First Choice Care Limited

Medway House

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

Medway House is a residential care home for six people with mental health needs. At the time of our inspection there were six people living at the home.

At our previous inspection of Medway House on 14 February 2017 we rated the service good in all areas. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us that they felt safe living at Medway House. We saw that people were comfortable and familiar with the staff supporting them.

Staff members had received safeguarding adults training, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

Medicines at the home were well managed. People's medicines were managed and given to them as prescribed and records of medicines were well maintained. Staff members had received training in the safe administration of medicines.

We saw that staff at the home supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the needs of the people using the service.

The home was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about people's capacity to make decisions was included in their support plans.

Staff who worked at the home received regular training and were knowledgeable about their roles and responsibilities. Appropriate checks had taken place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager and those whom we spoke with told us that they felt well supported.

We saw that the meals provided to people were healthy and varied. Some people ate vegetarian food in accordance with their religion and we saw that this was respected and supported. People were encouraged to request the food that they wished to eat on a weekly basis and staff purchased these for them when shopping for the home. Some people also purchased their own food. Drinks and snacks were available to people throughout the day. People were supported and encouraged to prepare food for themselves where they were able and willing to do so.

Support plans and risk assessments were person centred and provided detailed guidance for staff around meeting people's needs. These were regularly reviewed and updated where there were any changes in people's needs. The plans also showed that people had been supported to develop the confidence and skills they required to move on to supported living services or other suitable accommodation.

People were supported to participate in a range of activities in the local community. Staff members supported people to plan an annual holiday. Staff members also encouraged and supported people to identify new activities of their choice. People's cultural, religious and social needs were supported by the service and detailed information about these was contained in their support plans.

The home had a complaints procedure that was provided in an easy read format. This was discussed at regular resident's meetings. People told us that they would tell the manager or staff member if they were unhappy about anything.

The home's policies and procedures were up to date and reflected legal requirements and current best practice. Regular quality assurance monitoring had taken place and actions had been taken to ensure that concerns arising from these checks were addressed promptly.

People's physical and mental health needs were regularly reviewed. The service liaised with other health and social care professionals to ensure that people received the support that they needed.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Medway House

Detailed findings

Background to this inspection

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

This was a comprehensive inspection which took place on 23 and 30 April 2018. The inspection was unannounced. The inspection was carried out by a single inspector.

Before the inspection we reviewed our records about the service, including previous inspection reports, notifications and other information we had received from or about the provider. We also reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make We also spoke with a representative from a local authority which had placed a person at the home.

During our inspection we spoke with three people who lived at the home, the registered manager, the provider and two members of the care team. We spent time observing care and support being delivered in the communal areas, including interactions between staff members and people who lived at the home. We looked at records, which included three people's care records, three staff records, policies and procedures, medicines records, and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home. One person told us, "I feel much safer than where I was before." Another person said, "I feel very safe. The staff are good here."

People's medicines were managed safely. The provider had an up to date medicines procedure. Staff members had received medicines administration training, which was confirmed by a staff member that we spoke with and the records that we viewed. Records of medicines maintained by the home were of a good standard, and included details of ordering, storage, administration and disposal of medicines. Medicines were stored safely. We saw that regular blood tests for people receiving medicines where this was required had taken place.

There was an up to date safeguarding adults procedure and staff members had received training in this. Staff members that we spoke with demonstrated an understanding of the signs of abuse and neglect and were aware of their responsibilities in ensuring that people were safe. They knew how to report concerns or suspicions of abuse using the procedure. A staff member said, "We are always aware that people are at risk so we keep an eye out for this at all times." We reviewed the safeguarding records and history for the service and saw that there had been no safeguarding concerns raised since our last inspection.

The service had arrangements in place to protect people from identified risks associated with day to day living and wellbeing. Risk assessments for people who used the service were personalised and had been completed for a range of areas including people's behaviours, mental health needs, health needs including epilepsy, safety in the home and within the community. The risk assessments included risk management plans with guidance for staff around how they should manage identified risks.

The home environment was suitable for the needs of the people who lived there. The communal areas were spacious and furnished in a homely way. When we visited the home on 23 April 2018 we saw that the paintwork on the window sill of a communal bathroom was blistered. The manager showed us recorded evidence that this had been reported as an outstanding maintenance issue. When we returned to the home on 30 April 2018 we found that a new window sill had been installed.

We saw from the home's staffing rotas and our observations of staff supporting people that there were sufficient staff available to meet people's needs. The staffing on the day of our visit corresponded with the information contained within the staff rota. The rotas showed that additional staff members were provided where people required support to attend appointments or participate in community activities.

We looked at three staff files and these showed us that the provider had arrangements in place to ensure that they recruited staff that were suitable to work with the people whom they supported. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. Policies and procedures were in place in relation to staff recruitment and the staffing records showed that these had been followed.

The home had policies and procedures in relation to infection control and staff members had received training in this area. We saw that the communal areas were clean and well maintained. Staff members used disposable gloves and aprons when carrying out tasks such as preparing food.

Accident and incident information was appropriately recorded. We saw evidence that fire drills and fire safety checks took place regularly. Regular health and safety assessments had taken place and actions to address any concerns had been carried out promptly. Certificates maintained by the home showed that checks of other safety issues such as electrical and fire safety and portable appliance testing had taken place.

Good

Is the service effective?

Our findings

People told that they were satisfied with the support that they received from staff. One person said, "I haven't been here long but the staff have been really supportive." Another person told us, "They are OK. They do encourage me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The home had a policy and procedure in relation to the MCA and DoLS. Staff members had received training on this. At the time of our inspection people had been assessed as having capacity to make decisions and we saw that people were able to come and go from the home independently. The registered manager said, "It's always difficult with people with mental health issues as capacity can fluctuate, but we keep aware of their wellbeing and if necessary we will seek assessment."

People had been consulted about changes and practices in the home. There were regular monthly resident's meetings and we saw, for example, that information about staffing and maintenance had been discussed.

Staff members had received an induction when they started working at the home. We saw that the inductions for recently appointed staff members had been linked to the Care Certificate which provides a nationally recognised induction standard for staff working in health and social care services. All staff had received mandatory training such as safeguarding of adults, infection control, epilepsy awareness, food hygiene and medicines administration. Staff also had opportunities to take up relevant care specific qualifications and we saw that a number of staff members either had these or were currently working towards achieving them. A staff member said, "The training here is very good. It helps me in my learning even if it something I have done before."

The staff records that we looked at showed that staff members had received regular supervision by a manager which took place at least every two months. Annual performance appraisals had also taken place.

People told us that they liked the food that was provided by the service. We saw that menus and records of the meals that people ate were varied and nutritious. People's care plans and risk assessments showed that

dietary preferences were recorded. Vegetarian food was provided to people in respect of their cultural requirements. People confirmed that they had choices about what they ate. We saw a record that showed that people were asked on a weekly basis if there were any foods that they wished to have during the coming week. Some people also purchased and prepared their own foods and the registered manager told us that this was encouraged where people were developing skills to move into their own homes. People who used the service were able to make drinks and snacks independently and others were able to cook meals for themselves. One person said, "I have cooked my own food sometimes and I want to do this more when I feel better. I think the staff will help me." Another person described the foods they liked and told us that they were able to eat these at the home.

The home maintained effective working relationships with relevant health care professionals. We saw that regular appointments were in place, for example with mental health professionals, as well as the GP and dentist. People were supported to attend appointments independently or supported by staff members if they lacked confidence in attending alone, Care plans included information about people's health needs which included details about the support that they required to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People spoke positively about staff members. One person said, "They listen to me. I think they are kind." Another person told us, "Yeah they are good. Better than I expected."

People were supported by staff members who treated them with dignity and respect. We saw that staff members communicated with people in a positive, professional and friendly manner. A person living at the home who spoke Gujarati was supported wherever possible by staff members who were able to speak this language. We saw, however, that other staff were able to communicate with the person and ascertain their wishes through words and gestures. People who wished to speak with the manager or other staff members were responded to immediately.

Staff at the home were sensitive to people's cultural, religious and personal needs. We saw that information about people's religious and cultural and personal needs were recorded in their support plans. We noted that two people were supported to attend a place of worship on a regular basis and that their plans contained guidance for staff members in relation to supporting their religious and cultural needs and requirements.

People's support plans also contained information about the relationships that people had with family members and significant others. Their care records showed that they were supported to maintain these relationships. During our inspection we saw, for example, that when a family member called to speak with a person the phone was immediately taken to them so that they could speak privately.

The registered manager told us that people could access advocacy services if required, and we saw that information about local advocacy services was available at the home. However, most people had very strong links with their families who were fully involved in their care. Family members called their relatives regularly, and we saw that regular home visits were included in people's activity plans and records.

People were involved as much as possible in decisions about their care. We saw that people's support plans included information about people's likes, dislikes and individual preferences, along with guidance for staff on their communication needs where appropriate. People had signed their support plans to show that they agreed with them.

Good

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. One person said, "They talk to me about this." Another person told us, "I have only been here since last week, but I am having a meeting in a couple of days to agree my plan."

People's support plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. We saw that these had been updated where there had been changes in people's needs. The support plans met the accessible information standard for services providing health and social care services. The accessible information standard is designed to ensure that people with a disability or sensory impairment receive information in a way that is accessible to them. Staff members had translated and interpreted plans into languages spoken by people where required. The people we spoke with knew about their plans

Support plans detailed people's personal histories, their spiritual and cultural needs, likes and dislikes, preferred activities, and information about the people who were important to them. The plans provided information for staff about the care and support that was required by the person and how this should be provided. For example, we saw that there was guidance about how staff members should support people around self-care, daily living skills and accessing the community. Information about identifying signs of a potential mental health crisis and responding to these was also contained in people's plans.

People participated in a range of activities within the local community that included shopping, walks and meals out. Two people who lived at the service regularly attended a day service where they were able to participate in cultural activities and communicate with people in their first language. The home organised holidays for people during the summer months. We saw that discussions about the planning of holidays by the sea had taken place during recent resident's meetings. A person who had expressed an interest in horses had been supported to attend a race meeting at Cheltenham. The same person wanted to take up fishing as a hobby and staff members had supported them to purchase fishing tackle and to apply for a fishing permit. During our inspection we saw that some people went out from the home independently. One person told us, "I haven't been here long and staff are going out with me to help me get to know the local area."

The home had a complaints procedure that was available in an easy read format to ensure that people with limited ready skills were able to understand it.. One person living at the home was unable to read English and staff members had translated this into their first language. We saw that the procedure had been discussed with people at resident's meetings. People told us that they would talk to the manager or a staff member if they had a problem. The home's complaints' register showed that complaints had been dealt with quickly and appropriately, and that the outcomes of complaints had been recorded.

During our inspection one person was in the process of moving to a supported living service. Staff at the home had liaised with the service on the person's behalf. We noted that regular visits to the new service were taking place to assist the person with their transition.

Good

Is the service well-led?

Our findings

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager worked shifts at the home and we saw that this was recorded on the staffing rota. During our inspection we saw that he engaged proactively with people and staff members, and was available to speak with them whenever they requested. The provider was at the home on both days of our inspection and we observed that they were familiar with people and their support needs.

People and staff members spoke highly of the management of the home. One person said, "The manager is a good person. He is very hands on and approachable." A staff member told us, "The manager is open and honest with us. He does a good job." The same staff member told us that the provider often visited the home and that he could always speak with him in the registered manager's absence.

There was a strategy to support people to develop confidence and independence skills to enable them to move on to supported living or other suitable living arrangements when they were ready to do so. Two people had moved to supported living accommodation since our previous inspection in February 2017 and the registered manager told us that they were doing well in their new homes. During this inspection one person was being supported to move to a new supported living service. A local authority professional whom we spoke with told us that, "People used to be 'stuck' at Medway House, but now we can see that they are being helped to recover, regain skills and move on, I am confident in the service that they provide."

Minutes of regular staff team meetings showed that there were regular opportunities for discussion about quality issues and people's support needs. The registered manager also used the team meetings to deliver informal refresher training to staff. The registered manager told us that urgent information was communicated to staff immediately, and the staff members that we spoke with confirmed that this was the case.

Staff members had job descriptions which identified their role and who they were responsible to. The staff members that we spoke with were clear about their roles and responsibilities in ensuring that the people who used the service were well supported.

There were systems in place to monitor the quality of the service and we saw evidence that regular quality reviews had taken place. These included reviews of safety and records. Checks of medicines records and people's monies took place on a daily basis at handovers between ingoing and outgoing staff members. The registered manager also undertook audits of these records on at least a monthly basis. Where actions had been identified as a result of quality reviews and audits, we saw evidence that these had been acted on and addressed immediately.

People who lived at the home were asked for their views at monthly resident's meetings and through an annual satisfaction survey. The most recent annual survey of people's views had focused on any changes that they would like to take place to improve the support that they received. We saw that actions had taken place to fulfil the requests that people had made.