

Micado Homes Limited

Micado Homes - St Mary's Road

Inspection report

38 St Mary's Road
Hayes
Middlesex
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Tel: 0208 573 9035

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Micado -St Mary's Road provides accommodation for up to five adults who have mental health needs. There were four people living in the service at the time of the inspection and one person was in hospital.

The registered manager informed us that there were plans to change the service from a residential care home to a supported living service. Supported living is where people would have their own tenancy and if they do not

require assistance with personal care then the home they live in might not require to be registered with the Care Quality Commission (CQC). The people living in the service only required prompting to take their medicines and did not need assistance or prompting to manage their personal care needs. There was no date for when this would be taking place but people had been consulted about this potential change in the service they were living in.

Summary of findings

This inspection visit was unannounced and took place on 17 and 20 July 2015. At the last inspection in 2013 there were no breaches of the Regulations.

The service had a registered manager in post. 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 rota showed that over a period of several weeks at least twice a week waking night staff had been starting their shifts earlier than 8pm and therefore were awake and working over twelve hours each shift. Sometimes they were working fifteen to seventeen hours. Waking night support workers were working alone and without taking a break. By working over twelve hours on some shifts the provider could not be confident that people were being supported safely and that waking night support workers were able to carry out their duties appropriately.

There were systems in place to record some of the medicines being delivered to the service. However, we found some medicines stored by the service where the quantity had not been recorded. Therefore it was not always clear how much of different medicines people had been administered.

There were some systems in place to monitor the safety and quality of the service. However, these had not been fully effective in highlighting the shortfalls identified during this inspection.

People said they felt safe living in the service and spoke positively about the support they received.

Healthcare professionals were also complimentary about the care and support people received from the registered manager and support workers.

There were appropriate procedures for safeguarding adults and the support workers were aware of these.

The provider had acted in accordance with their legal requirements under the Mental Capacity Act

2005 and the Deprivation of Liberties Safeguards. They ensured people were given choices and the opportunities to make decisions. People did not have restrictions in the service and people we spoke with confirmed that they had choices in their everyday lives.

The registered manager and support workers were caring, and treated people with dignity and respect. Care plans were clear and written in a way to address each person's individual needs.

The support worker we spoke with and records we saw confirmed recruitment procedures were being followed.

New support workers received an induction to working in the service. Ongoing training and support was available for the support workers to ensure they had the necessary skills and information to work in the service.

People could choose what they ate and support workers were available to provide support and assistance with meals.

People felt confident to express any concerns and make a complaint, so that these could be addressed. The provider asked people for their views about the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to waking night staff working long hours, medicines not always being recorded when they were stored in the service and shortfalls in carrying out or recording the monitoring of the service.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. When support workers were given over the counter medicines from people living in the service these were not always being recorded.

Waking night support workers, who worked alone, were sometimes working long hours without a break which put the people who they were supporting at risk.

Support workers had received training about safeguarding to ensure that people were protected from abuse.

Records showed that the required safety checks were carried out on equipment.

Assessments were in place for identified areas of risk to each person.

Requires improvement



Is the service effective?

The service was effective. Support workers were appropriately trained and supported. They had the information they needed to carry out their roles effectively.

The provider had acted in accordance with their legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards and people's freedom was not being restricted.

Peoples' health care needs had been assessed, monitored and met.

People were given a variety of nutritious and freshly prepared food and were supported to make their own meals.

Good



Is the service caring?

The service was caring. People told us they were treated well and we observed positive and caring interactions between the registered manager, support workers and the people using the service.

The registered manager and support workers were considerate and treated people with respect. They showed an understanding of the people they supported.

Good



Is the service responsive?

The service was responsive. People had their needs assessed and met in a personalised way. Their needs were recorded and people were able to make choices about their daily lives.

People took part in a range of different social and leisure activities and accessed the local community.

Good



Summary of findings

There was a suitable complaints procedure and people were aware of how to make a complaint and felt confident any complaints would be listened to and acted on.

Is the service well-led?

Some aspects of the service were not well-led. There were some systems in place to monitor the safety and quality of the service, so areas for improvement could be identified and addressed. However, some of the checks and audits were not recorded and therefore had not been fully effective in highlighting some of the issues we found at our inspection.

A support worker said the registered manager was approachable and supportive. Healthcare professionals were also complimentary about the management in the service.

Requires improvement



Micado Homes - St Mary's Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 20 July 2015 and was unannounced.

The inspection was carried out by one inspector. Before the inspection we looked at all the information we had about

the service, including notifications of significant events which had taken place since we last inspected. We also received feedback from the local authority's quality assurance and safeguarding team.

During the inspection we talked with four people using the service, the registered manager, one support worker and an agency worker.

We looked at the care records for two people using the service, the complaints records and other records relating to the management of the service, including audits carried out by the registered manager. We also viewed the staff training and the recruitment records for two support workers and one agency worker.

Following on from the inspection we obtained the views of the service from three healthcare professionals who supported people using the service.

Is the service safe?

Our findings

People told us they felt safe living in the service and told us there was always someone they could talk with. Comments included, “yes, I feel safe,” “I definitely feel safe here,” and “I am safe living here.” All four people we spoke with knew to talk with the support workers or registered manager if they had a worry.

Although feedback from people was positive we viewed the staff rota initially for a two week period for July 2015 and then viewed the May and June 2015 staff rota we saw that on several occasions the waking night support worker was starting earlier than 8pm which was when the waking night shift was due to start. There were eight shifts in June 2015 where the waking night support workers started at earlier times, for example working 3pm-8am, 5pm-8am and 6pm-8am. On the first day of the inspection the registered manager had not prepared the staff rota for the forthcoming week and therefore we could not initially see what hours the support workers and the registered manager were working. On the second day of the inspection we viewed the rota for the week beginning the 19 July 2015 and saw the waking night support workers were due to start their waking night shift at 8pm.

The registered manager assured us that the waking night support workers were awake during the night and available for people should they need support or someone to talk with. However, this practice had been going on for at least two months and it had not been identified that people could be placed at risk due to waking night support workers sometimes working long hours alone without taking a break. Guidance was available from the Health and Safety Executive and the Government about night workers and the provider had not considered ensuring the service followed these good working practices.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received support to manage their medicines and they all told us they knew what medicines they were prescribed and why. One person said they knew the medicines “keep me well”. Medicines were stored in a secure place. Support workers and the registered manager had received refresher training in medicine management in July 2015. There were some records kept for when medicines had been given to hospital staff for when a

person had been admitted and we saw systems in place to record the medicines delivered to the service by the local pharmacist. However, when we checked one person’s medicines we saw two boxes of paracetamol. There was no record of these or the amount of tablets held. The registered manager explained that some people living in the service occasionally purchased their own over the counter medicines if they were not prescribed by a doctor. They then passed these to support workers sometimes at a later date for safe keeping. However as there was no record of these tablets or how many boxes were supposed to be stored in the medicine cupboard it was difficult to determine what, if any, had been administered to the person.

There was also a box of co-codamol and we saw there were ten tablets left in the box. This medicine was given as and when required and between the period of February 2015 and May 2015 records showed that some of these had been given to the person. There were records of the amount given to the person but not how much had been delivered to the service or when. This had not been picked up by the registered manager as there was no evidence of regular medicine audits and checks taking place. We saw an external auditor had visited the service in March 2014 but they had not visited in 2015. The registered manager informed us that she regularly checked the medicines and made a record if there was a discrepancy. However, people using the service could not be confident that checks and counts of all medicines were being done and that any errors, such as the ones we found, would be quickly picked up and addressed to ensure people always safely received their medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had procedures for safeguarding adults, including the local authority’s safeguarding policy and procedure. The support worker we met with was able to tell us what they would do if they suspected someone was being abused. This included alerting external agencies such as the local authority or the Care Quality Commission (CQC). They told us they had received training in safeguarding adults and training records showed that support workers had received training on safeguarding adults in March 2014. The registered manager confirmed this had been booked for the 24 July 2015 as a refresher course.

Is the service safe?

Care plans for each person included risk assessments. These considered how people needed to be supported to take risks in a safe environment. One professional told us the service, “strives to promote the independence of service users while protecting them as far as possible from danger or harm.” Risks assessed were individual to the person and included what action staff should take, such as, if a person refused to take their medicines or if they were at risk of self-harming. Information about people’s risks and vulnerability was recorded so that staff knew how to support people appropriately. The registered manager told us these were reviewed on an annual basis or amended sooner if a person’s needs changed. A support worker told us about how they managed risks and supported people. They confirmed people were supported to make decisions along with the registered manager and support workers. The registered manager also confirmed that she worked closely with the relevant mental health professionals so that people were supported safely.

The provider carried out checks on the environment, including fire, electricity and gas safety. There was evidence external organisations had made appropriate checks. Regular health and safety checks and infection control checks of the environment took place and these were recorded. Support workers carried out safety checks on fire protection equipment and fire drills. We saw on the first day of the inspection that a person chose for their bedroom door to be kept open, however, the door had not been fitted with appropriate door releasing equipment that

would be connected to the fire alarm. This was therefore placing the person at risk. The registered manager addressed this and we saw on the second day of the inspection that this equipment had been fitted to the door.

We saw that there were systems in place to record accidents and incidents. There had been one accident in 2014 which the CQC had been notified about. The registered manager informed us that there had been no incidents but that these would be monitored if they occurred on a regular basis so that she could look for any patterns or trends and respond accordingly.

The provider had recruitment and selection procedures for support workers. The support worker we met confirmed they had completed an application form and provided details of their education and employment history. We viewed two support workers employment files and saw these included checks on their suitability, such as two references, criminal record checks, such as Disclosure and Barring Service checks and checks on their identification. On one support worker’s file there were two references but these references were not from their previous employer. We saw this reference subsequent to the inspection visit. We also viewed the information the agency sends to the registered manager regarding the recruitment checks the agency worker had gone through so that they could be confident the agency worker had been checked for their suitability to work with people.

Is the service effective?

Our findings

People living in the service spoke positively about the support workers and registered manager. One person said “Staff were approachable.” Whilst another person commented, “staff are very good.” A support worker told us the registered manager was “supportive.”

People were supported by support workers who had received an induction to the service. A support worker and agency worker both confirmed they had received an induction and had worked alongside experienced support workers. We saw evidence of the induction support workers had gone through and this had included the Skills for Care Common Induction Standards. The registered manager informed us that she would be using the new Care Certificate for new support workers to ensure they developed the skills they needed to work in the service effectively.

Support workers and agency workers received ongoing training. Some of the mandatory training courses certificates stated they were valid until March 2015. The registered manager had ensured refresher training had taken place on medicine awareness, fire safety and basic life support. Other subjects in safeguarding adults, infection control and food hygiene had been booked for the 24 July 2015. The registered manager and nominated individual had attended courses on the new Care Act 2014 and mental health training. We also saw information on mental health for support workers to read so that they gained knowledge on this subject. The registered manager confirmed she also spent time talking about mental health to support workers. A professional commented on the skills of the support workers and registered manager and said they took, “responsibility for maintaining and always improving their knowledge and skills.” Support workers were encouraged to complete a qualification in health and social care or the equivalent. One support worker confirmed they had obtained this qualification and that they received refresher training on an ongoing basis.

Support workers were supported through a range of ways. This included having formal one to one meetings and meeting on a daily basis. One support worker said they had the chance to talk with the registered manager “daily.” We

saw evidence that support workers also received an annual appraisal of their work so that there was an assessment of the areas they worked well in and aspects of their work that they might need to improve on.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered manager understood her responsibility for making sure support workers considered the least restrictive options when supporting people and ensured people’s liberty was not unduly restricted. The registered manager was aware of the need to inform CQC of the outcome of any DoLS application and there was no-one currently living in the service with any restrictions. A support worker spoke about helping people make choices and that they could not impose restrictions on people’s liberty. Support workers had received training on DoLS.

People were able to make daily decisions about their lives and we saw that people had been spoken with about the move to supported living. The people we talked with knew that there were changes occurring in the future. One person said, “I know there is going to be a change soon but I am happy to continue living here.” The registered manager confirmed that the placing authorities would be carrying out capacity assessments to ensure people fully understood the implications of living in a supported living service and not a residential care home. This process was moving at a pace to ensure all relevant persons were part of this change. Meetings were also held to ensure the transition to supported living accommodation would be in people’s best interests.

People told us they had enough to eat and drink. People were complimentary about the meals they ate. One person said, “I have a shelf in the kitchen where the things I like to eat are kept,” another person told us, “I can help to cook if I feel able to.” A third person described the meals they cooked with help from support workers or the registered manager and said they cooked a meal for everyone once a week. If people wanted to they were encouraged to go food shopping. They were able to use the kitchen to make snacks and drinks, if they could, whenever they wanted to. Where possible people were involved in planning what they ate and we saw a weekly menu that was available for

Is the service effective?

everyone to see. We saw a support worker and the registered manager supporting people to make healthy choices and we observed a fruit smoothie drink being offered to people.

The majority of people attended their health appointments alone. One person told us, "I go to appointments alone, but I tell X (registered manager) if there is anything they need to know regarding how it went." Whereas a second person

said they attended health appointments with support from the support workers or registered manager and commented that they "felt safer going with someone." Health appointments were recorded along with the outcome so that support workers and the registered manager could follow up on any changes to a person's health.

Is the service caring?

Our findings

People living in the service spoke highly about the support workers and registered manager. Their comments included, “they (support workers and registered manager) are approachable,” “I like it here and would not want to move out,” “it is homely” and “I am supported to be happy.” A professional told us they had seen support workers and the registered manager show “respect” to the people living in the service and that they had a “professional response” in providing good care. A second professional confirmed that people received “excellent care and support.”

We observed positive and friendly interactions between the registered manager, support workers and people who lived in the service. The registered manager and support workers spoke respectfully about the people living in the service. They talked about valuing people and respecting their rights to make decisions about their lives. Throughout the inspection people were spoken with in a patient and understanding way. They were listened to and given choices, such as what they wanted to eat for lunch and when they wanted to eat their meal.

The registered manager and support workers ensured that people’s privacy and dignity were respected. We saw people could spend time in their bedrooms if they wanted to and have their bedroom door open if they liked to see what was going on in the service.

Daily care records included information about people’s wellbeing and the registered manager confirmed that there was daily communication with the support workers to ensure they knew how people were feeling and could support them in the best way. Anything of importance that needed acting on or that support workers needed to be aware of was highlighted or written in red so that information could be easily seen. The registered manager understood people’s individual needs and could gauge how best to help each person depending on their needs and emotional and mental health needs.

At the time of the inspection there was no-one accessing the local advocacy services. The registered manager was aware of requesting this independent support if people did not have family or friends and needed someone to act on their behalf.

Is the service responsive?

Our findings

People's care and support needs had been assessed before they moved into the service. Assessments we viewed were comprehensive and we saw that where possible people were involved in discussions about their care, support and any risks that were involved in managing the person's needs. All four people we spoke with confirmed they had visited the service before moving in. One person said, "I think I visited more than once and maybe stayed overnight to be sure I wanted to live here." Another person told us, "I met the manager before I decided I wanted to live here."

Care plans we looked at were clear and detailed people's needs. This included short and long term goals for the person and also included information on keeping people stable and well. The care plans had been reviewed every three months and people had signed to say they agreed with the contents. All four people we spoke with confirmed they had seen their care plan and saw the information that was written about them. Feedback from professionals was positive and comments included that the care plans were, "accurate and to the point," and that the support workers and registered manager "provide successful and effective support."

The registered manager explained she met with people on a regular basis and the care records stated that monthly meetings would take place with some people. These were not always recorded and the registered manager said that often these meetings might be informal and so the topics of discussions were then not written down. She confirmed that she would review this to ensure that a record of when she had any meeting with a person was noted. Daily

information about each person was recorded in a book which was viewed at the changeover of each shift. This enabled support workers to consider how each person was and inform the next support worker if they needed to be aware of any problems or concerns.

We saw that care plans were checked and audited every six months to ensure they contained accurate information and had been reviewed.

People could go out independent of support workers and did so during the inspection visit. One person told us they went to the gym and had a voluntary job which they said helped them. Another person said, "I like to go to the library." In house activities also took place such as cooking, gardening and art. People said they enjoyed listening to the radio, watching television and going out on the day trips the service occasionally arranged. People were encouraged to see family or friends and they confirmed to us that they did so whenever they wanted to.

The provider had a procedure for dealing with complaints. There was clear information in the service user's guide on how to make a complaint and we saw the complaints policy included clear timescales for when a complaint would be dealt with. People told us they knew how to make a complaint. One person said, "I would talk with X (registered manager) if I was unhappy." Other people explained that they would talk with the support workers if they needed to discuss any problems or if they had any queries and that they would be listened to. The registered manager showed us the complaints form that would record formal complaints and told us she had not received any complaints.

Is the service well-led?

Our findings

Although there were some checks and audits in place in certain areas of the service which we have referred to, we identified there were gaps in the recording of other checks that we were told took place. For example, the annual fire risk assessment noted that there would be weekly checks on bedrooms but there were no records to show that this was being carried out. The registered manager informed us that she carried out night time spot checks but these were not recorded. Medicine counts and audits we were informed took place but again there were no written records of these audits and we found that there was no record of some of the medicines stored in the service.

The policies and procedures we viewed on the first day of the inspection referred to the previous Regulations. The registered manager explained they obtained these from an external organisation. However, when the nominated individual had reviewed these documents earlier in 2015 he had not identified that these contained out of date information. The registered manager said that the remaining policies and procedures would be checked and made available for people using the service and support workers.

Overall some information we requested during the inspection was not readily available to us, such as the current annual report on the service, an employment reference for one support worker and recruitment and training information on two agency workers. Although these were sent to us, subsequent to the inspection, the records should be accessible and available for the registered manager, the support workers and for the inspection process.

The shortfalls identified in this inspection demonstrated that either some of the monitoring and checks were not taking place or that these checks were not detailed and did not pick up where areas needed to be improved.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were complimentary about the registered manager and that they could contribute their views on the service. One person told us, "No matter what we need or want the manager would get it for us," they gave an example that, "The manager got adaptations for the en-suite room so that I can safely have a shower without help." People

confirmed that they were asked for their views about the service at the house meetings. The last one had been held the 9 July 2015. One person said "these were held to make sure we are alright." Satisfaction surveys were also given to people. These were given throughout the year and looked at a range of areas of the service, such as care and choices in the service. Feedback was positive and where a person had commented on the lack of variety in the television programmes people watched we saw the registered manager had responded and acted to address the comments by noting what people enjoyed watching and making sure these were at times on the television. Currently the registered manager said they did not send out surveys to relatives or professionals.

Feedback on the registered manager and nominated individual from external community professionals was positive. One professional commented, "I have been very impressed with the management." A second professional said, "There has been good evidence of interagency working," they also confirmed that there was regular contact between the service and professionals outside of the usual review meetings. A third professional told us they always received an "appropriate handover" from the service before they met with the person so that they were aware if there were any issues or things they should know about. A support worker spoke highly of the registered manager commenting that "I can always call the manager if I needed to," and that "I can bring suggestions to the manager, staff can have their say."

The registered manager and nominated individual were both registered psychiatric nurses. The registered manager confirmed that they kept up to date with current good practice through receiving updates from Skills for Care, the Royal College of Nursing and the Care Quality Commission. We saw they also received literature from Care Quality Matters and Management Matters to expand their knowledge on social care. We saw the service's annual report which commented on where improvements had been made. This highlighted that attention had been paid to the environment with vacant rooms and communal areas having been painted and social events were identified as needing to be arranged. The service and its aims and objectives would next be reviewed later in 2015.

The statement of purpose and service user's guide gave clear information on values of the service. The registered manager was aware that for some people they might not

Is the service well-led?

need to live in the service long if they were stable and had developed skills to live more independently, whilst other people might require longer term support and care. The support worker we met was also clear about their role in

working in the service and that different people required different levels of support and encouragement to achieve their goals. They confirmed they had developed a “good rapport” with each person.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not ensured the proper and safe management of medicines.

Regulation 12 (2)(g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not assessed or monitored the quality and safety of the services provided or mitigated the risks relating to the health, safety and welfare of service users.

Regulation 17 (2)(a)(b)