Mental Health Concern

McGowan Court

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

Summary of findings

Overall summary

This inspection took place on 2, 3 and 4 February 2016 and was unannounced. This meant the staff and the provider did not know we would be visiting.

McGowan Court provides care and accommodation for up to 12 people with enduring mental health problems. On the day of our inspection there were eight people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

McGowan Court was last inspected by CQC on 17 June 2014 and was compliant with the regulations in force at that time.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and staff and described potential risks and the safeguards in place. Staff had been trained in how to manage behaviour that challenged and in safeguarding vulnerable adults. Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and training sessions were planned for any due or overdue refresher training. Staff received regular supervisions and appraisals.

The provider was working within the principles of the Mental Capacity Act and was following the requirements in the Deprivation of Liberty Safeguards.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service, and family members, were complimentary about the standard of care at McGowan Court. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they moved into McGowan Court and care

plans were written in a person centred way. The provider sought alternative methods in supporting people with their care needs.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

People who used the service, and family members, were aware of how to make a complaint however there had been no formal complaints recorded at the service.

The service regularly used community services and facilities and had links with other local organisations. Staff felt supported by the manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service. Family members told us the management were approachable and understanding.

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 was safe.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

Staff had been trained in how to manage behaviour that challenged and in safeguarding vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People had access to their own kitchens and were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved into McGowan Court and care plans were written in a person centred way.

The home had a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had links with the community and other organisations.

McGowan Court

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 inspection took place on 2, 3 and 4 February 2016 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector took part in this inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including the local authority and clinical commissioning group. No concerns were raised by any of these professionals.

During our inspection we spoke with three people who used the service and two family members. We also spoke with the registered manager, the clinical lead and two care workers.

We looked at the personal care or treatment records for three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Good

Is the service safe?

Our findings

We asked family members if they felt their relatives were safe at McGowan Court. They told us, "Safe? Oh, yes" and "I think so. The manager got him some different shoes so he wouldn't trip over his shoelaces when going down the stairs".

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff. We saw copies of application forms and these were checked to ensure that personal details were correct and any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at staff rotas and the staff 'Off duty' file. We saw there were sufficient numbers of staff on duty to care for the people who lived at McGowan Court and staffing levels also provided the flexibility for staff to accompany people who used the service on external activities. The registered manager told us staffing levels were reviewed based on people's individual needs and re-assessed when someone new was admitted to the service. We asked the registered manager how staff absences were covered. They told us most absences were covered by their own staff and the registered manager and clinical lead also covered absences. The provider also had bank staff available. The registered manager told us they had not used agency staff in the last 16 years. We asked staff whether there were enough staff on duty. They told us staffing levels were "Okay" and "No problems with staffing". People who used the service and a family member told us they had no concerns regarding staffing levels. This demonstrated there were enough staff on duty to meet the needs of the people who used the service.

The home is a detached, two storey building that is split into two individual units. We saw that entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. People we spoke with were complimentary about the home. They told us, "It's nice" and "Yes, I like it".

We saw each person who used the service had a 'relapse plan' in their care records. This provided important information on what factors contributed to a person's good mental health, factors that could contribute to a relapse or poor mental health, signs and symptoms and action to be taken in the event of a relapse. For example, access to cigarettes and regular contact with a family member was important to one person's good mental health and respecting privacy and having consistent members of staff was important to another person.

We saw staff had been trained in how to manage behaviour that challenged. The training included awareness, legal and technical issues and breakaway techniques. The registered manager told us they had identified a staff member to be the home's champion in this area. This staff member was due to attend a train the trainer course and then provide this training to the other members of staff.

We saw risk assessments were in place for people who used the service and staff and described potential risks and the safeguards in place. Risk assessments included moving and handling, slips trips and falls, electrical appliances, office equipment, fire and control of substances hazardous to health (COSHH). We also saw people had 'Galatean' Risk Screening Tools (GRIST) in place. The GRIST was a generic risk assessment, reviewed annually, and included information on the risk of suicide, self-harm, harm to others, risk to dependents, self-neglect and vulnerability. We saw these risk assessments were up to date.

We saw hot water temperature checks had been carried out for all rooms and bathrooms. Some temperatures were recorded at 47 and 48 degrees Celsius, which exceeded the 44 degrees Celsius maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We discussed this with the registered manager and health and safety champion who agreed to address this with the provider.

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, a fire safety service had taken place in December 2015. The fire risk assessment was up to date and regular checks had been carried out on the fire alarm, emergency lighting and firefighting equipment. We saw a copy of the evacuation procedure, which included staff instructions and responsibilities and individual evacuation sheets for each person who used the service, including room number, age, gender, weight, height and any specific notes to aid evacuation.

We saw a copy of the provider's policy on safeguarding adults, the incident reporting and management policy and the accident reporting policy and procedure. All of these were up to date. All staff had been trained in safeguarding vulnerable adults. We looked at the provider's electronic incident reporting system and saw records of accidents and incidents. The records included the name of the person, date and time of the incident, location of the incident, the circumstances surrounding the incident, whether an injury occurred and what action was taken. We discussed accidents and incidents with the registered manager, who was aware of their responsibility to notify relevant authorities. However none of the incidents we looked at required CQC notifications or safeguarding to be contacted. We saw one person had experienced ten falls in January 2016. We discussed this with the registered manager who told us none of the falls had resulted in serious injury. The person had been treated for a number of urine infections which had contributed to the falls and the person had been referred to the falls team at the local hospital.

We looked at the management of medicines and saw medicines were stored safely and securely in locked cabinets in people's bedrooms. Six of the people who used the service collected their own medicines from the pharmacy and two people had their medicines delivered. We saw medicines ordering records, which included a checklist that was signed and dated. Procedures were in place to ensure people received medicines as prescribed. 'Nurse administered medication' records were in place for all the people who had medicines administered for them. These included the date, name of the medicine, dosage, route, notes, time of administration and staff signature. Some of the people who used the service administered their own medicines. We observed one member of staff accompany a person to their bedroom and observe the medicine being taken. The 'daily medication management record' was then signed by the member of staff to confirm the medicine had been taken.

Regular medicine audits were undertaken to ensure medicines were ordered and administered correctly. Medicines audits included checks of stocks, administration records and signatures, care plans, knowledge of the person administering the medicines and actions to be taken. Where actions had been identified we saw they had been actioned. For example, for one person's medicine we saw it had been noted that possible side effects had not been recorded. This had been actioned. This meant appropriate arrangements were in

place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who lived at McGowan Court received effective care and support from well trained and well supported staff. Family members told us, "They always keep us well informed, they are very good that way" and "They're a nice crowd at McGowan Court".

We saw staff received regular supervisions and appraisals. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff received supervisions approximately every eight to 12 weeks from either the registered manager or the clinical lead. Supervisions included a review of performance and any issues that the staff member or supervisor had. We also saw staff received an annual appraisal, which included a review of objectives and identified any development, support and training required during the following year. Staff members we spoke with confirmed they received regular supervisions and an annual appraisal.

We looked at the provider's electronic training matrix and saw all staff completed statutory training. This included fire safety, moving and handling, control of substances hazardous to health (COSHH), infection control, health and safety, food hygiene and first aid. Staff also completed other training that was relevant to their role, for example, mental capacity, safeguarding, equality and diversity, challenging behaviour, nutrition and end of life. Records we looked at showed that most of the training was up to date and where training was overdue, it had been identified and booked. For example, we saw staff had been booked onto a fire safety training course later in February 2016 and other courses, including first aid, moving and handling and health and safety, were planned. We were unable to see all the individual certificates for the training that had taken place. We discussed this with the registered manager who told us they had recently started asking staff to provide a copy of the certificate when they completed a training session and this would be kept in the staff member's individual file. We discussed training with staff, who confirmed they had completed the training as recorded on the training matrix. Staff told us they received "Lots of training."

We also saw new staff completed a comprehensive induction to the service. This included five days statutory training, a visit from the provider's human resources and finance staff, an introduction to organisational values, policies and procedures and completion of the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw mental capacity assessments

were in place and best interest decisions had been made for people, for example for finances and administration of medicines. We also saw staff had completed training in mental capacity and Deprivation of Liberty Safeguards. We discussed DoLS with the registered manager, who told us no DoLS applications had been submitted for people who lived at McGowan Court as all the people were independent and free to leave the premises if they wished. This meant the provider was following the requirements in the DoLS.

We saw a 'Family carers file' which included information for families and carers on mental capacity, the provider and contact numbers for other care agencies, the citizen's advice bureau and other useful guidance on mental health.

We saw copies of 'family carers consent forms' in the care records. These were completed by the person who used the service to state whether they gave consent to contact the person's next of kin, what information they were comfortable sharing, what information they didn't want sharing and details of any family members they didn't want to share information with. All of the records we saw had been signed and dated by the person who used the service.

People had access to their own kitchens and were supported by staff in making healthy choices regarding their diet. The service had an 'Eating well on a budget' file, which contained weekly shopping lists, advice on nutrition and recipes. We saw the refrigerator, freezer and kitchen cupboards were audited daily to check whether food was in date, stored correctly and at the correct temperature. We saw advice had been sought from dietitians where necessary and saw the dietitian had recommended one person eat high calorie foods as the person was at risk of malnutrition. We saw a nutrition screening tool was in place for this person, which was up to date and had been regularly reviewed, and the person's weight had been regularly checked. Staff we spoke with were aware of the person's nutritional needs and records of what the person had eaten were recorded in the handover file.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits to and from external specialists including podiatrists, GPs, opticians and hospital appointments. The registered manager told us one person had recently started wearing glasses. The person was uncomfortable about attending the opticians so the service had arranged for the optician to visit the home instead. A family member told us, "They tell me if they've been to the dentist or doctor. They always keep me informed."

Good

Is the service caring?

Our findings

People who used the service were complimentary about the standard of care at McGowan Court. They told us they were well looked after and the staff were kind. One person told us they were "Up and down" but liked it at McGowan Court. Family members told us, "They are happy there" and "They are well looked after".

People were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. We saw staff knocking before entering people's rooms and closing bedroom doors behind them to ensure people's privacy.

We discussed privacy and dignity with the registered manager, who told us it was an important part of staff induction and was also discussed at staff supervisions and handovers. Care records were checked to ensure appropriate language was used and people were given choice with regard to their personal care. People were encouraged to take their clothes to the bathroom to get changed into and reminded that although it was their house, they needed to be aware that other people lived there and to respect their privacy and dignity.

We heard a member of staff discussing privacy with a person who used the service. The staff member told the person, "You're the boss in your own room. Everyone should ask your consent or permission to do something." Family members told us, "They won't go in their room unless they agree. They are well looked after that way" and "They respect their privacy". This demonstrated that staff respected people's privacy and dignity.

We saw people were assisted by staff in a patient and friendly way and had a good rapport with staff. We observed one person come to the office as they were having trouble opening a tin. The registered manager showed the person how to open the tin and escorted the person back to the kitchen. All the staff on duty that we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported.

Each person's care record included a recovery focussed assessment (RFA). The RFA included important information about the person, such as preferred name, date of birth and details of the person's next of kin. The RFA was broken down into different areas, which included information on what the person liked to do, relationships, hopes for the future, independence, choice and control, and stability and consistency. We saw that the RFA had been written in consultation with the person and included evidence of personal choice and preferences. For example, one person liked to "feel clean and look nice" and was supported in the shower by a member of staff. It also stated, "[Name] prefers certain female staff." This was because they may become distressed if a different member of staff was to attend to their personal care. We saw people were also consulted about what the most important things were to them, for example, walking to local shop and purchasing cigarettes, going to the local club and being able to choose when to get up. We saw people had their own refrigerators in their bedrooms and for one person it was important to them to choose what they wanted for breakfast the following morning and place it in their refrigerator the evening before. This showed that people's individual preferences were taken into consideration.

We also saw the RFA provided information on how the person maintained their independence, sometimes with support from staff. For example, we saw one person was encouraged to carry out their own personal care but required support and prompts from staff in this area. The person was also able to prepare their own meals but received support from staff with safety advice and hygiene prior to food preparation. We saw another person was reluctant to carry out tasks themselves and would let other people do things for them. We saw staff were instructed to provide prompts and encouragement to help the person maintain their independence with activities such as tidying up after cooking, loading the washing machine and cleaning. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

We saw the bedrooms were individualised, some with people's own furniture and personal possessions. All the people we spoke with told us they had chosen the décor for their bedrooms and the registered manager told us people had been consulted on the décor and furnishings for the communal areas.

Information on advocacy services was provided to people who used the service. Advocacy services help vulnerable people access information and services and be involved in decisions about their lives. We saw one person had been provided with an advocate from a local advocacy service.

We saw some people who used the service had end of life information recorded in their care records. This provided details on what their religious beliefs were and the type of funeral they would like. We spoke with a member of staff who told us they had carried out an older person's assessment for these two people, which had included a discussion regarding end of life wishes. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

Good

Is the service responsive?

Our findings

We discussed the admissions process with the registered manager, who told us referrals were made to the provider and people's needs were assessed and allocated to one or two homes that best met the person's needs. The person then attended the homes with their care manager and family members to have a look around. Multi-disciplinary team meetings were held and once the admission was agreed, the person was given a gradual introduction to the service.

Care plans were in place and included medicines, personal hygiene, finance, cooking and personal safety, relapse and mental health and family contact. Each care plan described the focus of the plan, aim of the plan and actions to be taken. We saw one person was reluctant to go out by themselves as they became anxious when amongst groups of people. Therefore staff accompanied the person whenever they went out, for example, to the shops. Each care plan had been signed by the person who used the service and their key worker. All the care plans we saw included evaluation sheets, which were up to date.

We saw associated risk assessments were in place and included smoking, medicines, personal hygiene, diet, finance and travelling in cars. These included details of the activity to be undertaken, past experience of the activity, the skills, knowledge and equipment needed for the activity, the benefits of the activity, the desirable and undesirable outcomes and possible alternative activities. For example, we saw one person was in need of podiatry but despite staff arranging for a podiatrist to visit the home, they had refused to see the podiatrist. As an alternative, staff had purchased a foot spa and with encouragement from staff, the person had started to use it. We also saw the person had allowed their key worker to support them with their nail care. This meant the provider had sought alternative methods in supporting the person with their care needs. All except one of the risk assessments we saw were up to date. We brought this to the attention of the registered manager who agreed to address it straight away.

We saw weight records and physical health input sheets in the care records. These included details of any medical examinations, blood monitoring, dietary advice, height and weight records and details of any dental, eye or foot care appointments.

We observed a staff handover meeting, which was attended by the registered manager, clinical lead and two members of staff. Each person who used the service was discussed, including what activities they had taken part in, health appointments that had taken place or were arranged and an update on their diet and weight. We saw one person had decided not to have the flu jab but because they had the capacity to make the decision, staff accepted the person's choice. The staff also discussed a person who was interested in football. Staff had made enquiries at a local football club and arranged for the person to attend.

We saw the communication book, which was used as a handover to staff and informed them of any updates and communications they should be aware of. We also saw the handover file, which contained information about each person, for example, what activities the person carried out and what meals they had eaten.

We saw activities were arranged for people based on their likes and interests. One person was a keen

gardener and accessed a social inclusion gardening network (SIGN) at allotments in County Durham. The person took part in planting, cultivating, growing and nurturing plants. The service had a vehicle and people were taken out on regular trips. The registered manager told us the service had received lottery funding and people who used the service were consulted about how to spend it. We saw a computer and sewing machine had been purchased for the communal lounge and one person was interested in art so an art group was paid to visit the home.

We saw a copy of the provider's complaints policy. This provided information of the procedure to be followed when making a complaint, for example, how to make a complaint, who to make the complaint to, timescales and other contact details if the complainant was not happy with the outcome. There had been no formal complaints recorded at the service, however there had been several compliments made. These included, "I have really enjoyed my time at McGowan Court", "We have loved being part of your home and we are all going to miss you" and "It has been a pleasure to get to know you all". People who used the service, and family members we spoke with, were aware of how to make a complaint but did not have any complaints about the service. One family member told us, "I couldn't put my finger on anything and say we are not happy. No complaints." This showed the provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The service had a positive culture that was person-centred, open and inclusive. Family members told us, "They're all lovely", "The management are approachable, always very pleasant. They are patient and understand people" and "We get every co-operation".

Staff we spoke with felt supported by the manager and told us they were comfortable raising any concerns. Staff told us, "It's very rewarding, I love it", "[Registered manager] is very approachable. You can have a meeting any time".

The registered manager told us they were taking part in a leadership programme that the provider had organised via an external training provider. They had also completed the NVQ level four registered manager's qualification, a certificate in core leadership skills and attended a Skills for Care 'CQC registered providers' session which was held to support care providers and share good practice and learning.

The provider had recently formed an employee forum and we saw one member of staff at McGowan Court had attended the first meeting. Staff were regularly consulted and kept up to date with information about the home and the provider. We saw records of staff meetings and saw the next meeting was advertised on the office notice board. Staff had been asked to suggest items for the agenda. The agenda included shift patterns, medicines, breaks, phones and well-being at work. We saw the minutes from the previous meeting included an update on staff training, which showed a nearly 100% completion rate, a thank you to staff for 100% attendance at work and that thank you letters were being sent out to members of staff.

The service had introduced Wednesday protected time slots which were used to ensure supervision, debriefs, individual residents' support plan reviews, issues such as revalidation, new research and smart goal planning were given time and thought. Evidence of these sessions was noted in the diary and recorded on supervision records and in the care records as relevant.

The service regularly used community services and facilities such as allotments, the community centre, the local swimming pool, local social clubs and the Sikh temple. The service also had links with organisations such as Tyneside Women's Health and the Community Rehabilitation Service.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The provider carried out quarterly visits to the home and reviewed a care file, including medicines, care plans and activities. Each audit was rated as red, amber or green and discussed with the registered manager, clinical lead and relevant key worker for the file that was audited. Actions were also agreed at this meeting and reviewed at the next provider visit.

The clinical lead carried out care plan supervisions with staff, which included an audit of the documentation

to ensure they were accurate and contained appropriate language. Other audits carried out at the home included medicines, health and safety, food storage and refrigerator and freezer temperatures.

Records of residents' meetings showed the last one had taken place in September 2015. Subjects discussed at this meeting included use of the car, smoking, exercise, gardening and activities.

We saw an annual satisfaction survey took place for people who used the service. This was broken down into four areas and included meeting people's needs, respect and dignity, the premises and safety, and being able to discuss concerns and comment on how the service was run. We saw the results for the survey in July 2015, which had been completed by four people who lived at McGowan Court. We saw most of the answers and comments were positive about the quality of the service provided.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.