DoLS for one person, using the support of the local authority DoLS team.

There was not always sufficient staff deployed at busy times to meet people's needs in some situations, especially at mealtimes.

People told us and indicated that they felt safe. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. The management team had access to, and understood the safeguarding policies of the local authority.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

People's health was monitored and when it was necessary, health care professionals were involved to make sure people remained as healthy as possible.

People's needs were assessed before moving into the service with involvement from family members, health professionals and the person's funding authority. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to meet people's needs.

Staff had learned to communicate effectively with people in non-verbal ways, and to interpret their expressions and behaviours to establish their mood or what they were trying to communicate.

Potential risks to people in their everyday lives had been identified, and, had been assessed in relation to the impact that it had on people.

People's food and drink consumption had been recorded on a daily basis. Staff knew when and how to make a referral to a healthcare professional if they had concerns about a person. However people with complex support needs were not actively engaged with making choices about meals.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

Policies and procedures were in place for the registered manager to follow if staff were not fulfilling their job role.

Staff were not always considerate and respectful when speaking about people. Staff knew people very well, with many staff having worked at the service for a number of years. There was a relaxed atmosphere in the service between people and staff. Health professionals told us the staff team were welcoming and understood the needs of people well.

Staff told us they felt supported by the management team. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal, so they were supported to carry out their roles. People were supported by staff that had the skills and knowledge to meet their needs.

The registered manager ensured that they had planned for unforeseeable emergencies, so that should they happen people's care needs would continue to be met. The premises were maintained and checked to help ensure the safety of people, staff and visitors.

There were systems in place to review accident and incidents, which were able to detect and alert the registered manager to any patterns or trends that had developed.

The complaints procedure was readily available in a format that was accessible to some people who used the service. Staff knew people well and were able to recognise signs of anxiety or upset through behaviours and body language.

People felt that the service was well led. They told us that managers were approachable and listened to their views. The registered manager of the service and other senior managers provided good leadership. This was reflected in the positive feedback given about the service by the people who experienced care from them.

We recommend that the registered manager looks at the deployment of staff at mealtimes.

We recommend that the service considers current best practice guidance for supporting and involving people with complex communication needs.

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?

Requires improvement

The service was not always safe.

There was not always enough staff on duty to meet people's needs.

Recruitment procedures were in place and followed recommended good practice.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

The premises and equipment was adequately maintained with a range of security checks in place.

Is the service effective?

Requires improvement

The service was not always effective.

People were provided with a suitable range of nutritious food and drink but people did not always have a choice about their meals.

Staff were supported effectively through induction, training and supervision so they had the skills needed to meet people's needs.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and people's mental capacity to consent to care or treatment was assessed and recorded.

Staff ensured people's health needs were met. Referrals were made to health and social care professionals when needed.

Is the service caring?

Requires improvement

The service was not always caring.

Staff were not always considerate and respectful when speaking about people.

Staff knew people well and understood their changes in mood, posture and sounds and what they were communicating.

Staff understood people's preferences, personal histories and the best way to meet their needs.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

Summary of findings

Care plans contained detailed information and clear guidance to enable staff to meet people's needs.

The complaints procedure was available and in an accessible format to some people using the service.

People were involved in making decisions about the service.

Staff made prompt referrals to healthcare professionals when people's needs changed.

Is the service well-led?

Requires improvement 

The service was not always well-led.

There was an open and transparent culture, where people and staff could contribute ideas about the service.

A system was in place to regularly assess and monitor the quality of the service people received, through a series of audits. The provider sought feedback from people and their representatives and acted on comments made.

Incidents and accidents were investigated thoroughly and responded to appropriately.

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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.

A previous inspection took place on 3rd October 2013, and the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This inspection took place on 26 and 27 May 2015 and was unannounced. The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background in and understanding of learning disability services.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with one person about their experience of the service. We spoke with three staff including two care workers and the registered manager to gain their views. We asked three health and social care professionals for their views about the service. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care files, three staff record files, the staff training programme, the staff rota and medicine records.

Requires improvement

Is the service safe?

Our findings

One person told us that they felt safe living at the service. Observations showed that people appeared to look comfortable with other people and staff. Staff knew people well and were able to recognise signs of anxiety or upset through behaviours and body language. There was a safeguarding policy, and staff were aware of how to protect people and the action to take if they suspected abuse. All staff had access to the local safeguarding protocols and this included how to contact the local safeguarding team. Staff were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. The staff induction included safeguarding adults from harm and abuse and staff received annual training in this topic.

The registered manager used team meetings to reinforce how to follow safeguarding procedures with staff. Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. The provider had policies and procedures in place for ensuring that any concerns about people's safety were reported.

There were not always sufficient staff deployed at busy times to meet people's needs, for example at mealtimes. It was difficult for staff to provide dignified care due to the staffing levels. Staff told us they thought there was enough staff available to make sure people received the care and support that they needed. However, people did not always have the dedicated support they required. At lunchtime one staff member supported two people at the same time with their meal so did not give individual support to each person. That staff member was called away leaving the two people without the support they needed. The registered manager told us this situation was exceptional, and usually there was an additional member of staff on duty for three days a week, this was evident from the rota. On the other days there was a risk that people did not receive the individual support they needed. There were arrangements in place to make sure there was extra staff available in an emergency and to cover any unexpected shortfalls such as sickness.

There was no system for the manager to work out how many staff were needed to meet people's assessed needs. Staffing levels were given in a block contract of support hours for the service. The registered manager told us she used a plotter to asses staffing levels. This was not available at the time of inspection.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all peoples money received and spent. Money was kept safely and what they spent was monitored and accounted for on a daily basis. People living with a learning disability needed particular support to manage their finances from staff and accessed a financial appointee if they were unable to manage their money independently.

People were supported to receive their medicines safely. People had been assessed as not able to manage their own medicines. One person was able to tell us when they received their medicines "Twice a day, morning and night." All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Bottles of medicine were routinely dated on opening. This showed staff were aware these items had a shorter shelf life than other medicines, and enabled them to check when these were going out of date. Each person had an individual medicines record chart showing their personal details, photograph and the medicines they were prescribed and when they should take them.

Staff were suitably trained and completed an observational assessment with the registered manager prior to administering any medicines on their own. Staff talked to people before giving them their medicines and explained what they were doing. Staff waited to observe a response from people before they gave them their medicines. Staff were patient and provided verbal reassurance when supporting people with their medicines.

Systems were in place to ensure medicines were ordered from the pharmacy on a monthly basis. Staff told us two members of staff checked through all the received medicines each month, recording the quantities received and checking the medicines matched the medicine record chart. Clear guidance was in place for people who took medicines prescribed "as and when required" (PRN). There was a written criteria for each person in their care plan and

Requires improvement

Is the service safe?

within the medication file who needed "when required medicines". Medicine audits were carried out on a daily basis. People received their medicines when they needed them, and in a safe way.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff recruitment checks had been completed before they started work at the service. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check, checking employment histories and considering applicant's health to help ensure they were safe to work at the service. The registered manager interviewed prospective staff and kept a record of how the person performed at the interview. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work. Successful applicants were required to complete an induction programme at the providers head office before working alongside current staff at the service.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. The staff carried out weekly health and safety checks of the environment and equipment. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that people's hoists, portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. These checks enabled people to live in a safe and adequately maintained environment.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been carefully considered and recorded.

Potential risks to people in their everyday lives had been identified, such as attending to their personal care, monitoring their health, management of behaviour and when they were out in the community. Each risk had been assessed in relation to the impact that it had on each person. Measures were in place to reduce the risks and guidance was in place for staff to follow, about the action they needed to take to protect people from harm. Risk assessments were regularly reviewed and updated if necessary, which meant staff had up to date information to meet people's needs.

Accidents and incidents were recorded via an online system called Recordbase. Staff completed a paper version of the incident form which was then recorded online. Accidents and incidents were investigated by the registered manager and an action plan was then completed. The system was able to detect and alert the registered manager to any patterns or trends that developed. There had been no notifiable incidents or accidents since our last visit. The registered manager showed us a summary and the total number of accidents and incidents for each person. The registered manager said "Copies of any accident and incidents are printed off and sent to the Duty Care Manager for analysis". People who use the service can be confident that important events that affect their health, welfare and safety are reported and acted on if necessary.

Requires improvement

Is the service effective?

Our findings

People told us that staff looked after them well. Some people had complex health needs and were unable to communicate verbally so we made observations. Staff knew people very well including their personal histories, hobbies and interests.

People were given a choice of food at lunch time which included sandwiches or soup. We observed staff supporting people with different foods if they indicated they were not enjoying the first choice. People were not always given a choice of their evening meal. People with complex support needs were not actively engaged with making choices about meals. Ways of supporting involvement and choice making about meals had not been explored.

We recommend that the service considers current best practice guidance for supporting and involving people with complex communication needs.

People were offered hot and cold drinks throughout the day. People were weighed regularly to make sure they sustained a healthy weight. Staff told us they had previously made a referral to the Speech and Language Therapist team (SALT) when they had concerns about a person's weight loss.

People's food and drink consumption had been recorded within their daily diary. Staff told us if they were concerned about dehydration they would put a fluid chart in place to monitor a person's fluid intake and seek further medical advice.

During lunchtime we observed one member of staff supporting four people with their lunch. The member of staff supported two people to eat at the same time and was then required to support another person, leaving the two people up at the table with no support to eat their meal.

We recommend that the registered manager looks at the deployment of staff at mealtimes.

People were supported by staff that had the skills and knowledge to meet their needs. New staff completed a week-long induction at the head office before starting work at the service. This included training in topics such as safeguarding adults, health and safety, Mental Capacity Act, Deprivation of Liberty Safeguards, first aid, moving and handling, food safety and administration of medicines. New staff worked alongside more experienced staff within the service before working unsupervised and followed an in-house induction plan. Staff said they had received the training they needed to fulfil their role, records at the service confirmed this. Staff received refresher training in a number of subjects to keep their knowledge up to date and current. Staff were trained to meet people's specialist needs such as pressure ulcer prevention and sight awareness.

Staff told us they felt supported by the management team. Staff received regular supervision meetings in line with the provider's policy. These meetings provided opportunities for staff to discuss their performance, development and training needs. The registered manager also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand and use these in practice. Staff told us if a person lacked the capacity to make a decision a best interest meeting would take place. MCA assessments for less complex decisions such as purchasing additional clothing had been completed, followed by a best interest meeting, this was in the best interests of the person. One person had a recent best interest meeting documented regarding receiving support from another healthcare provider. This meant people and the key representatives in their lives were consulted before decisions were made.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had taken advice from the local DoLS team and had completed a referral to apply to deprive someone of their liberty. When people lacked the mental capacity to make decisions the service was guided by the principles of the MCA to ensure any decisions were made in the person's best interests.

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. A recent referral had been made to the physio-therapist regarding someone's posture. The physio-therapist told us that staff followed the recommendations and worked well with suggestions they made even if it had been tried before. All

Requires improvement

Is the service effective?

appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and changes in health were discovered in a timely manner.

Staff had created hospital passports for people to use when they visited hospital. These detailed people's health conditions and information that hospital staff needed to support the person.

Requires improvement

Is the service caring?

Our findings

People were unable to tell us about their care and support because of their complex needs so we made observations of the staff interacting with people and meeting people's needs. Healthcare professionals told us staff were caring and always sought advice when people needed extra support. The speech and language therapist told us the staff team were welcoming and they understood the needs of people well.

Most of the time staff spoke with people in a respectful way and appeared to know people well. Staff had received training in equality and inclusion and told us they understood how to treat people with respect. However, staff were not always considerate and respectful when speaking about people. Two staff were in the lounge where there were other people present. We heard staff asking one another "Has he had his lunch" and "Has he been toileted" in front of the person. They ignored the person although they knew how the person communicated. Staff did not always involve people or consider their dignity when care was being delivered.

There was a relaxed atmosphere in the service and we heard good humoured exchanges between people and staff. Staff knew the people very well, with many staff having worked at the service for a number of years. People looked comfortable with the staff that supported them.

Staff were patient and allowed people to take their time with various activities. Staff knelt next to a person holding a plate of broken up biscuit during a tea break. The member of staff remained at the person's side holding the plate until they had finished the biscuit. This showed staff had a caring attitude towards people.

During the inspection one person was visited by the physio-therapist. Staff sat with the person and relayed the information that was given regarding a new air cushion. The information was given to the person in a way they could understand, staff explained the benefits of the cushion. Staff involved the person in the conversation about the new cushion. We observed the same staff member handover the information regarding the new cushion to the next staff on duty. People were being supported by staff who had up to date relevant information about their needs.

Everyone had their own bedroom that they had been involved in the choice of decoration. Each bedroom reflected people's personalities, preferences and choice. Some people had photographs and picture on their walls. People had equipment like televisions, radios and music systems. All personal care and support was given to people in the privacy of their own room. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. We observed staff explaining to people what they were doing and why before they carried out tasks. People, if they needed, were given support with washing and dressing. People chose what clothes they wanted to wear through body language or facial expressions, with staff offering choices in a way people could understand.

When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to listen to music in their bedroom which was respected by staff. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to.

When people had to attend health appointments, they were supported by staff that knew them well and who would be able to support them to make their needs known to healthcare professionals.

Good

Is the service responsive?

Our findings

People told us they received the care and support that they needed when they wanted it. The staff worked around their wishes and preferences on a daily basis.

People's needs were assessed before moving into the service with involvement from family members, health professionals and the person's funding authority. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to meet people's needs. They included guidance about people's daily routines, communication, behaviour and future goals. Personal goals were recorded with the action staff should take to help people achieve their goals. One person had a goal plan, which included purchasing certain items they wanted, another person planned to go on holiday. There was an action plan in place of how this would be achieved. This showed that people were able to express their views and choices and were involved in making decisions about their care.

People's care plans were reviewed on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. Some people were not able to communicate using speech and used body language, signs and facial expressions to let staff know how they were feeling. Staff understood people's communication needs well and interpreted what people wanted and what people were saying. People with complex communication needs had detailed individualised communication plans. These included guidance for staff under the following headings, "how I communicate", "the best way to communicate with me", "best places and times to communicate with me". We observed staff following these communication plans. Staff introduced people using the name they preferred to be called.

People were involved in their care, which was specific to their needs. People with complex communication needs were supported by staff who knew them well. People's needs had been reviewed with the involvement from family members and healthcare professionals. A health professional said the staff team manage the care of people with complex needs warmly and look to develop people. People's life histories, details of their family members and important events had been recorded in their care plans, so that staff knew about people's backgrounds and important events.

People had a weekly activity timetable which included social activities, for example dance club and skill building, for example banking. One person had requested to purchase some storage boxes for their personal items which had been facilitated by the staff during the inspection. People had use of their own vehicles which staff drove to enable access to the local and wider community. Activities were recorded on people's weekly planners and included activities such as hydrotherapy, aromatherapy, keyboard lessons and banking.

Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action. A recent referral had been made to the physio-therapy department following concerns regarding a person's posture.

A system was in place to receive, record and investigate complaints. The complaints procedure was available to people and was written in a format that people could understand. Pictorial complaint leaflets were available within the service. There had been no complaints made since the last inspection. Staff told us they would talk to the registered manager or personal assistants if they had any concerns or issues, and would support people to complain if they wished to. Staff knew people well and were able to tell if there was something wrong. They would then try and resolve this.

People were supported to take part in regular service user meetings. The meetings involved asking people if they enjoyed living at the service and if there were any improvements people wanted to make. Staff recorded people's answers, body language and facial expressions. One person had requested to attend some day trips. Two boat trips had been arranged following this request. This meant people could express their views and were involved in making decisions in the way the service was delivered.

Requires improvement

Is the service well-led?

Our findings

The service had a registered manager in place who was supported by two personal assistants to manage the care staff. Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people. People were able to approach the registered manager when they wanted to. Staff told us that the registered manager was approachable and supportive. A health professional said the registered manager was a "Force of nature" and wished they could "Clone her" speaking very positively. Staff told us if they did have any concerns the registered manager acted quickly.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some mentoring and coaching. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs.

Systems were in place to regularly monitor the quality of the service that was provided. People's views about the service were sought through resident meetings, reviews and survey questionnaires. These were written in a way people who used the service could understand. Annual satisfaction surveys were carried out across the organisation. The results showed that a high proportion of people were very happy with the support they received. The last survey was sent to people and their relatives in May 2014. Relatives commented "It gives me piece of mind knowing my child is happy and well cared for". The service was in the process of sending out new surveys to people, families and health care professionals. This meant that people and those acting on their behalf had their comments and complaints listened to and acted on. The quality assurance process completed by the registered manager had not picked up on the staff deployment at mealtimes and evidencing the use of best practice guidance for supporting people with complex communication needs to make choices. The registered manager had also not picked up that some staff were not respectful towards people talking about them rather than to them.

There was an open and transparent culture where people and staff could contribute ideas about the service. People openly discussed things that were important to them including arranging different activities. When people made negative comments these were followed up and addressed so people's comments were listened to and acted on quickly.

Observations with people, staff and visiting professionals showed that there was a positive and open culture between people, staff and management. Staff were at ease talking with the manager who was available during the inspection. Health professionals told us that the manager was available when they needed to speak with her and was approachable.

The provider had a clear vision and set of values for the service. These were described in the Statement of Purpose and Service User Guide. These documents about the service were given to people and their representatives and available on the provider's website. These documents helped people to understand what they could expect from the service.

The registered manager completed regular audits, such as, medicines and infection control. When shortfalls were identified these were addressed with staff and action taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed and recorded who was responsible for taking the action. Actions were signed off once they had been completed.

Accidents and incidents were recorded via an online system called Recordbase. Staff completed a paper version of the incident form which was then recorded online. Accidents and incidents were investigated by the registered manager and an action plan was then completed. The senior operations manager was alerted to all accidents and incidents. The system was able to detect and alert the management team to any patterns or trends that developed. All notifiable incidents had been reported correctly. The registered manager showed us a summary and the total number of accidents and incidents for each person.

Records were up to date, held securely and were located quickly when needed.