

MCCH

# Erindale (1a)

## 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 20 December 2016 and was unannounced. Erindale (1a) is a purpose built care home which provides care and support for up to five adults with profound and multiple learning disabilities. There were five people using the service at the time of our inspection. There was a registered manager in place at the time of our inspection. 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.

At our previous inspection on 19 January 2016 we found a breach of regulations because medicines were not always stored within a safe temperature range and records relating to the disposal of medicines had not always been accurately maintained. Following the inspection, the provider wrote to us and told us the action they would take to address these concerns.

At this inspection we found that the provider had taken appropriate action and that people's medicines were stored, recorded and managed safely. Risks to people had been assessed and guidance was in place for staff on how to manage identified risks safely. People were protected from the risk of abuse because staff were aware of the signs to look for and action to take if they suspected abuse had occurred.

There were sufficient staff deployed at the service to safely meet people's needs and staff were supported in their roles through regular training and supervision. The provider's recruitment procedures helped ensure that the service employed staff who were suitable for the roles they were applying for.

Staff were aware of the importance of seeking consent from the people they supported and acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) where people lacked capacity to make decisions for themselves. People were supported to maintain a balanced diet and staff followed guidance from healthcare professionals where appropriate to ensure people's meals were prepared safely. People were also supported to access to a range of healthcare services when required.

Staff treated people with kindness and consideration. They respected people's privacy and treated them with dignity. People and their relatives, where appropriate, were involved in day to day decisions about their care and treatment. Relatives told us they were aware of how to raise a complaint and had confidence any concerns they raised would be addressed, although they had not needed to do so.

People had support plans in place which were reviewed regularly and reflected their individual needs and preferences. They were supported to take part in a range of activities and to maintain the relationships that were important to them. Relatives spoke highly of the management of the service and told us the provider had sought their feedback in order to help drive improvements. The provider undertook a range of audits and checks to monitor and improve the quality and safety of the service.

## 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.

Risks to people had been assessed and guidance was in place for staff on how to manage identified risks safely.

People were protected from the risk of abuse because staff were aware of the signs to look for and the action to take if they suspected abuse had occurred.

Medicines were stored, recorded and administered safely.

There were sufficient staff deployed to safely meet people needs. The provider followed safe recruitment practices.

### Is the service effective?

Good ●

The service was Effective.

Staff were aware of the importance of seeking consent from people and acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet.

People were supported to access a range of healthcare services when required.

Staff were supported in their roles through regular supervision and an annual appraisal of their performance.

### Is the service caring?

Good ●

The service was Caring.

Staff treated people with kindness and compassion.

People and relatives, where appropriate, were involved in day to day decisions about their care and treatment.

Staff respected people's privacy and treated them with dignity.

### Is the service responsive?

Good ●

The service was Responsive.

People had support plans in place which reflected their individual needs and preferences.

People were support to take part in a range of activities and to maintain the relationships that were important to them.

The provider had a complaints procedure in place. Relatives told us they were aware of how to complain and expressed confidence that any issue they raised would be addressed.

### Is the service well-led?

Good ●

The service was Well-Led.

Relatives and staff spoke positively about the management of the service.

The provider had systems in place to seek and act on feedback received from people and relatives, where appropriate.

The provider had systems in place to monitor the quality and safety of the service, and to drive improvements where issues had been identified.

# Erindale (1a)

## **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 20 December 2016 and was unannounced. The inspection team consisted of a single inspector. Prior to our inspection we reviewed the information we held about the service which included any statutory notifications the provider had sent the Commission. A notification is information about important events which the service is required to send us by law. We also contacted the local authority responsible for commissioning the service to request feedback on their views of the service.

During this inspection we observed the care and support given to people, spoke with three relatives, four staff and the registered manager. We also looked at records, including three people's support plans and risk assessments, four staff files, and other records relating to the operation of the service including policies and procedures, staff training and supervision records, audits and minutes from meetings.

# Is the service safe?

## Our findings

At our previous inspection on 19 January 2016 we found a breach of regulations because medicines were not always stored within a safe temperature range to ensure they remained effective and fit for use, and because records relating to the disposal of medicines had not always been adequately maintained. Following the inspection the provider wrote to us to confirm the action they would take to address these issues.

At this inspection on 20 December 2016 we found the provider had made improvements to ensure medicines were stored safely and recorded appropriately. Medicines were stored securely in a locked medicines cabinet within a secure room at the service. Where medicines required refrigeration we saw these were stored with in a medicines refrigerator. Records showed that staff monitored the temperatures of both the room the medicines refrigerator on a daily basis to ensure they remained within a safe temperature range. Staff also told us and records confirmed that they had received training in medicines administration which included a competency assessment to help ensure they managed people's medicines safely.

People's medicines administration records (MARs) included a copy of their photograph and details of any allergies they suffered from to help reduce the risks associated with medicines administration. The MARs we reviewed showed that people had received their medicines correctly at the prescribed times. We saw that where required, medicines had been prescribed for people in liquid or powder form in order to reduce risks associated with their health conditions. Clear and accurate records had been maintained of the receipt and disposal of medicines at the service, and that the remaining stocks of medicines were correct when cross referenced with people's MARs.

People were unable to comment directly on safety at the service but relatives told us their loved ones were safe and that staff treated people well. One relative commented, "I think [their loved one] is definitely safe there. When [their loved one] went into hospital, I couldn't wait to get them back to the service because the support is much better there." Another relative said, "I'm not concerned about anything at the service; they look after the people there well."

People were protected from the risk of abuse. Staff we spoke with were aware of the potential types of abuse and the signs to look for which may suggest abuse had occurred. They were aware of the need to report their concerns in line with the provider's procedure for safeguarding adults. One staff member told us, "We're responsible for people's safety so I'd always report any concerns I had."

The registered manager knew the process for making safeguarding referrals to the local authority safeguarding team and was aware to notify CQC of any safeguarding allegations. Staff told us they had confidence that any safeguarding concerns would be dealt with appropriately by the registered manager and provider, but confirmed they were aware of the provider's whistle blowing policy and would be prepared to report any concerns they had to external agencies if action was not taken.

CQC had received two notifications relating allegations of abuse from senior staff at the service in the

previous twelve months. Both allegations had been correctly referred to the local safeguarding team and investigated fully. The registered manager confirmed and records showed that appropriate action had been taken following both investigations to reduce the risk of any similar future incidents occurring.

Risks to people were managed safely. People's support plans included completed risk assessments which had been covered a range of potential risk areas including moving and handling, bathing, skin integrity, eating and drinking, wheel chair use and medicines. Specific risk assessments had been conducted in relation to people's specific health conditions, such as epilepsy or risks associated with swallowing. Where areas of risk had been identified we saw guidance was in place on how they could be managed so that the level of risk was minimised. Records showed that risk assessments had been reviewed on a regular basis to ensure they were up to date and reflective of people's current needs.

Staff we spoke with were aware of people's risk areas and knew to review people's support plans to be aware of any current guidance on managing risks. We observed staff working in line with people's risk management guidelines, for example ensuring the correct use of pressure relieving equipment for one person whilst they were in their wheelchair or by repositioning one person before supporting them to eat, to reduce the risk of choking.

There were arrangements in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire or a medical emergency. Records showed staff had received training in fire safety and first aid. We saw regular checks were made on emergency equipment and that fire alarm tests and fire drills were conducted on a regular basis to ensure staff were aware of the correct procedure to follow. People also had emergency evacuation plans in place which gave guidance to staff and the emergency services on the support people required to evacuate from the service in an emergency.

We saw that the staffing levels during our inspection enabled people to receive the support they required when they needed it. The number of staff on duty reflected the planned staffing levels according to the staff rota and the registered manager confirmed that staffing levels had been determined based on people's assessed needs. Relatives told us there were sufficient staff on duty to safely meet people's needs. One relative told us, "There are enough staff there when we visit and the consistency of the staff group has improved; this makes a big difference to the care as it takes time to get to know [their loved one's] responses." Another relative said, "There are more staff now than there used to be and there seem to be enough staff to support people when they need it." Staff we spoke with also told us they felt there were sufficient staff on each shift to support people safely and that the staffing levels enabled them to spend a good amount of time supporting each person at the service without rushing.

The provider undertook appropriate recruitment checks on new staff before they started work for the service. Staff files contained completed application forms which included details of each staff member's previous employment history and any qualifications they held. Each file also contained confirmation of criminal records checks having been conducted, proof of identification and two references to help demonstrate that staff were of good character. We also saw that where required checks had been made to ensure staff were eligible to work in the UK.

# Is the service effective?

## Our findings

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.

At our previous inspection on 19 January 2016 we found improvement was required because it was not always clear who had been involved in making specific decisions in people's best interests where they had been assessed as lacking capacity to make the decision themselves. At this inspection we found that the improvements had been made in documenting best interests decisions where required.

Staff were aware of how the MCA applied to their roles supporting people at the service. Records showed that mental capacity assessments had been completed where staff reasonably believed people may lack the capacity to make specific decisions about their care and treatment, for example with regards to the management of their finances or regarding specific healthcare decisions such as receiving injections. Where people had been assessed as lacking capacity to make such decisions we saw decisions had been made by staff, family members and relevant health and social care professionals where appropriate, in people's best interests.

The registered manager was aware of the process for seeking authorisation to deprive a person of their liberty under DoLS and records showed authorisations had been requested and granted where appropriate for people living at the home. The registered manager was also able to demonstrate that they had complied with any conditions placed on people's DoLS authorisations based on the sample we reviewed during our inspection.

Relatives told us they felt people received care from staff who had the right skills and knowledge to undertake their roles. One relative told us, "The staff are well trained and competent." Another relative said, "The staff do a good job; I couldn't do any better myself." Staff told us they received an induction when starting work for the provider which included a period of orientation at the service and time shadowing more experienced colleagues as well as completing training in a range of areas considered mandatory by the provider. More experienced staff confirmed that they received periodic refresher training in order that they keep up to date with best practice. Records showed that staff were up to date with training in areas considered mandatory by the provider which included safeguarding, manual handling, first aid, food hygiene and infection control.



Staff told us and records confirmed they received regular supervision which they explained supported them in their roles. One staff member said, "Supervision is helpful; I feel the manager listens to my concerns and any issues I've raised, she has addressed." Another staff member commented, "As a new member of staff supervision has been helpful for me to discuss any areas of the job in which I felt unsure; my line manager has been very supportive." The registered manager also confirmed that they were in the process of completing annual appraisals for staff and this was confirmed by the records we reviewed.

People were supported to maintain a balanced diet. We saw guidance had been sought from relevant healthcare professionals, for example a Speech and Language Therapist (SALT) in order to ensure people's nutritional needs were safely met. Staff we spoke with were aware of people's specific nutritional requirements, for example who required soft diets, or who required thickener in their drinks, and we observed staff preparing food and drink accordingly in line with the professional guidance. Staff told us that people were offered choices at mealtimes and were aware of people's likes and dislikes.

People were supported to access a range of healthcare services when required. Records showed people had access to a range of healthcare professionals including a GP, District Nurse, dentist and neurologist. Staff confirmed they supported people to attend appointments when required and people's records included information which accompanied them when they attended hospital appointments to provide information to healthcare staff on their needs, methods of communication and preferences in order that they were appropriately supported.

## Is the service caring?

### Our findings

People were unable to communicate their views about the care they received but we observed them responding positively to the staff who were supporting them. Throughout our inspection we noted that staff were attentive to people's needs and that their actions demonstrated a good level of care and affection for the people they supported.

Relatives told us that staff were kind and considerate in their approach when supporting people at the service. One relative said, "They [staff] are all caring people; I feel [their loved one] is getting the best care they can." Another relative commented, "They staff are open and caring. They're all lovely; I'm happy."

Staff demonstrated a good knowledge of people's needs, their methods of communication and their preferences in the way they received support. One staff member told us, "It's important that we are clear in explaining what we are going to do when supporting the people here, and that we're familiar with the ways in which they'll respond, such as by understanding their facial expressions so that we know that they are happy with what we are doing."

People's diverse needs were considered and taken into account by the service. Staff we spoke with were aware of people's spiritual and cultural backgrounds and told us they supported people in accordance with their individual needs. Relatives we spoke with confirmed staff were aware of people's religious and cultural practices and told us that people received appropriate support in these areas to ensure their needs were met.

People and their relatives, where appropriate, were involved in making decisions about their care and support. Staff explained that wherever possible they sought to offer people choices, for example in the clothes they wished to wear or the activities they took part in. Relatives told us that they were also consulted regularly about the support people received. One relative told us, "I'm kept well up to date by staff; they discuss [their loved one's] needs with me." Another relative told us, "We're in frequent contact with staff and are involved in making decisions about [their loved one's] care."

Staff respected people's privacy and treated them with dignity when offering them support. They explained the action they took to ensure people's privacy and dignity were respected. For example, one staff member explained, "If I'm supporting someone with personal care, I'll make sure the bedroom door and curtains are closed and make sure I clearly explain what I'm doing to provide reassurance." Another staff member told us, "I always make sure people are covered up as much as possible if they're undressed and will explain clearly what I'm doing so that they're comfortable." Relatives told us people's privacy was respected. One relative said, "I've never seen anything that's given me concern; staff make sure the doors are closed when they support people."

## Is the service responsive?

### Our findings

Relatives told us that the service was responsive. One relative told us, "We're in regular communication and the staff deal with any issues as they arise." Another relative said, "They've installed sensory equipment and music facilities in [their loved one's] room so they can enjoy that and have time to themselves; you couldn't ask for better."

People had support plans in place which had been developed based upon an assessment of their individual needs. The plans provided detailed guidance for staff on the support people required in a range of areas including mobility, finances, eating and drinking, washing and dressing, medicines and taking part in activities. Records showed that support plans were reviewed on a regular basis to ensure they remained up to date and reflective of people's current needs.

People's support planning was person centred and included information about their likes and dislikes, their preferred daily routines and the things that were important to them. Staff were aware of the details of people's support plans and told us they supported people in line with their recorded preferences. Records also showed that staff held regular key worker meetings with the people they supported which were used as an opportunity to review people's current needs, and consider any key events and activities they had undertaken or had planned.

People were supported to take part in a range of activities in support of their interests and to prevent social isolation. Activities available to people included attending a local day centre, dance, pampering sessions, and aromatherapy. The service also provided a range of entertainment for people, for example parties, musical entertainment and trips out to the theatre. The registered manager told us that the service arranged some of these events with other services run by the provider which gave people a greater opportunity to socialise with others.

People were supported to maintain the relationships that were important to them. Staff told us that people were welcome to have visitors whenever they wished and this was confirmed by relatives we spoke with. One relative told us, "The staff are very welcoming; I can come and go as I please." Another relative said, "The staff are always happy to see us when we visit."

The provider had a complaints policy and procedure in place which gave guidance to people and their relatives on how any concerns they raised would be dealt with, including the timescale within which they could expect a response. The procedure also contained information on how people could escalate any complaints if they remained unhappy with the outcome.

Relatives told us they were aware of how the provider's complaints procedure and that they had confidence that any issues they raised would be addressed. One relative told us, "I'd speak to the manager if I had any concerns, but I've not had to do so." Another relative said, "I've not needed to complain but would either speak to the manager or write if I had a problem." The registered manager told us that they were aware to maintain a record of any complaints received but that the service had not received any complaints in the

time since our previous inspection.

# Is the service well-led?

## Our findings

At our previous inspection on 19 January 2016 we found improvement was required to the systems used by staff to monitor the quality and safety of the service because medicines audits had not identified that medicines were being stored at unsafe temperatures. At this inspection we found improvements had been made and that audits conducted by staff were effective.

Staff undertook checks and audits to help identify issues and drive improvements at the service. These audits covered a range of areas including support planning, health and safety, safeguarding, medicines and people's finances. We saw action had been taken to make improvements where issues had been identified. For example, we saw minor issues in the recording of one person's medicines had been taken up with staff following a recent audit. We found this action had been effective in addressing the issue when reviewing the person's medicines records and remaining medicines stocks. In another example, we noted that a recent audit had identified the need to put in place a number of general risk assessments which were missing and that this had been addressed by the time of our inspection.

Relatives told us they thought the service was well managed and spoke highly of the staff working there. One relative told us, "The leadership at the service is good and they communicate well with us so I feel we know what's going on with [their loved one]." Another relative said, "The home is well run; I leave there knowing [their loved one] is getting the right support." A third relative commented, "They [senior staff] are on the ball, and like things to be done properly."

There was a new registered manager in post whose registration had only been completed during the week prior to our inspection, although they were also the registered manager for another service operated by the provider. The registered manager explained that the day to day management of the service was currently the responsibility of a senior member of the staffing team but that they visited regularly and was in frequent contact with senior staff to ensure the service was being managed appropriately. This was confirmed by senior staff on the day of our inspection who told us the registered manager was available when needed and provided them with a good level of support. Both the registered manager and senior staff demonstrated a good understanding of their responsibilities under the Health and Social Care Act 2008.

Staff told us that they were well supported by the management team. One staff member said, "I can speak to the manager whenever I need to; her door is always open and she has always been supportive and given me good advice." Another staff member told us, "The management team is very good. They listen to our concerns and I feel that we all work well as a team."

Records showed that staff attended regular staff meetings to discuss the running of the service and to help drive improvements. We saw areas that had been discussed at recent meetings had included the goals of the service, activities for people, communication methods, record keeping and safeguarding. One staff member told us, "It's helpful to discuss these areas during meetings as a reminder of good practice." We also saw that handover meetings were held between each shift so that staff were aware of people's current needs and any specific areas in which they were likely to require support.

People and their relatives, where appropriate, were able to express their views on the way in which the service was run through a range of methods, including review meetings, informal coffee meetings and an annual survey. Relatives we spoke with told us they had been invited to complete a recent annual survey, although they had not always opted to do so. However, they also explained that they were happy with the service and expressed confidence that the management team would address any issues they raised if they felt the need to do so.

The registered manager told us they had invited relatives to informal coffee meetings with a view to gathering their feedback and that they also used regular service user reviews to seek relative's views. She confirmed that they acted on the feedback received wherever possible. For example, the service was in the process of procuring a specialist form of massage therapy for one person following a recent discussion with their relatives. In another example we saw a new television had been purchased for one person's bedroom following a discussion with relatives during a review meeting.