MCCH Society Limited

Samuel Close (1,2,3)

Inspection report

1-3 Samuel Close
Woolwich
London
SE18 5LR

Tel: 02088550332
Website: www.mcch.co.uk

Date of inspection visit:
01 February 2016
03 February 2016

Date of publication:
01 March 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

This inspection took place on 1 and 3 February 2016 and was unannounced. We last inspected Samuel Close on 31 January 2014. At that inspection we found the service was meeting all the regulations that we assessed.

Samuel Close provides accommodation and personal care for up to 17 people with learning disabilities. It is set in a small cul-de-sac and is made up of three units. At the time of this inspection the service was providing care and support to 15 people.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 relatives of people using the service told us their relatives were safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work. Risks to people were assessed and care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of the people they supported and they received regular supervision and annual appraisals of their work performance. People were provided with sufficient amounts of nutritional food and drink to meet their needs. People had access to a GP and other health care professionals when they needed them. The manager and staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People and their relatives, where appropriate, had been involved in planning for their care needs. Relatives told us they were aware of the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The manager recognised the importance of regularly monitoring the quality of the service provided to people. Staff said they enjoyed working at the service and they received good support from the manager. There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

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. There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. Staff told us there was always enough staff on duty to meet people's needs.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

People's medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Good

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

Peoples care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other health care professionals when they needed them.

Is the service caring?

Good

The service was caring. Staff treated people using the service in a caring, respectful and dignified manner.

People using the service or their relatives, acting on their behalf, had been consulted about their or their relatives care and support needs.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

Each person using the service had a program of activities.

The relatives of people using the service knew about the services complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good

The service was well-led. There was a registered manager in post. Staff said they enjoyed working at the service and they received good support from the manager.

There were systems in place to monitor the quality of the service.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

Samuel Close (1,2,3)

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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection was carried out by three inspectors on 1 February and one inspector on 3 February 2016 and was unannounced. We spent time observing the care and support being provided to people using the service. We looked at five people's care records, staff training and recruitment records and records relating to the management of the service. We spoke with two people using the service, the relatives of three people using the service, six members of staff and the manager. We also asked a visiting health care professional and the local authority that commissions the service for their views about the service.

Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

The relatives of people using the service told us their relatives were safe. One relative said, "My daughter is safe, there are always enough staff to look after her." Another relative told us, "My daughter is well looked after and safe here."

The service had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". The manager was the safeguarding lead for the service. We saw a whistleblowing and safeguarding adult's flow chart that included the contact details of the local authority safeguarding adult's team and the police. The manager told us this flow chart provided guidance for staff on whistleblowing and reporting safeguarding concerns. Staff told us they were aware of the whistle-blowing procedure and they would use it if they needed to. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The manager said they and all staff had received training on safeguarding adults from abuse. The training records we saw confirmed this.

At the time of this inspection there was an on-going safeguarding concern being investigated by the local authority that commissions services from the provider. The local authority told us they had no concerns with the service and the manager had been responsive and always reported and investigated any incidents in an open and transparent way.

Recruitment checks took place before staff started work. Staff told us they went through a thorough recruitment and selection process before they started working at the service. The manager told us that recruitment records were held at the organisation's head office. They showed us staff information sheets held at the service. These sheets included criminal record check reference numbers and recorded that all other required pre-employment checks had been obtained by the human resources team. A member of the provider's human resources team confirmed that all staff had completed application forms that detailed their full employment history with explanations for any breaks in employment and they had obtained criminal record checks, two employment references, health declarations and proof of identification.

The relatives of people using the service, staff and the manager told us there were always enough staff on duty to meet people's needs. A relative said, "There is always plenty of staff around, even at weekends when we visit my daughter unannounced. There is never a shortage of staff." Four staff told us there were sufficient staffing levels in each unit. The manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. They said if extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged.

Action was taken to assess any risks to people using the service. We saw that people's care files included risk assessments for example on mobility, absconding, damage to property, bathing and showering and eating and drinking. Risk assessments included information for staff about the actions to be taken to minimise the risks occurring. We saw personal emergency evacuation plans for all of the people using the service. These

took account of people's specific needs and how they would be evacuated in the event of an emergency such as a fire at the service. Peoples care files also included guidance for staff where people needed particular support. For example, the circumstances where staff should administer "as required" medicines or call an ambulance if a person presented a specific medical condition. Staff were able to describe accurately the information as set out in the risk assessments and care plans. This showed they were aware of people's individual risks and knew what to do to keep them safe.

Staff knew what to do in the event of a fire and told us that regular fire drills were carried out. We saw a folder that included a fire risk assessment for the service and records of weekly fire alarm testing, servicing of the alarm system and reports from fire drills. A first aid box and fire instructions were seen in each block. Training records confirmed that all staff had received training in fire safety and first aid.

Medicines were stored securely in locked cabinets in each unit at the service. The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. Medicines folders were clearly set out and easy to follow. They included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, information about their health conditions and any allergies. They also included the names, signatures and initials of staff qualified to administer medicines. We checked the balances of medicines stored in the cabinets in each unit against the MAR for five people using the service and found these records were up to date and accurate, indicating that people were receiving their medicines as prescribed by health care professionals. The manager told us that all staff had received training and annual competency assessments on the administration of medicines. Training records confirmed this.

Good

Is the service effective?

Our findings

A relative of a person using the service said, "The staff really know what they are doing. Not just for my daughter but for everyone who lives here." Another relative told us, "I have worked in social care and had lots of training so I know the staff that work here have been very well trained to do the job."

Staff had the knowledge and skills required to meet the needs of people who used the service. The service supports people with complex communication, profound learning disability and physical disabilities. A training matrix showed that staff had completed training that the provider considered mandatory. This training included health and safety, first aid, fire safety, equality and inclusion, safeguarding adults, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed that staff had also completed training relevant to the needs of people using the service, for example, administering medicines, moving and handling, epilepsy, dysphagia and crisis intervention and prevention.

Staff told us they had completed an induction when they started work and were up to date with their training. One member of staff told us, "I had a good induction. I was given time to get to know people using the service and read their care plans." Another said, "The organisation provides staff with good training and supports staff to develop and progress in their careers." A third member of staff told us, "We get endless training. I am up to date with all of mine. I am going to be doing refresher training this year." Staff said they received regular supervision, an annual appraisal and they were well supported by the manager. Records seen confirmed that staff were receiving regular supervision and an annual appraisal of their work performance.

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. The manager demonstrated a good understanding of the MCA and DoLS. They told us if they had any concerns regarding any person's ability to make decisions they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005. At the time of our inspection we noted that five DoLS applications had been authorised by the supervising body (the local authority) to deprive people of their liberty for their protection. The authorisation paperwork was in place and kept under review and the conditions of the authorisations were being followed.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. We noted that the kitchens in each unit were clean and well-kept and had been awarded a five star food hygiene rating. We observed how people were being supported and cared for at breakfast time. The atmosphere in the dining areas was relaxed and not rushed and there was plenty of staff to assist people where required. We saw pictorial menus were displayed on notice boards in the dining rooms in each unit for people to make their choices from. We saw staff offering a people a choice of cereal's and drinks. People's care plans included assessments detailing their dietary requirements, the food they liked and disliked, food allergies and the support they required from staff at meal times.

Staff were aware of people's dietary needs and how to support them to eat and drink safely. We saw a member of staff supporting one person who had been assessed as at risk of choking. This person was able to eat independently whilst being observed by the member of staff. The member of staff told us what action they would take if the person began choking or started to cough. We saw these actions corresponded with what was recorded in the person's risk assessment and guidelines drawn up by a speech and language therapist.

People had access to a GP and other health care professionals when needed. GP and healthcare professional's visits were recorded in all of the care files we looked at. A health care professional told us they had been visiting the service for 23 years and there were never any problems. The staff knew what they were doing and always did their best. They said, "It's one of the best care homes I've seen." Each person using the service had a health profile which contained important information about their health care needs and conditions. A member of staff told us that the profiles were taken with people using the service to health care appointments. Any advice received from health care professionals was recorded and passed onto the manager and all staff. For example, following one person's appointment with a physiotherapist, a recommendation had been made for them to have a tilting chair and attend hydrotherapy sessions. We saw that this person was attending regular hydrotherapy sessions and they had a tilting chair in the lounge. Their care plan had been updated accordingly. People also had hospital passports which outlined their health and communication needs for professionals when they attended hospital.

Good

Is the service caring?

Our findings

The relatives of people using the service told us staff treated them and their relatives in a respectful and caring way. One relative said, "I visit my daughter three or four times a week. The staff are brilliant, kind and caring people. They are always there if I need them. They even pick me up from home sometimes, bring me here and drop me off again." Another relative told us, "I cannot praise the staff enough. They treat me and my sister with respect always. They take all of the worry out of my life by the way they look after her." A third relative said, "My relative is very happy there. He is always well presented, looked after and cared for." A health care professional told us, "This place doesn't feel like it's a care home. The staff here are very caring."

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. Staff appeared to know all of the people using the service well. They were observed to give people time and space to do the things they wanted to do. Support was delivered by staff in a way which met people's needs, for example staff were observed engaging with people in conversation and activities such as reading newspapers and completing jigsaw puzzles. We saw one person ask to go out for a walk using nonverbal cues which the staff understood and responded to this request.

Staff told us how they made sure people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms. We observed staff knock on doors and ask if it was okay to come in before entering people's rooms. Staff told us they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. Staff also told us they made sure information about people using the service was kept confidential at all times. We saw that confidential information about people using the service was kept in locked offices in each unit.

The relatives of people using the service told us they had been consulted about their relatives care and support needs. One relative told us, "I have always been involved in planning for my sons care and support needs. I get to all of his review meetings when I can. The manager always sends me the notes from the meetings and they let me know how he is getting on." Another relative said, "I have attended my sisters care plan and review meetings. She could not be better looked after. I was very anxious when she moved there, but it's been great."

People using the service and their relatives were provided with appropriate information about the service in the form of a 'Service user's guide'. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The manager told us this was given to people and their relatives when they started using the service.

Good

Is the service responsive?

Our findings

The relatives of people using the service told us the service met their relatives care and support needs. One relative told us, "The manager and staff are great, they know everything about my sister and what they need to do for her." Another relative said, "The staff know my daughter and accommodate all of her needs."

Assessments were undertaken to identify people's support needs before they moved into the service. We looked at five peoples care files and found detailed pre-assessment documents in all. The files also included care and health needs assessments, care plans, risk assessments, capacity assessments and, where appropriate, Deprivation of Liberty Safeguards authorisations and associated paperwork.

Information contained in the care files indicated that people using the service, their relatives, keyworkers and appropriate healthcare professionals had been involved in the care planning process. One relative told us, "We attend the reviews and discuss our relative's needs. We can tell the manager and staff what we think needs to be done for him but to be honest they cover a lot. We can request a meeting with the manager if we need to and he will set that up and listen to what we have to say." Another relative told us their daughter had a problem with swallowing and was at risk of choking. They visited three days each week to help their daughter to eat and drink at meal times. They told us the staff had received training on how to support their daughter with eating and drinking and were aware of how to prepare their daughters food and drinks.

Care plans and risk assessments included detailed information and guidance for staff about how people's needs should be met. Care plans were reviewed regularly and reflected any changes in people's needs. The service had recently introduced new support plans/and guidelines. These recorded each person using the services method of communicating, their gender preference for support and the level of support they required from staff with eating and drinking, personal care, going out, taking their medicines and managing their medical conditions. A member of staff told us the support plans/and guidelines included good information about people's needs and were very easy to follow.

We saw that each person using the service had a program of activities. These were displayed in each unit. People attended day centres and outings in the local community. A relative told us, "The staff take my daughter out everywhere, she goes shopping and to the park, they even took me on a bowling trip with her." A member of staff told us the service had two vehicles, a large minibus and a smaller vehicle both equipped to accommodate wheelchairs. They told us they regularly took people out on day trips to the theatre, the park and the seaside in warmer weather. We observed this member of staff taking various people out for trips during the course of our inspection. Two people using the service held season tickets for Charlton Athletic Football Club and regularly attended matches. We saw the clubs football memorabilia was displayed in their bedrooms. An officer from the local authority that commissions the service told us people using the service actively engaged in the boroughs events such as a recent (disability) Sports Day and World Autism Day.

The service had a complaints procedure in place. The relatives of people using the service told us they knew about the procedure and they would tell staff or the manager if they needed to make a complaint. They said

they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. They told us they had not received any complaints. However, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

Good

Is the service well-led?

Our findings

The relatives of people using the service spoke positively about the staff and the manager. One relative said, "The manager is brilliant, he's on the ball. We can ask him anything at any time and he's always there and he's always helpful." Another relative told us, "Everybody seems to know what to do. I think the service is really well run and organised." A third relative said, "I am very impressed with the manager, anytime we need anything he always responds quickly. I think the service is well managed." An officer from the local authority that commissions the service told us the manager was very open to any discussion and engaged constructively to improve practice and the service. They said the service felt and appeared well managed whenever they visited and the specific needs of people using the service were being met by the manager and staff.

Throughout our inspection it was clear from the manager, staff and relatives we spoke with that the purpose of the service was to provide care and support that met people using the services needs and wishes. One member of staff said, "I expect that the people who live here get the same respect that we all get. We all work really hard as a team to make things happen for people." Another member of staff said, "We have a good team and a good manager. We all know what we need to do. It's all working well." A third member of staff said, "We have a very good manager. He is very supportive and has an open door and we can talk to him about anything at any time."

All of the staff we spoke with said they enjoyed working at the service. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it. Staff felt they could express their views at team meetings. We saw that team meetings were held on each unit every week. These were well attended by staff and people using the service. The minutes from one of the units meetings identified some areas for improvement, for example laminated food picture cards were needed and a person using the service needed a specific type of cutlery to meet their needs. We saw that the pictorial laminated food charts were displayed in the dining area and the specific cutlery had been purchased and was available for the person using the service. A member of staff told us, "The team meetings are good. We talk about what people need and plan activities. Staff can air their views and put forward any ideas." Another member of staff said, "We discuss any incidents or accidents at the meetings and what we need to do to stop the same things happening again. One of the organisations positive behaviour support consultants attended our last meeting and we discussed implementing people's behaviour support plans. That was really helpful. "

The provider recognised the importance of regularly monitoring the quality of the service. The manager showed us records that demonstrated regular audits were being carried out. These included health and safety, finance, complaints, medicines, staff training, supervision and appraisals, and care file audits. We also saw reports from quality monitoring visits carried out by the provider. These were carried out every three months and covered different areas each time. The last report from December 2015 followed up on an action plan from the provider's previous visit and indicated that almost all of the actions had been met. For example, risk management procedures were being followed to minimise restrictions on people's choice and control. A new action plan had been drawn up by the manager following the December visit. We also saw a

report from an annual audit carried out in August 2015. This audit monitored the services compliance with the regulations associated with the Health and Social Care Act 2008. The report considered if the service was safe, effective, caring, responsive and well-led and included recommendations for further service development. The manager showed us an action plan which confirmed that all of the recommendations in that report had been addressed.

The manager told us that due to people using the services complex needs it was not always possible to obtain their views. They had sought the views of people's family members about the quality of care provided to their relatives at Samuel Close. We saw completed questionnaires from a 2014 relative's survey. The feedback recorded in these had been very positive. The manager told us they were in the process of sending out questionnaires to the relatives of people using the service, professionals with an interest in the service and staff. They planned analyse the feedback from the questionnaires, draw up a report and an action plan and share their findings with people using the service, relatives, professionals and staff.