

Micado Homes Limited

Micado Homes - Drayton Lodge

Inspection report

47 West Drayton Road
Uxbridge
Middlesex
UB8 3LB

Tel: 02087073803

Date of inspection visit:
02 July 2018

Date of publication:
18 July 2018

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 ●

Summary of findings

Overall summary

The inspection took place on 2 July 2018 and was announced. We gave the provider one working day's notice of the inspection because it is a small service and we needed to be sure someone could assist with the inspection.

At our last inspection on 8 June 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Micado Homes Drayton Lodge is run by a small private organisation. The provider owns and manages one other service which does not fall under the scope of registration. Micado Homes Drayton Lodge is a residential care home for 6 people with mental health needs and/or people who have experienced substance misuse. It is a residential house in the community and has two floors and a garden for people to use. There were six people living in the service at the time of the inspection. Two people were on social leave. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

People felt supported and satisfied that their needs were being met. Staff were caring and treated people with dignity and respect. People were supported to raise concerns and make suggestions about where improvements could be made.

People lived in a safe environment which was appropriately maintained. There were procedures in place to safeguard them from the risk of abuse. People received their medicines in a safe way and as prescribed.

There were systems and processes in place to protect people from the risk of harm. There were enough staff on duty to meet people's needs and checks were carried out during the recruitment process to ensure only suitable staff were employed. People were supported by staff who were suitably trained, supervised and appraised.

People had been involved with planning their own care and their views were regularly sought. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The provider assessed people's care needs and delivered effective care and support to achieve positive outcomes for people. People's nutritional and healthcare needs had been assessed and were met.

The staff worked with other community health and social care professionals to make sure people's physical and mental healthcare needs were being met.

The home was clean and the provider had effective systems to protect people by the prevention and control of infection.

The provider had effective systems in place to monitor the quality of the service and ensure that areas for improvement were identified and addressed.

The registered manager kept themselves informed of developments within the social care sector and ensured important information was shared with the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Micado Homes - Drayton Lodge

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.

This was a comprehensive inspection that took place on 2 July 2018 and was announced. We gave the provider one working day's notice of the inspection because it is a small service and the registered manager works across two services and we needed to be sure they could assist with the inspection. Furthermore, people using the service were independent and might not be available to talk with us if they had gone out into the community.

The inspection was carried out by one inspector. Before the inspection we reviewed the information we held about the provider and the location. This included the last inspection reports and statutory notifications the provider sent us. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also used information the provider sent us in April 2018 in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we met and spoke with four of the people who lived at the service, the registered manager, director and one staff member.

We looked at the care records for two people who used the service and the recruitment, support and training records for one staff member and viewed another two staff employment files to check the support and training they received. We also viewed other records used by the provider for managing the service, these included records of complaints, quality audits, meeting minutes and improvement plans. We

inspected how medicines were being managed.

At the end of the inspection we gave feedback to the registered manager and director. Following the inspection, the registered manager sent us additional information that we had requested as part of the inspection process.

We also received feedback on the service from three social care professionals.

Is the service safe?

Our findings

People said they had good relationships with the staff team. One person said staff helped them through a difficult time and that the staff always "listen to me." The people living in the service could verbally express themselves and had either staff, family or professionals that they could talk with if they had any concerns.

Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member described the different types of abuse and told us that if they saw any form of abuse they would, "Inform the manager." The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. The safeguarding records noted the one concern that the registered manager had dealt with in 2018. They had good working relationships with the local authority and community mental health team which was essential to work with due to people's particular needs.

The risks to people's safety and wellbeing had been assessed and there were plans to manage these risks. A social care professional told us, "Overall they provide a good service and communicate well, particularly in the area of risk." Risk assessments were checked every three months or sooner if people's needs changed. We saw people were involved in what was written about them and if they agreed to the contents they signed the documents. The staff team actively promoted people's rights to make decisions for themselves and to take risks where it had been determined that they did not pose any significant risk to themselves or others. They were fully aware of people's past and supported them to make positive changes for their future.

Some people were under certain restrictions arising from Mental Health legislation, but the risk assessments did not always fully record if a person had any particular restriction or condition that staff would need to know about. For example there were people on community treatment orders. This is a legal order made by the Mental Health Review Tribunal or by a Magistrate setting out certain conditions for people to live in the community. There was one risk assessment where based on the information we had read about the person we were not assured that it was clear to staff how to support the person appropriately. The registered manager confirmed shortly after the inspection that they had made this information clearer on the person's risk assessments.

People told us they received their medicines as prescribed. All the people who used the service needed some level of support from staff to manage their medicines. Two people told us that they looked after their own medicines and were given a weekly amount in a daily doset box that was provided to them from the community pharmacist. One person said, "I keep my medicines in a safe place and staff do check that I have taken it." Some people were clear why they had been prescribed their medicines. One person told us, "I think I know what the doctor says I need to take. I guess they help." The registered manager had ensured that risk assessments were in place for those people who looked after their own medicines.

We looked at all the medicines administration records (MAR) charts for people using the service and saw these were completed appropriately and there were no gaps in staff signatures. We carried out a check on two people's medicines and found the quantity tallied with the amount noted on the MARS. We saw there

was information on the medicines each person had been prescribed, the reason for taking it and potential side effects. This is good practice as this enabled staff to have as much knowledge as they needed to support people safely with their medicines. Staff responsible for administering medicines received training in this. Their competency was assessed annually and we saw the medicines policy and procedures had been reviewed in January 2018 and was written in line with relevant legislation and good practice guidelines from organisations such as the National Institute for Health and Care Excellence (NICE) and guidance issued by the Royal Pharmaceutical Society.

The provider had effective procedures to ensure the environment was safely maintained. There were up to date checks on the building, health and safety, equipment at the service, gas, electricity and water supplies. There was an up to date fire risk assessment and individual emergency evacuation plans for each person. We saw that the fire drills did not always indicate who had been present. We mentioned this to the registered manager and they agreed to record members of staff present during a drill so they were confident all staff and everyone living in the home knew what to do in the event of a fire. A staff member confirmed they had received face to face fire safety training and knew exactly how to use a fire extinguisher. At the previous inspection we had highlighted to the registered manager and director the need to record the checks made on the window restrictors to ensure they were in good working order. However, at this inspection we found this had still not been recorded. During the inspection these were all checked and this was documented. Moving forward the registered manager confirmed to us that these would always be noted in the monthly health and safety checks.

People told us and we could see that there was enough staff available to meet people's needs and to keep them safe. Staff also confirmed that there were enough staff working at any one time as people were out in the community during the day.

The provider's procedures for recruiting staff included checks on their suitability, such as references from previous employers, checks on their identity and information from the Disclosure and Barring Service regarding any criminal records. We saw that for one staff member, the reason for leaving their previous jobs had not been completed and there was no evidence of the interview questions and answers. The registered manager told us two days after the inspection that they had obtained the reason for the staff member leaving their previous jobs and this was now noted.

People were protected by the prevention and control of infection. The environment was clean and there were schedules to make sure all areas of the building were regularly and thoroughly cleaned. Not all the food was dated that was stored in the fridge and a staff member during the inspection re-checked the food and confirmed later in the inspection that any opened food was all now dated so that people were not placed at risk of eating out of date or inedible food.

The registered manager confirmed there had been no incidents or accidents but would monitor for any trends if these started to take place. They confirmed staff were aware of how to report any incidents and the registered manager would be informed about any significant events so that they could look at lessons that could be learnt and act on where improvements could be made.

Is the service effective?

Our findings

People confirmed they had met the registered manager and/or director before moving into the home. They told us that they had visited the home a few times before deciding to move in. The provider assessed people's needs and choices for care and support and we saw there had been a clear transition plan for people moving into the home. Each person using the service had a care plan that the registered manager kept under review to ensure staff had up to date information about their care and support needs. We looked at the care plans for two people and saw they covered their social and health care needs and had set daily living goals for people to aim to achieve.

Consent to care and treatment was sought in line with good practice guidance and legislation. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the provider was acting in accordance with the principles of the Act and found that they were.

People had the capacity to make decisions for themselves and staff respected people's rights to choose how they spent their time and what goals they set to achieve with as much independence as possible. Staff told us, "We encourage decision making in people's best interests." They were clear that people were supported to take control of their lives. We saw evidence that people participated in the development of their care plans and they had the opportunity to meet with staff at least once a month to look at how they were progressing and if there were any issues.

Staff continued to receive regular training and support. A staff member said the online training was better since it was now provided by a different company. The registered manager explained they had linked in with training companies and providers that were known and approved by Skills For Care (an organisation which supports adult social care providers and staff). We saw staff completed training on a range of subjects, including, mental health, working in a person-centred way and diabetes awareness. The registered manager had also brought in a defibrillator for staff to use in the event of an emergency and they had received training to use this piece of equipment.

We saw that staff received regular one to one support through supervision meetings and regular day to day communication. A staff confirmed they felt supported and said the meetings they attended with the registered manager and/or the director looked at setting goals and that they "received advice" to ensure they continuously developed in their role.

There were systems for the staff to communicate with each other so that they worked in a consistent way. In addition to the staff meetings, they had a hand over of information each day where they updated staff about any changes or issues. The staff also used diaries and communication books to share written messages.

The building was suitably designed and met people's needs. Four of the six people using the service had ensuite facilities, with the other two people having access to a bathroom and separate shower room. People told us they could personalise their own rooms. The communal rooms were appropriately furnished and equipped.

People were supported with their healthcare needs. Mental and physical healthcare needs were documented in individual care plans. These were reviewed regularly. There was evidence that people had regular consultations with their doctor and other healthcare professionals as needed. The staff explained that they monitored any changes in people's health or condition. We saw for one person they had gained nearly 20 pounds in weight over a period of two months. There was no care plan in place for this issue and shortly after the inspection the registered manager confirmed they had written a care plan to guide and inform staff on how to support this person appropriately. Staff explained the difficulties in monitoring what people ate as they were independent and ate food outside of the home according to their preferences and choices. Where possible staff advised people on healthy eating and within the home staff cooked meals that encouraged people to eat a balanced diet. Staff checked people's weight and everyone had a GP who were aware of any concerns and could give staff advice on how to help people lose weight.

People were supported to cook one meal a week for everyone living in the home. Some people chose to not take part in this activity. One person told us they enjoyed cooking and confirmed, "I can cook and have learnt to cook several different meals." Whilst others said they couldn't cook a meal and one person told us, "I struggle with cooking and staff help and guide me." The staff had taken appropriate action to consult with other healthcare professionals when needed and recognised the challenge in supporting people to make healthy meal choices whilst respecting their rights to choose what food they wanted to eat. We saw fresh produce in the fridge and the registered manager had prepared a fruit smoothie drink for people and had cooked a curry and rice dish during the inspection.

Is the service caring?

Our findings

People said they were supported well by staff. Comments included, "Staff are very good, they attend to the needs of the people living here," "Staff are friendly" and "Staff always listen to me which is nice." We saw a range of written compliments from people who had used the service and their relatives. One relative had commented, "Both the registered manager and director have consistently gone above and beyond their call of duty."

A social care professional told us, "I have found the staff caring and responsive, they are also open to suggestions and strategies." A second social care professional commented, "Staff are friendly and knowledgeable and have good relationships with the clients."

We saw that the staff had a good rapport with people. They spoke with people in a friendly way and listened to people who wanted to speak with them. Many staff had worked in the home for many years and therefore knew the needs of people well. They understood how much support people needed and where people might struggle living in the community. One person told us, "I could go to them [staff] if I needed help or advice as they understand me and I know they care."

People were supported to be as independent as they wanted to be. Sometimes staff would attend health appointments with people, especially if it was a review meeting. This enabled staff to also contribute to how the person was progressing. Other times people went to appointments alone. One person described the difficulties they were still having with adjusting to living in the community. They said the best thing about living in the home was that, "I now have freedom here" and "It is taking time to getting used to the fact that I can make my own decisions. Staff are helping me with that." People were at different stages in their lives and some were getting ready to live elsewhere in a more independent setting, whilst others did not feel ready and this was respected.

People's privacy and dignity were respected. People confirmed to us that they had a key for their bedroom so that they could lock their door when they wanted to. We saw people spent time around the communal areas and in their bedrooms. Staff helped people make their own choices about how they lived their lives and their preferences for their daily routines were documented to inform the staff team. People's religious and cultural needs were respected. Staff explained they could support people with a range of religious beliefs and that some people changed their mind about the religion they were following. When this occurred, staff adapted the support offered, such as offering or not offering halal food, depending on what people told them they needed.

People met regularly with staff, usually a keyworker (a named member of staff who took the lead in planning and coordinating the person's care). Here people could plan their future and look at what daily living skills they needed to work on if they wanted to live more independently in the future. The registered manager described to us how some people had moved onto independent living and had been successful in adjusting to the move. The registered manager told us as did some of the feedback we received from health and social care professionals, that the support people had received in the home had helped many of them live in the

community without the need for 24-hour support.

People could take part in the house meetings each month to discuss the home and any changes they wanted. People confirmed that they felt informed and involved with decisions about their care and the home.

Is the service responsive?

Our findings

People told us they felt well supported in meeting their needs. People had individual care and support plans which had been created in partnership with them. These detailed different aspects of their lives and the support they needed. These documents also included if the person celebrated any special occasions or events such as birthdays or religious events. People had signed to show they agreed to these plans and one person told us, "I know about my care plan and I have seen it." The plans were regularly reviewed. The staff recorded daily how the person was and what activities they had engaged in as a record of the care and support they were receiving.

The registered manager and staff placed people at the centre of their care and supported them to develop daily living skills and to grow in confidence. Staff demonstrated good relationships with people, spoke knowledgeably about their individual care and support needs and understood what caused each person anxiety. Staff developed ways to work with people to overcome these barriers and help people progress as far as they felt they could go.

A social care professional said, "I have always found the service to competently meet the needs of complex individuals." Another social care professional told us, "I have found Drayton Lodge to be an effective home for people with complex needs and/or challenging behaviour. One of our clients will be stepping down (moving to more independent accommodation) within the next six months and this is great progress for [person using the service]."

People took part in different activities. Some people described the voluntary work they did, whilst others went to the library or saw family and friends. One person said they would like to do more and that they needed assistance in considering what options they had as they had been in various institutions for many years and were still finding out what they enjoyed doing. We fed this back to the registered manager so that they could explore different opportunities with this person.

People told us they knew how to make a complaint. They said that they felt comfortable talking with the staff or registered manager. Comments included, "If I had a complaint I think [registered manager] would listen to me" and "Staff always ask how I am doing and I could chat with them if I was unhappy about something." The provider kept a record of complaints and concerns and how they had investigated these.

No one living at the home was being supported at the end of their lives or with a terminal illness at the time of the inspection. Currently there was no evidence in people's care plans with regards to their end of life wishes which would inform the staff team on how the person wanted to be supported.

Is the service well-led?

Our findings

People living at the service and staff told us that they felt it was a well-run service. Comments from people included, "It is peaceful here," "Staff help me" and "The manager talks to me about how I am doing."

One staff member said, "The service is well run, if there are any issues the manager is helpful." They confirmed the registered manager and director were "approachable." Social care professionals spoke positively about the management in the home. One told us, "The manager leads an established and experienced team who I have found have a good knowledge of our client's needs and preferences. Changes in our client's presentation or issues are picked up quickly and appropriate action taken."

The owner is also the registered manager for Micado Homes Drayton Lodge. 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. The registered manager and director were registered mental health nurses and they maintained their nursing qualification. The registered manager had attended the well led course run by Skills For Care which they said had been useful in keeping them up to date with good practice and local protocols and meeting other registered managers. They also attended the local managers forum group where they could also share ideas and seek support.

The provider had a plan for the range of quality audits that were carried out. This at a glance, showed what areas were checked, by whom and how often. We saw a sample of the recorded audits carried out. These included, medicine audits which were regular and minimised any medicine errors occurring. The staff also carried out daily checks on the cleanliness and safety of the environment. Care plans were also checked to ensure they were up to date. The registered manager had carried out an unannounced night check on the home and said this had been disruptive for the people living in the home and so they were considering the benefit of continuing with this type of check. The registered manager and director had developed a report on what changes and improvements had been made since the last Care Quality Commission (CQC) inspection, so that they could monitor what was working well and where further alterations needed to be made.

People, their relatives and professionals were encouraged and supported to feedback about the service through quality questionnaires. We saw that the results indicated that they were happy with the service and the care provided. Regular house meetings were also held to look at issues in the home and provided people with a chance to give feedback and make any requests about how they wanted the home to be run. The provider also carried out yearly satisfaction surveys of staff so that they could identify if any improvements needed to be made.

The registered manager had introduced staff meetings since the last inspection so that the whole team met to hear updates from the registered manager and to share experiences and ideas for working in the home. We saw from the minutes of a recent meeting the registered manager had reminded staff about the various

organisations which provided guidance on working in adult social care so that staff were informed of where to get up to date information.

The staff team worked closely with the community mental health teams and GP to ensure people remained stable and developed daily living skills at their own pace. A social care professional told us, "Staff always attended the review meetings and I was impressed how well they were prepared to present the case." Another social care professional confirmed, "They [staff] have worked with the community team to promote [person using the service] be more independent with medication." They also said, "I have been able to give feedback and found that staff have responded to this from myself and the multi-disciplinary team."