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M.C.A. Care Homes

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook this unannounced inspection on 14 and 15 April 2015 of M.C.A. Care Homes to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. M.C.A. Care Homes provides care and accommodation for a maximum of three people. People living in the home have a learning disability and some of them stay only for short periods of respite care. At this inspection there were three people living in the home. The provider met all the standards we inspected against at our last inspection on 30 May 2014.

The home had a registered manager. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

On both days of the inspection staff were welcoming and people in the home appeared settled and well cared for. People living in the home had learning disabilities and we

Summary of findings

were unable to obtain specific feedback from them. However, the feedback received from them via nods and gestures indicated that they were satisfied with the care provided.

Three social care professionals who provided us with feedback indicated that their clients were well cared for and they were happy with the management of the home.

The staffing levels were adequate. We saw staff going about their duties in a calm and orderly manner. They were friendly and interacted well with people. Staff were able to get the co-operation of people and people responded well to staff.

People had been carefully assessed and care plans were prepared with the involvement of people and their representatives. Their physical and mental health needs were closely monitored. There were reviews of people's health and a record of appointments with health and social care professionals. There were suitable arrangements for the recording of medicines received, storage, administration and disposal of medicines in the home.

Staff had been carefully recruited and provided with training to enable them to care effectively for people. Staff demonstrated a good understanding of the needs of people with learning difficulties.

The home had a safeguarding adults and whistleblowing policy. Staff had received training and knew how to recognise and report any concerns or allegations of abuse.

Staff had assessed people's preferences prior to their admission and arrangements were in place to ensure that these were responded to. People could participate in activities they liked and go on outings. There were suitable arrangements for the provision of food to ensure that people's dietary needs were met.

The home had arrangements for quality assurance. This included giving frequent updates to relatives of people and receiving feedback from them. Regular audits and checks had been carried out by the registered manager and the nominated individual. Professionals who provided us with feedback stated that they were satisfied with the quality of care provided and there were no concerns regarding communication.

We found the premises were clean and tidy. The home had an Infection control policy and measures were in place for infection control. There was a record of essential inspections and maintenance carried out.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. The home had appropriate arrangements to ensure that people were kept safe and protected from abuse. Risk assessments had been prepared. These contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines.

The home had a record of maintenance and inspections carried out. The premises were clean and tidy.

Staffing arrangements were adequate. Safe recruitment processes were followed and the required checks were undertaken prior to staff starting work.

Good



Is the service effective?

The service was effective. People who used the service were supported by friendly staff who were knowledgeable and understood their needs. Staff had received appropriate training to ensure they had the skills and knowledge to care for people.

People could access community services and when needed, appointments had been made with health and social care professionals to ensure people received appropriate support and treatment.

There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was effective. People who used the service were supported by friendly staff who were knowledgeable and understood their needs. Staff had received appropriate training to ensure they had the skills and knowledge to care for people.

People could access community services and when needed, appointments had been made with health and social care professionals to ensure people received appropriate support and treatment.

There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service responsive?

The service was responsive. Individual care plans were prepared and these took account of people's preferences and choices.

The home had an activities programme and people had been encouraged to take part in activities. Outings outside the home had been organised for people.

The home had a complaints procedure. This was included in the service user guide of the home. Staff were aware of action to take when a complaint was made. They stated that they would report it to the registered manager and ensure it was documented.

The home encouraged people and their relatives to express their views. The registered manager could provide us with examples of what they had done following suggestions made by people such as organising swimming sessions and providing food that people liked.

Good



Summary of findings

Is the service well-led?

The service was well led. The quality of the service was carefully monitored by the registered manager and the nominated individual. Regular audits and checks had been carried out by them in areas such as cleanliness, care of people, care documentation and health and safety.

Professionals who provided us with feedback stated that they were satisfied with the quality of care provided and the service maintained good communication with them.

Staff were aware of the values and aims of the service. They were aware that people should be treated with respect and dignity and encouraged to be as independent as possible.

Good



M.C.A. Care Homes

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.

The inspection took place on 14 and 15 April 2015 and it was unannounced. One inspector carried out this inspection. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home. We contacted three health and social care professionals to obtain their views about the care provided in the home.

People living in the home had learning difficulties and complex communication needs. We were therefore unable to obtain specific feedback from them. However, we spoke with three relatives and obtained feedback from them. We also spoke with four care staff and the registered manager.

We observed care and support in communal areas and also looked at the kitchen and people's bedrooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the home was managed. These included the care records for three people living there, recruitment records, staff training and induction records for staff employed at the home. We checked the policies and procedures and maintenance records of the home.

Is the service safe?

Our findings

People who used the service had learning difficulties and we were unable to obtain feedback from them. However, we observed that staff treated people with respect and dignity and were constantly checking with people to ensure that they were safe. A relative and health and social care professionals stated that they had no concerns and were satisfied with the care provided to people. One relative stated, "It is a safe place. There are enough staff there." Another relative said, "It is a very safe place. The staff are respectful. It's always clean."

Staff had received training in safeguarding people. Training records and staff verified this. Staff were able to give us examples of what constituted abuse. Staff were asked what action they would take if they were aware that people who used the service were being abused. They said they would report their concerns to the registered manager. They said they could also report concerns to the local authority safeguarding department and the Care Quality Commission (CQC). The service had a safeguarding policy and whistleblowing policy which included details of the local safeguarding team and the CQC.

The care needs of people who used the service had been carefully assessed. Risk assessments had been prepared. These contained action for minimising risks such as self-neglect, aggressive behaviour and falling. The risk assessments were designed to keep people safe whilst encouraging them to be as independent as possible.

We looked at the staff rota and discussed staffing levels with the registered manager. We noted that during the day shifts there was usually two staff and the registered manager on duty in the home. There was one staff on duty during the night. The registered manager and staff we spoke with stated that the staffing levels were adequate. This was reiterated by relatives we spoke with. The feedback we received from relatives and social care professionals indicated that people were well cared for and there were no concerns regarding staffing levels. The registered manager informed us that if additional staff were needed, this would be provided.

The home had a recruitment policy and procedure which had been followed. Safe recruitment processes were in place, and the required checks were undertaken prior to

staff starting work. This included completion of a criminal records disclosure, evidence of identity, and a minimum of two references to ensure that staff were suitable to care for people.

There were arrangements for the recording of medicines received, storage, administration and disposal of medicines. The temperature of the room where medicines were stored had been monitored and was within the recommended range. The home maintained a record of the medicines that were returned to the pharmacist for disposal. There were no controlled drugs (CD) stored in the home.

The home had a system for auditing medicines. This was carried out by the registered manager. There was a policy and procedure for the administration of medicines. This policy included guidance on storage, administration and disposal of medicines. Staff had been trained on the administration of medicines. We noted that there were no gaps in the medicines administration charts examined. No medicines were left lying around in bedrooms.

The service premises were well-maintained and clean. Risks associated with the premises were assessed and all relevant equipment and checks on gas and electrical installations were documented and up-to-date.

In relation to fire safety, we found that the smoke alarm was tested weekly. There was a contract for maintenance of fire safety equipment. The home had a fire risk assessment. No fire drills had been carried out. The registered manager explained that the fire authorities had advised that it was not needed in a small home. However, we were informed soon after the inspection that the home had nevertheless decided to carry out fire drills regularly and we were provided with evidence that a fire drill had already been carried out.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, gas boiler and electrical installations. The home had been suitably designed. The front of the building was level with the road. The door to the garden had a ramp to enable easy access for people into the garden. Other facilities for people who may have physical disabilities included a shower chair, grab rails in the toilet and a dining table with arm rests.

The home had an infection control policy which included guidance on the management of infectious diseases. We

Is the service safe?

visited the laundry room and discussed the laundering of soiled linen with the registered manager. He stated that soiled and infected linen were transported in colour coded bags and washed at a high temperature.

We examined the accident record. No accidents had been recorded since the last inspection. The registered manager stated that there had not been any accidents.

Is the service effective?

Our findings

Relatives and social and healthcare professionals were satisfied with the care provided. One relative stated, "The staff and the manager are very good." Another relative stated, "My family can be assured my relative will be well looked after and cared for. Staff are always lovely, friendly and kind." A third relative stated, "My relative enjoys the food. There are enough staff there." A social care professional who provided us with feedback stated that their client had made progress and their needs had been met.

Staff we spoke with demonstrated a good understanding of care issues and how the needs of people can be met. Guidance regarding situations which could upset people were mentioned in the care notes so that staff were able to support people. When we discussed areas related to the care of people with learning difficulties with staff, they were able to inform us of how they would assist people. This included encouraging them to be as independent as possible, providing encouragement, engaging them in activities they liked and ensuring that their personal care needs were met.

Staff told us they worked well as a team and their managers were supportive. The home had a comprehensive induction programme and on-going training to ensure that staff had the skills and knowledge to effectively meet people's needs. Training information was available and contained the names of all staff currently working at the home together with training they had completed. Staff meetings had been held. The minutes of meetings indicated that staff had been updated regarding management issues and the care needs of people. The registered manager carried out regular supervision and annual appraisals. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records.

The CQC monitors the operation of the DoLS which applies to care homes. The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make decisions about

their lives, including decisions about their care and treatment. The registered manager and the staff were knowledgeable regarding the MCA and the DoLS. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests. We noted that the registered manager had made an application to the DoLS officer regarding restrictions placed on people to ensure their safety and approval had been given.

The arrangements for the provision of meals were satisfactory. Fresh fruits and vegetables were available and the fridge and freezer were well stocked. The kitchen was clean and well equipped. The menu was well balanced and culturally varied. The manager informed us that staff consulted with relatives of people when preparing the menu. People were also encouraged to express their preferences by pointing at pictures of food they liked. The dietary preferences of people were recorded in their care records. Relatives of people informed us that they were of the opinion that people's dietary needs and preferences had been responded to.

The fridge and freezer temperatures had been checked and recorded each day to ensure that food was stored at the correct temperatures. The dining area was comfortable and people were able to access food and drinks.

People had their physical and mental health needs closely monitored. There was evidence of recent appointments with healthcare professionals such as the GP and psychiatrist. The weight of people had been recorded and staff knew what action to take if there were significant variations in people's weight. Staff were knowledgeable regarding how to care for people with behavioural needs and gain their co-operation. This included providing people with reassurance, explanations and time to calm down. We observed that people interacted and responded well with staff. We saw staff assisting people to get ready to go out and noted that staff were diligent and careful to ensure that they were appropriately dressed.

Is the service caring?

Our findings

Relatives of people said that staff were caring and they were able to form good relationships with people. A relative said, "My relative is very happy there. The staff know her well and she enjoys it there." Another relative stated, "The staff are always respectful. If there are any queries, the manager would talk to me and update me." A social care professional stated that they directly observed that staff treated people with respect.

We saw that staff were gentle and caring towards people and showed respect for them. Staff talked in a pleasant manner and people were relaxed and happy with staff. Staff had a positive attitude towards people. They told us that they were aware that all people who used the service should be treated with respect and dignity at all times. They stated that they would ensure that the privacy of people were protected when caring for them by ensuring that doors were closed.

The home had a policy on ensuring equality and valuing diversity. It included ensuring that the personal needs and

preferences of all people were respected regardless of their background. Information regarding people's special needs, culture, religion and social life were documented in their records. The registered manager informed us that the home would make arrangements to ensure that any special needs that people had were attended to. He stated that a person who wanted to attend a place of worship had been accompanied by staff to go there. We saw that the meals provided reflected people's cultural backgrounds.

All bedrooms were for single occupancy. People were able to spend time in private if they wished to. People could personalise their bedrooms with photographs and ornaments.

We looked at the care records of people. The care plans were up to date, comprehensive and addressed the individual needs of people. There was evidence of consultation with people's representatives and information regarding people's care needs had been obtained from people involved in their care.

Is the service responsive?

Our findings

Relatives of people were of the view that the home was receptive and responsive to suggestions made by them. One relative stated, "The manager is open to suggestions. I have no complaints. If I have, I would inform the manager." Another relative stated, "They look after my relative very well. They take my relative out for activities. This is the only home I would take her to."

The home had arrangements for encouraging people and their representatives to express their views so that the staff can respond to them. The registered manager told us that he communicated regularly with people and ensured that their preferences regarding activities and food were catered for. He stated that many of the people coming to the home had been there before and information regarding their likes and dislikes had been obtained and documented in their care records. This was seen in the people's care records.

Activities had been organised which were appropriate for people and in response to their preferences. The care records of people contained their weekly schedule which included outings and attendance at a day centre. One person liked swimming and we noted that they looked happy when they were going out for a swimming session.

We saw pictures of people engaged in various activities which included trips to places of interests and holidays. A social care professional confirmed that the home had organised appropriate activities for people.

Assessments of people's care needs had been carried out with their help. These assessments contained information regarding people's background, behaviour, care preferences, choices and daily routines. People who used the service had a care plan that was personal to them. The care plans were up to date and addressed areas such as people's personal care, nutrition and activities that people can participate in. There was a section on what people liked and what made people feel happy or unhappy. Staff said that they were aware of people's preferred daily routine and how they wanted to be cared for. We noted that staff had assisted a person get ready each morning so they could go out on their regular outing. Staff were also aware that this person wanted to take certain favourite items with them.

The home had a complaints procedure and a complaints book. No complaints had been recorded since the last inspection. The registered manager explained that none had been received. Staff we spoke with knew what to do if they received a complaint. They said they would inform the registered manager and record it. Relatives informed us that they had not needed to complain as they were satisfied with the care provided.

Is the service well-led?

Our findings

Relatives of people expressed satisfaction at the way the home was managed. One relative stated, "I am very happy with the management. They know my relative very well and they look after her." Another relative told us, "MCA has been a great support to my family in terms of the care and support they provided to my relative. Based on my experience, I would definitely recommend it to friends and loved ones." Health and social care professionals said that they were satisfied with the quality of care provided and the service maintained good liaison with them regarding the progress of people. They said that the registered manager was helpful and provided them with prompt feedback.

The service had policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance.

The registered manager informed us that there was a good staff team and they worked well together. This was confirmed by staff members we spoke with. They informed us that the registered manager and nominated individual were approachable and they could discuss problems and care issues with them. The registered manager and care staff were aware of their roles and responsibilities.

Staff were aware of the values and aims of the service which was to promote effective and quality care. They were aware that people should be treated with respect and dignity and encouraged to be as independent as possible. The registered manager was aware of the importance of working in partnership with social and healthcare professionals so that people received appropriate support from them. We saw evidence in the care records of communication with social and healthcare professionals regarding the planning of care and treatment provided for people.

Regular audits and checks had been carried out by the registered manager and nominated individual in areas such as cleanliness of the premises, care of people, care documentation and health and safety.

The home had carried out a recent survey and the completed forms received indicated that representatives of people were satisfied with the services and care provided. However, a report following the analysis of the survey had not yet been prepared. The registered manager stated that this would be done.