

MCCH Society Limited Erindale (1a)

Inspection report

1A Erindale
Plumstead
London
SE18 2QQ

Tel: 02083178200
Website: www.mcch.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 19 January 2016 and was unannounced. At our last inspection on 29 January 2014 the provider met all the requirements of the regulations we inspected.

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 this inspection we found a breach in 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. You can see the action we have asked the provider to take at the back of the full version of this report.

Risks to people's health and safety had been assessed and were safely managed although improvement was required because risk assessments had not always been reviewed regularly to ensure they were reflective of people's current needs. There were enough staff on duty to meet people's needs when required and the provider had conducted appropriate recruitment checks before staff started work at the service.

People received their medicines as prescribed and their Medication Administration Records (MARs) were up to date and accurate. People were protected from the risk of abuse because staff were aware of the potential signs to look for and could describe the action they would take if they suspected abuse had occurred. Staff underwent an induction when starting work for the service and received regular training and supervision to support them in their roles.

Staff treated people with kindness and compassion and sought consent from people when offering support. The provider worked in line with the requirements of the Mental Capacity Act 2005 (MCA) where people did not have capacity to make specific decisions about their care and treatment. However some improvement was required to clarify which health and social care professionals had been involved in making decisions in people's best interests where they lacked capacity. Legal authorisation had been sought to deprive people of their liberty where it was in their best interests, in line with the Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a balanced diet and had access to a range of healthcare professionals when required. Staff worked to ensure people's privacy was maintained and treated them with dignity and respect. People and their relatives were involved in decisions about their care and support, and people's support plans were person centred to ensure their individual needs were met.

The provider undertook a range of audits to improve the quality and safety of the service and action was taken in response to any identified issues. However improvement was required because the scope of the audits was not sufficient to identify some of the issues we found during this inspection. Staff and relatives told us that they felt the service was well led and that the registered manager was available to them when required and would take action to address any issues they had.

The provider had a complaints policy and procedure in place and relatives told us they knew how to raise concerns, although they had not formally needed to do so. Regular staff and residents meetings were held and the provider conducted an annual survey to seek feedback about the running of the service. We have made a recommendation that the provider considers additional methods for gathering feedback to ensure that people and their relatives are able to be fully involved in the development 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?

Improvements could be made to the safety of the service.

Medicines were administered correctly as prescribed but were not always safely stored. People's Medication Administration Records (MARs) were up to date but records of the disposal of medicines had not always been adequately completed.

Risks to people had been assessed and staff worked in line with people's risk management plans to ensure their safety. However, improvements were required because risk assessments were not always reviewed regularly to ensure they remained up to date.

People were protected from the risk of abuse because staff had received safeguarding training and knew the action to take if they suspected abuse had occurred.

There were sufficient staff on duty and deployed within the service to ensure people's needs were met. The provider conducted appropriate recruitment checks before staff started working at the service.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were aware of the importance of seeking consent from the people when offering them support. The service worked within the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, some improvement was required to clarify who had been involved in making some decisions in people's best interests, where they lack capacity to do so themselves.

Staff underwent an induction when starting work for the service and received regular training to ensure they were able to meet people's needs. Staff were also supported in their roles through regular supervision.

People had access to a range of healthcare professionals when required.

Requires Improvement ●

People had enough to eat and drink and were supported to maintain a healthy diet in line with advice given by external healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were comfortable in their interactions with staff and relatives told us the staff were kind and compassionate.

Staff treated people with dignity and worked in ways which ensure their privacy was respected.

Staff demonstrated a good understanding of the people they supported, including details of their life histories and the things they liked and disliked. People's cultural needs were recognised and supported by staff.

People were supported to make choices in the support they received and relatives confirmed they were involved in making decisions about their loved one's care.

Is the service responsive?

Good ●

The service was responsive.

People were supported to undertake a range of activities and pursue their interests.

The provider had a complaints policy and procedure in place and on display within the service. Relatives told us they were aware of how to make a complaint but they had not needed to do so.

People's support plans were person centred and reflected their individual needs and preferences. Staff were aware of the details of people's care plans and worked to meet people's individual needs.

Is the service well-led?

Requires Improvement ●

Some improvement was required to ensure the service was well led.

The provider conducted a range of audits and took action to address any identified issues. However the scope of audits was not always comprehensive and did not identify some of the issues we found during this inspection.

Relatives told us that the service was well managed and that the registered manager had an open door policy. The culture of the service was open and transparent and staff told us that the registered manager had motivated them to work well as a team.

The provider sought feedback from relatives through an annual survey and feedback about the service was positive. However whilst the service held regular staff and service user meetings to discuss the running of the service, relatives meetings had not been held which may help to drive improvements within the service. We have made a recommendation in this area.

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 19 January 2016 and was unannounced. The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed the information we held about the service and the provider. This included the Provider Information Return (PIR) which contains details about the running of the service submitted by the provider, and notifications about important events which the provider is required to send us by law. We also contacted the local authority commissioning team to request feedback. We used this information to help inform our inspection planning.

During our inspection we spent time observing the care and support being delivered to people, spoke with three relatives and one person's advocate, and with five members of staff, including the provider's area manager. We looked at records, including the care records of three people using the service, four staff member's recruitment records, information relating to staff training and supervision, and other records relating to the management of the service.

Is the service safe?

Our findings

People using the service appeared to be safe and relaxed in the company of staff throughout our inspection. Relatives we spoke with also told us they felt their loved ones were safe living in the home. One relative told us, "They are definitely all safe there; I visit three times a week and I've never seen a problem with the staff." Another relative said, "I feel very happy with the staff at the home. [Their loved one] is very safe there; I've spent time with the staff and they really do care." However, although relatives commented positively about safety within the service we found concerns relating to the safe storage and recording of medicines. We also found that people's risk assessments had not always been reviewed on a regular basis to ensure they remained up to date and reflective of their current needs.

There was a risk that medicines were not always safely stored within the service. Medicines were securely stored in locked medicine's cabinets in the registered manager's office. Staff had undertaken checks each morning of the temperature of the office, but we noted that the recorded temperatures were all very close to the maximum safe temperature for the safe storage of medicines. We reviewed the temperature of the office during the afternoon of our inspection and found that it slightly exceeded the maximum safe storage temperature. The staff member responsible for administering medicines on the day of our inspection was unable to correctly identify the maximum safe temperature for medicines storage when we asked them, despite their having undertaken relevant medicines administration training and having been assessed as being competent to do so. Therefore there was a risk that people could receive medicines which were ineffective because they were not stored at a safe temperature, and staff were not aware to take action when the maximum safe temperature was exceeded. We also found that detailed records relating to the disposal of medicines had not always been maintained because records of medicines returned to the pharmacist did not always include details of the person they had been prescribed to or the dosage. Therefore we could not be assured if the correct quantities of medicines had been disposed of.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report. Staff took action to reduce the temperature of the registered manager's office at the time of our inspection.

People's medication administration records (MARs) included a photograph and details of any allergies they had. We saw that MARs had been correctly completed by staff and that they were up to date and accurate when comparing them to the remaining stocks of people's medicines.

People's support plans included risk assessments which had been conducted in relation to a range of identified risks including moving and handling, medication, pressure care, eating and drinking, maintaining safety in bed, and risks relating to the provision of personal care. Risk assessments included details of control measures to be followed by staff to ensure the risks to people were minimised and we observed staff working in line with the guidance provided. For example one person's support plan included detailed guidance as to how they should be positioned when eating and we observed staff correctly positioning the person when supporting them during lunchtime. However, we found that improvements were required because risk assessments had not always been reviewed on a quarterly basis, in line with the provider's

policy, so we could not be assured that they were reflective of people's current needs. Since our inspection the provider has sent us information to confirm that people's risk assessments have been reviewed during the time since our visit, although we have been unable to check the detail of the reviews as part of this inspection.

People were protected from the risk of abuse. The provider had appropriate safeguarding procedures in place and we saw guidance on display for staff on the process to follow if they suspected abuse had occurred. Training records showed that staff had received training in safeguarding adults and this was refreshed on annual basis. Staff we spoke with were aware of the different potential types of abuse that could occur in a care setting and knew how to report any safeguarding concerns. They were also aware of the provider's whistleblowing policy and told us they would escalate any concerns they had to relevant external parties if they needed to. One staff member told us, "I would contact the local safeguarding team immediately if I had to, but I don't think it would come to that. The registered manager would always report any concerns we raised."

We observed that there were enough staff deployed within the home to meet the needs of the people using the service. Staff we spoke with told us that staffing levels enabled them to meet people's needs as required. One staff member explained that previously staffing levels in the mornings and evenings had been difficult because all the people living there required double handed support when getting up and going to bed. However, they told us that the staffing levels had been reviewed because of this, and an additional staff member had been brought in during these times. We reviewed the staff rota which confirmed that this additional support was in place.

Appropriate recruitment checks were conducted before new staff started work for the service. Prospective staff underwent a competency assessment when applying for their roles to determine whether they would be taken forward for interview. We saw an example of a recent applicant who had not scored highly in the assessment and senior staff confirmed that they had subsequently not been employed.

Staff files contained completed application forms which included information about each staff member's previous employment history and their qualifications. Files also contained suitable references, evidence of criminal records checks having been made and proof of identification. We also saw checks had been made of staff member's eligibility to work in the UK where required.

There were arrangements in place to deal with foreseeable emergencies. Staff we spoke with were aware of the action to take in the event of a medical emergency or a fire and told us regular fire drills had been conducted at the service. Records showed that staff had received training in fire safety and first aid, and we saw regular checks had been made of emergency equipment and the fire alarm system. We also saw that Personal Emergency Evacuation Plans (PEEPs) had been developed for each person which gave guidance to staff and the emergency service on the level of support required to evacuate them in an emergency.

Is the service effective?

Our findings

People using the service were unable to comment on whether staff sought consent when offering them support. However, staff were aware of the importance of seeking people's consent when supporting people where they had capacity to do so, and could describe how the types of non-verbal communication they looked for when supporting people to make non-complex decisions. One staff member told us, "Wherever possible, we offer people choices and support them to make decisions." Another staff member said, "Once you know them [the people using the service] it can often be quite clear what they do and don't like and we respect their decisions."

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.

Records showed that mental capacity assessments had been conducted and decisions made in people's best interests where the registered manager had reason to believe a person may not have the capacity to make a specific decision, in line with the MCA Code of Practice. For example we saw one person had been assessed as not having capacity to make a decision about the use of bed rails on their bed and that this decision had been made in their best interests. However, some improvement was required because whilst some best interest's decisions paperwork correctly identified a person's friends or family and a range of health and social care professionals as needing to be involved in the decision making process, it was not always clear from the way in which the information had been documented whether they had been consulted.

The registered manager had followed the requirements of the DoLS and had submitted applications to request the authority to legally deprive people of their liberty where this was in their best interests. We noted that authorisations were either still outstanding or had been granted too recently for the requirements of the conditions to have all come into force which meant we were unable to determine whether the conditions on authorisation had all been met.

People's relatives told us that staff working at the service had the skills and experience to meet their loved one's needs. One relative said, "The staff are well trained, kind and caring. I could not wish for better." Another relative told us, "I think they [staff] manage people with complex needs really well. We have no

complaints."

Records showed that staff received an induction when starting work for the service which included time spent familiarising themselves with the provider's policies and procedures, understanding the needs of the people in the service and completing the Care Certificate which helped to ensure that they were working to a nationally recognised set of standards. New staff also undertook a range of training in areas considered mandatory by the provider. Training areas included safeguarding, first aid, equality and diversity, manual handling, fire awareness, infection control and food hygiene. We also noted that staff undertook a range of training in more specialist areas in order to meet the individual needs of the people using the service which included training in specific medical conditions such as dysphasia, and the use of specialist medical equipment including a Percutaneous Endoscopic Gastrostomy (PEG) tube used for feeding.

Records showed that most staff were up to date in all mandatory training areas and we saw that the registered manager had a plan in place to address the small number of staff who were due refresher training in line with the provider's requirements. Staff we spoke with told us that the training provided gave them the skills needed to undertake their roles. One staff member told us, "I've had a lot of training; it's been very thorough." Another staff member described how they had found much of the specialised training very helpful as it had given them new skills.

Staff were supported in their roles through regular supervision and annual appraisal of their performance. Staff we spoke with told us that they found supervision to be helpful in support of their roles. One staff member explained, "My supervision sessions help me to understand and focus on the requirements of my job." Another staff member said, "I have supervision regularly and the manager is very supportive." Records confirmed that staff were supervised on a regular basis and we saw that staff who had worked for the service for more than 12 months had received an annual appraisal.

People's hydration and nutritional needs and preferences were met. Whilst people could not directly communicate their meal preferences to staff, staff we spoke with were aware of the importance of offering people choices at mealtimes and were aware of the things people did not like to eat. We saw information was available to staff which included guidance from healthcare professionals such as a Speech and Language Therapist (SALT) which ensured meals were prepared to safely meet people's needs. People's support plans included details of their likes and dislikes and any allergies they may have. Staff we spoke with were aware of the details of people's eating and drinking support plans and we observed staff preparing meals and offering appropriate support to people at mealtimes in line with their support planning. Relatives also spoke positively of the food provided to people at the service. One relative highlighted the Christmas meal that staff had recently prepared, commenting on the time and effort that had been put into it by staff.

People were supported to access a range of healthcare professionals including a GP, dietician, District Nurse, Neurologist, Dentist and epilepsy nurse. Each person's care file contained information which staff told us accompanied them when they attended hospital which contained key information about their needs, likes and dislikes to ensure hospital staff were aware of how best to support them. Staff we spoke with confirmed that they supported people to attend appointments with healthcare professionals whenever required and this was confirmed by relatives we spoke with. For example one relative told us, "When [their loved one] had a hospital stay, staff were there to provide support."

Is the service caring?

Our findings

Relatives we spoke with told us that staff at the service treated people kindly and with consideration. One relative said, "The staff are brilliant; they're all compassionate." Another relative told us, "They [the staff] are so caring and welcoming. Everyone is really well looked after." A third relative explained, "I've never had concerns with the staff; they are very committed to everyone that lives here."

People using the service were unable to communicate their views to us about the support they received, but we observed staff treating them with care and sensitivity. Staff demonstrated a good understanding of people's needs and spoke to them in a friendly and respectful manner when offering support. One staff member we spoke with told us, "I'm always careful to explain the support I'm going to provide anyone before I do anything to make sure they're as comfortable as possible with everything that I do." We saw people responded positively to the company of staff at the atmosphere within the service was relaxed and friendly.

Staff we spoke with were aware of people's life histories as well as their likes and dislikes, and the people that were important to them. We saw that staff were familiar with people's conditions and moved promptly to support people where required. For example, we observed one staff member reacting quickly, having identified the possibility of one person having a seizure by moving close to them and giving them calm reassurance.

Staff told us that they encouraged people to make choices about their support wherever possible, for example by using communication tools such as an pictorial objects of reference board which helped people to visually identify their preferences in areas such as eating and drinking. Relatives we spoke with also confirmed that they were involved in making decisions about the support their loved ones received. One relative told us, "I feel really involved; the staff keep me up to date with everything that's been happening and have made changes to [their loved one's] day to day care based on our discussions." An advocacy service was available to people if required and we spoke to a visiting advocate on the day of our inspection who told us, "Staff have always been attentive to the service users when I've visited."

People's spiritual and cultural backgrounds were considered and respected by the service to ensure their needs were met. People's cultural dietary needs had been considered and planned for, and staff we spoke with were aware of people's cultural backgrounds and any specific needs they had. They told us that they worked with relatives to ensure these were met.

People's privacy and dignity were respected. Staff we spoke with described how they worked to promote people's privacy, for example by knocking on people's doors before entering their rooms and ensuring doors and curtains were closed before offering support with personal care. One staff member told us, "I treat people here, the way I would want to be treated." A visiting relative said, "They [the staff] treat the people here with respect and dignity, and are always approachable and courteous." Throughout our inspection we saw staff treating people respectfully and working in ways that promoted their independence.

Is the service responsive?

Our findings

Relatives we spoke with told us they believed the service was responsive to people's needs. One relative said, "They [the staff] keep me up to date and I couldn't fault the support they provide. They're very much on the ball." Another relative told us, "Staff have always answered any questions we've had about the care and we've always attended the reviews," and a third relative also confirmed that they had been involved in reviews of their loved one's care, stating, "This home and staff are very responsive."

Staff we spoke with confirmed that people's support planning was personalised and reflective of each person's individual needs and preferences, and this was confirmed by the records we reviewed. The plans offered detailed guidance for staff on key areas in which people needed support including communication, promoting good health, continence, personal care, mobility, and any support needed for specific medical conditions such as epilepsy or asthma.

We noted that guidelines within people's support plans focussed on offering choices wherever possible, as well as ensuring their privacy and dignity were respected and their safety maintained. For example, one person's support plan for getting dressed highlighted the need for staff to offer them choices in what to wear whilst always considering the weather conditions, reminders to ensure doors and curtains were closed when supporting them to get dressed, and guidance on how to dress them without causing discomfort.

People were supported to take part in a range of activities which included attending day centres, aromatherapy, music sessions, going shopping, and visits to the cinema and local swimming pool. Relatives spoke positively about the activities on offer at the service and we observed people's enthusiastic reaction to discussions about their visits to a day centre on the day of our inspection.

People were supported to maintain relationships that were important to them. Visitors were welcome at the service at any time and the interactions between visiting relatives and staff on the day of our inspection were friendly and open. Relatives we spoke with confirmed that they were able to visit as often as they wished. One relative told us, "The staff are great. I'm welcomed with open arms whenever I visit." Another relative told us that they visited several times a week and were always welcome.

People were unable to tell us whether they had any concerns about the service but their relatives told us that they would be comfortable to raise any issues they had with the registered manager. They also told us that they were confident the registered manager would take action to address any concerns they had but they were currently very happy with the service provided. One relative told us, "I have no concerns at all," and this comment was reflective of all the feedback we received. The complaints log did not contain any record of recent complaints having been raised. The provider had a complaints policy in place which provided people with details of the process the service would follow if a complaint was received. Staff we spoke with were aware of how to escalate any concerns they received to the registered manager if they could not resolve them promptly but told us they had not had to do so.

Is the service well-led?

Our findings

Although people using the service were unable to communicate their views on leadership within the service, their relatives we spoke positively about the registered manager and the way in which the home was run. One relative told us, "The registered manager is really lovely and she has completely turned this place around for the better. I am very happy with everything she is great." Another relative said, "I can talk to her [the registered manager] about anything, she always takes time to listen." However aspects of the service were not well-led.

The service undertook a range of checks and audits which covered areas including support planning, medicines, health and safety, infection control, staffing and the management of people's finances. However, the scope of some of the medicines audits required improvement because it did not consider whether medicines were stored within a safe temperature range unless they needed to be stored in a refrigerator, which was an issue we had identified during our inspection.

Actions plans had been put in place to address any issues that had been identified during audits and we saw that this had resulted in improvements in some areas. For example we saw monitoring forms had been completed relating to one person's nutrition and hydration which had been identified as an issue during a recent audit. We also noted that the directions for the administration of a particular medicine for one person had been corrected after an audit had identified conflicting information on the person's MAR and the prescription label on the medicine.

Staff spoke highly of the registered manager and told us that the culture of service had improved. One staff member explained, "When I started here I was quite laid back in my attitude but the registered manager has given us focus to do the best job we can for people living here. I'm very happy to be a part of the team." Another staff member told us, "We all work well together. The registered manager works very hard and is involved in everything we do. She's always available if we need to talk to her."

Staff told us that they attended regular staff and service user meetings to discuss aspects of the service and how improvements could be made to the running of the home. Meeting minutes showed areas discussed included shift planning, team working, people's health issues and activities. Handover meetings were held by staff between each shift to ensure that all staff were aware of the current condition of people's health, their daily needs and any activities they may be involved in. One staff member told us, "The meetings we hold are really helpful and make us all feel involved in how the service is run." However, relatives we spoke with told us they were not involved in any meetings where they could discuss the service as a whole and help drive improvements. For example, relatives commented that it would be nice to see some improvements made to the bathroom, and one relative told us that they hadn't brought up this general issue with the registered manager when talking about their loved one's care on a one to one basis although they might have discussed it at a group meeting.

We recommend that the provider considers additional methods for gathering feedback to ensure that people and their relatives are able to be fully involved in the development of the service.

The service conducted an annual survey which was sent out to people's relatives to gain their views on the service and the quality of the care provided to their loved ones. Whilst the response to the most recent survey had been limited, the feedback had been positive. Relatives we spoke with also told us that they were able to provide feedback informally to the registered manager whenever they wished, and that they were confident that she would take action to address any concerns they had. They also told us that the service had improved under the current leadership. One relative explained, "The new manager is great and has really turned things around now. I had a lot of concerns at one point, but not now. I am really happy the way things have turned out."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always safely stored and records relating to the disposal of medicines were not always accurately recorded.