

MCCH

146 Lower Robin Hood Lane

Inspection report

Walderslade
Chatham
Kent
ME5 9LB

Tel: 01634200335
Website: www.mcch.co.uk

Date of inspection visit:
11 August 2016

Date of publication:
25 October 2016

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

The inspection was carried out on 11 August 2016. The inspection was unannounced. At the previous inspection on 26 and 27 May 2015 we made a number of recommendations relating to involving people with complex support needs in the choice of their food, and, staff deployment at mealtimes. At this inspection we found that improvements had been made.

146 Lower Robin Hood Lane provides accommodation for people who require personal care. The accommodation is a large bungalow providing support for up to five people with learning and physical disabilities and complex communication needs. Some people were not able to communicate using speech and used body language, signs and facial expressions to let staff know how they were feeling. At the time of the inspection there were four people living at the service receiving support.

At the time of our inspection the manager had been in post since the previous registered manager had left the service to manage another of the provider's homes in January 2016. The manager had applied to the Care Quality Commission to become the 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 Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, the manager had not applied for DoLS authorisations for people living at the service, however they had planned to and they had spoken to their line manager about this. People living at the service were under constant supervision from staff to keep them safe. We have made a recommendation about this.

The manager and the management team understood their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments and decisions made in people's best interest were recorded. People were asked their consent before any care or support was given.

People told us they felt safe and observations showed that staff knew people well and understood their communication needs. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Systems were in place to ensure people were protected from the risk of financial abuse. Risks to people's safety had been assessed and measures put in place to manage any hazards identified. The premises were maintained and checked to help ensure the safety of people, staff and visitors. The fire risk assessment had not been reviewed by a qualified and competent person. We have made a recommendation about this.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely. Medicine audits were regularly carried out by the manager and the assistant team leader.

There were enough staff with the right skills and knowledge to meet people's needs. Staff received the appropriate training to fulfil their role and provide the appropriate support. Staff were supported by the management team who they saw on a regular basis. Staff worked well as a team and felt supported by one another. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

People were treated with kindness and respect. People's needs had been assessed to identify the care they required. People's individual care and support plans were person centred and gave staff the information and guidance they required to give people the right support. Detailed guidance was available for staff to follow to support people who displayed any behaviour which caused a risk to themselves or others. People had clear communication plans and guidance in place to ensure staff were able to communicate effectively with them.

People had access to the food that they enjoyed. People's nutrition and hydration needs had been assessed and recorded. People were encouraged and supported to be as independent as possible. People were supported to remain as healthy as possible with the support of healthcare professionals.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and their loved ones and reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff about how to meet people's needs including any specialist support needs. Innovative ways were used to ensure people were able to maintain contact with people that mattered to them.

People participated in activities of their choice within the service and the local community. There were enough staff to support people to participate in the activities they chose.

Processes were in place to monitor and improve the quality of the service being provided to people. The provider had a vision and set of values which were followed and implemented by the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People and their finances were protected from the potential risk of abuse.

There were enough trained staff to meet peoples assessed needs.

Safe recruitment practices were followed to ensure staff were suitable to work with people who required care and support.

Risks to people and the environment were managed safely.

People received their medicines safely as prescribed by their GP.

Is the service effective?

Good ●

The service was effective.

People were provided with a suitable range of nutritious food and drink that they enjoyed.

People were supported to remain as healthy as possible.

Detailed guidance was available to support staff to meet people's communication needs.

Staff were trained to meet people's needs including their specialist needs. Staff received the support and guidance they required to fulfil their role.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and used these in their everyday practice.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy, dignity and independence were maintained.

People's personal preferences were recorded. Staff knew people well and were aware of their likes, dislikes and personal histories.

People were supported to maintain relationships with people that mattered to them.

Staff followed the providers vision and set of values for people.

Is the service responsive?

Good ●

The service was responsive.

People were offered a range of activities to meet their individual needs and preferences.

People's needs were assessed, recorded and reviewed on a regular basis.

People were included in decisions about their care.

The complaints procedure was available and in an accessible format to people using the service.

Is the service well-led?

Good ●

The service was well-led.

The manager was supported in their role by a senior manager.

There was a positive and open culture within the service.

There were effective systems for assessing, monitoring and developing the quality and safety of the service.

People's views were actively sought and acted upon.

146 Lower Robin Hood Lane

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 11 August 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the service does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with one person about their experience of the service. We spoke with one support assistant, the assistant team leader and the manager to gain their views. We asked four health and social care professionals for their views about the service. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at people's records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at two people's care files, two staff record files, the staff training programme, the staff rota and meeting minutes.

Is the service safe?

Our findings

One person told us they felt safe living at the service. A health care professional said, "At the time of my visit I found the service to be safe." People living at the service had lived with each other for a number of years. Observations showed that people were at ease with each other and staff, by smiling, holding out their hands to greet people and gestures. Staff knew the people well and were able to recognise their signs of anxiety or upset through behaviours and body language.

People were protected from the potential risk of abuse. Staff were able to describe the potential signs of abuse and the action they would take if they suspected abuse, such as contacting the local authority safeguarding team or the providers anonymous whistle-blowing line. Staff followed a safeguarding policy and procedure, and received annual training in safeguarding of vulnerable adults from harm and abuse. People were protected from the risk of financial abuse. People's money was kept within cash pouches with tamper tags, and every purchase made checked and receipted. Daily checks took place of people's cash pouches and a monthly check took place checking the recorded entries against the receipts. Systems were in place to ensure that people were protected from financial abuse.

Potential risks to people in their everyday lives had been assessed and recorded. For example the use of walking aids, support with personal care tasks, monitoring people's health, medicines and accessing the community. Each risk had been assessed on an individual basis and recorded any identified potential hazards, the types of harm the person could come to and the safety measures that had been put into place. The risk had then been reviewed following the implementation of the safety measures. A record was kept of any further action that was required for example, more frequent review or additional training for staff.

The premises and equipment were maintained and checked to help ensure the safety of people, staff and visitors. Records showed that portable electrical appliances, gas safety inspection and the general electrics were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. A weekly safety check was completed which included a walk around of the building to monitor any safety hazards. A system was in place to monitor and record any maintenance issues that were found within the service. These were acted on and completed quickly once they had been identified. For example staff had reported a fault on a person's wheelchair which was repaired during our inspection.

A fire risk assessment was in place and an evacuation plan which was to be followed in the event of an emergency. However this had been completed in 2008 by a qualified and competent person. Although the risk assessment had been reviewed annually by a member of the management team, they had not received appropriate training, support or guidance to ensure this was still effective and keeping people safe.

We recommend that the provider arranges for a suitably qualified person to update and review the fire risk assessment.

People's safety in the event of a fire had been assessed and recorded. People had a personal emergency

evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person has to ensure they can be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been carefully considered and recorded.

Environmental risks to people and staff had been assessed and recorded which included guidelines for staff to follow. The risks for example covered legionella, first aid and the environment. A system was in place to ensure these were reviewed on a regular basis. People could be assured that any potential risks to them or others had been assessed and reduced following the control measures.

Accident and incidents were recorded via an online system called 'Recordbase'. Staff completed a paper copy of any accident or incident and this was then transferred onto the online system by a member of the management team. The system was able to identify any patterns or trends that had occurred. The system also alerted senior members of the management team if an action plan had been generated following the accident.

There was enough staff on duty to offer the right support to meet their needs. The manager told us they had recently used a plotting system which identified the key times for staff deployment. As a result additional staff were put on duty to support people with activities in house and within the local community.

Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained. Staff were given a job description which outlined their role and a contract of employment. Each member of staff had a personnel checklist in place which enabled the manager and the provider's HR department to track each member of staff and ensure the correct documentation was in place.

The provider had a clear disciplinary policy and procedure in place which the manager would follow if staff were not fulfilling their role as expected.

Medicines were managed safely and staff followed a medicines policy and procedure. A process was in place for the storing, ordering, obtaining and disposing of people's prescribed medicines. The manager had appointed a designated member of staff who had the responsibility for ordering people's medicines. The records were up to date and had no gaps showing and all medicines had been signed for. Any unwanted medicines were disposed of safely. Medicine audits were carried out on a monthly basis by a member of the management team. These processes gave people assurance that their medicines would be administered safely.

Staff were trained in the administration and handling of medicines and completed a competency check with a member of the management team which included observations before they were 'signed off' as competent. Staff completed an annual assessment workbook detailing the administration of medicines. Some people had "As and when required" PRN medicines. Protocols and guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions.

Is the service effective?

Our findings

One person told us they chose what they ate and enjoyed the dinners. Some people had complex health needs and did not use verbal communication to communicate their choices. People had a record of the food they liked and disliked, this was created from staff observing people's reactions and body language whilst eating a variety of food. A Speech and Language Therapist (SALT) told us the staff had been responsive to the needs of the people living at the service regarding support with eating and drinking. They said, "Staff demonstrate a good awareness of eating and drinking difficulties, and the eating and drinking needs of their clients."

At the previous inspection we found that the staff had not been deployed effectively at mealtimes to give people the support they required. People had not always been offered choices regarding their meals. At this inspection we found that improvements had been made, there were enough staff to meet people's needs and people were fully involved in the choice of their food. .

People who had specific health needs relating to nutrition and hydration were supported by the local SALT team. Guidance was in place for staff to follow to ensure people remained healthy and hydrated. A record was kept of people's food and fluid intake. There was also information about the action staff should take if people were not drinking enough such as offering people fruit smoothies, or offering food which have a high water content.

People were supported to remain as healthy as possible, and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Each person had a record of annual health and review appointments which was kept within their support plan. This enabled staff to see which reviews were coming up and appointments that required booking. All appointments with professionals such as the doctor, community nurse, dentist and physiotherapy had been recorded with any outcome. Future appointments had been scheduled for people to attend.

Staff had created 'Hospital passports' for people to use when they visited hospital. These detailed people's health conditions and information that hospital staff needed to support the person. Hospital passports enable people to receive consistent support.

People had clear communication plans which detailed the individual support people required from staff. The plans included for example, 'How I communicate' and 'The best way to communicate with me.' People that had behaviour which could challenge themselves or others had detailed plans for staff to follow. These behaviour support plans included the headings, when things are going well, when behaviour might happen and what to do following an incident. Staff had sought the advice from the providers 'Positive Behavioural Support Team' when they noticed a change in a person's behaviour and to support the team to meet people's sensory needs. Staff had the information, support and guidance they needed to give people the right support.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give

people the right support. New staff completed a week-long induction at the providers head office before starting work at the service. New staff worked alongside more experienced staff within the service before working unsupervised and followed an in-house induction plan which detailed the specific needs of the people living at the service. Staff had been trained to meet people's specialist needs for example, Parkinson's training. The manager had been in contact with a local organisation for information to support people who had a visual impairment and had organised a sensory training session at the next team meeting. Staff told us they received the training they required to fulfil their role and meet people's needs. The manager said, "The training offered is outstanding."

Staff told us they felt supported in their role by the manager and assistant team leader. Staff received regular supervision meeting in line with the providers' policy. The meetings provided opportunities for staff to discuss their performance, development and training needs. The management team also carried out annual appraisals with staff titled 'The Best I Can Be'. Staff were able to discuss their working practices, receive feedback on their performance and set goals for the forth coming year. The manager told us they felt that there were opportunities to progress and develop within the organisation.

The management team and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand and use these in practice. Staff offered people choices throughout our inspection such as a choice of nail varnish colour, food choice for lunch and a choice of where people wanted to spend their time whilst at home. Mental capacity assessments had been completed with people for less complex decisions such as, consent to personal care, consent to taking medication, support with finances and purchasing specific items. A best interests meeting (BIM) had taken place with people, the relevant health care professionals and family members before a decision was made. Staff were observed asking people for their consent before they offered support and continued to gain consent throughout the activity.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People living at the service were constantly supervised by staff to keep them safe, however applications had not been made to the local authority to ensure that this constant supervision was lawful. The manager told us that she had spoken to her line manager about this and had planned to complete the applications on the day of our inspection.

We recommend that the provider reviews their policies relating to DoLS to ensure applications are made when needed to ensure any constant supervision is lawful.

Is the service caring?

Our findings

One person told us they enjoyed living at the service and said the staff were friendly. Some people were unable to tell us about their care and support because of their complex needs so we observed staff interactions with people and observed how the staff responded to people's needs.

Staff acknowledged people and spoke to them as they walked through a room. Staff who were coming into the service greeted people on an individual basis. A health and social care professional told us that they felt the staff were caring towards people when they visited the service.

Throughout our inspection we saw that people were treated with respect and that the staff took appropriate action to protect people's privacy and dignity. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity such as covering people up and maintaining confidentiality.

People's support plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about people's backgrounds. One person's life history information included details about their family, where they were born, important life events, childhood information and celebrations. Staff were in close contact with people's family and friends who were all involved in helping people to write their support plans. Staff knew people well with many staff having worked at the service for a number of years. People were supported to remain as independent as they wanted to be. For example, we observed staff using aids to enable people to eat their food independently. This information was included within the person's guidelines for staff to follow.

When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to spend time in their bedroom listening to music and in the lounge watching TV which was respected by staff. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to. Staff supported one person to keep in contact with their family who lived in another country via skype meetings using an iPad.

The provider had a clear vision and set of values which were known and embedded by the staff team, these included respecting people as individuals, valuing people for who they are and enabling people to live the life they choose. Records were up to date with people's changing health needs, held securely and were located quickly when needed.

Is the service responsive?

Our findings

One person told us how they had chosen to go on holiday abroad which the staff were supporting them to do. A health and social care professional told us that they felt the service was responsive to people's needs.

People were supported to participate in a range of activities they enjoyed in-house and out in the local community. A weekly activity planner was in place to guide staff to support people with an activity. The activity planner was used as a guide and we saw people being offered an alternative choice of activity which they preferred. Each person had an individual daily diary which was used to record what had taken place during that day. In-house activities included pamper sessions, baking and aromatherapy. Community activities included bowling, the cinema and lunch out with friends.

People's needs were assessed by the local authority prior to an assessment by a member of the management team. People living at the service had lived there for a number of years. The provider had a transition package in place for any potential new people moving into the service. This included a number of visits to the service to enable people to meet and get to know each other.

People's support plans had been developed with them and their families from the initial assessments completed by the local authority. People who had complex health needs were supported by staff who had worked with them for a number of years and knew them well. Staff used observations with people during different activities to inform others how people wanted their needs to be met. People's support plans and guidelines contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, mobility support and any health condition support. People's support plans were person centred, they detailed what people were able to do for themselves and what support they required from the staff team. Staff knew about people's needs and the care and support they required.

People's support plans and guidelines were reviewed with them or their family on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. People had a monthly meeting with their key worker to discuss what had taken place over the past month and review the support plans that were in place. A key worker is a designated member of staff who has the responsibility for reviewing and updating people's plans that were in place. People's healthcare plans had been reviewed with the relevant healthcare professional. For example, a review of people's medicines had been completed with their GP.

The provider had produced an accessible audio complaints procedure for people with complex health needs. This was played to people living at the service at a recent service user meeting in August 2016. Staff knew people well and understood each person's communication methods if they were unhappy. A process to respond to and resolve complaints was in place. Information about how to make a complaint was available to people and their representatives in a number of different formats. There had not been any formal complaints since the last inspection.

Is the service well-led?

Our findings

The service had a manager in place who had applied to become registered with the Care Quality Commission. We saw that people knew the manager and looked comfortable in their presence through their body language and facial gestures. One person told us the manager was nice. A member of staff said, "Lisa (manager) is a breath of fresh air." The manager was supported by an assistant team leader who had worked at the service for a number of years and knew people very well. The manager was supported by a senior operations manager (SOM) who she saw on a regular basis. The manager said their SOM was "Really supportive."

Observations with people, staff and the management team showed there was a positive and open culture between people. There was an ethos of open communication where people, and the staff that knew them well were fully involved in the running of the service. People's views about the service were sought through meetings, reviews and survey questionnaires. These were written in a way that people could understand. Annual satisfaction surveys were sent out to people and their relatives. People and those acting on their behalf had their comments and complaints listened to and acted upon.

Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people. The manager made sure that staff were kept updated regarding people's care and support needs and about any other issues. Regular team meetings were held so staff could discuss practice, give their views about the service and suggest any improvements. Staff handover's between shifts and a communication book was used to highlight any changes in people's care and support needs, this ensured staff were aware of any changes in people's needs and had up to date information to support people.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the manager on a monthly basis and the SOM on a quarterly basis, including health and safety, medicines management, finances and an audit of people's files. These audits generated action plans which were monitored and completed by the management team. Feedback from the audits were used to make changes and improve the service provided to people. Records were up to date, stored securely and were located quickly when needed.

The provider had a clear vision and set of values for the organisation and service. These were described in the Service User Guide and Statement of Purpose which had recently been reviewed. These documents about the service and organisation were given to people and their representatives and were available providers' website. These documents helped people to understand what they could expect from the service.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. The manager would use these policies if staff were not completing their role and responsibilities. Staff knew where to access the information they needed.