

MCCH Society Limited Wadeville

Inspection report

2a and 2b Wadeville Close,
Upper Belvedere,
DA17 5ND
Tel: 01322 432998
Website: www.mcch.co.uk

Date of inspection visit: 27 & 28 August 2015
Date of publication: 28/09/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

This unannounced inspection took place on 27 and 28 August 2015. At the last inspection on 03 December 2013, the service met all the regulations that we inspected.

Wadeville provides personal care and support for up to 13 adults who have a range of needs including learning disabilities. There were 10 people receiving personal care and support at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the health and Social Care Act 2008 and associated Regulations about how the service is run.

People's relatives said they felt safe and staff treated their family members well. We observed that people looked happy and relaxed. There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Risk assessments were in place and reflected current risks for people who used the

Summary of findings

service and ways to try and reduce the risk from happening. Appropriate arrangements for the management of people's medicines were in place and staff received training in administering medicines.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

Staff received an induction and further training to help them undertake their role. However, most of the staff had not received regular supervision and annual appraisal in line with the provider's policy. People received enough to eat and drink and their preferences were taken into account.

Staff knew people's needs well and treated them in a kind and dignified manner. People's relatives told us their family members were happy and well looked after. They felt confident they could share any concerns and these

would be acted upon. Staff were able to respond to people's communication needs and provided appropriate support to those who required assistance with their meals.

People's care and support needs were regularly reviewed to make sure they received the right care and support. However, some sections of people's support plans did not reflect their current needs.

There was a positive culture at the service where people felt included and consulted. Relatives commented positively about the management of the service. There was an effective system to regularly assess and monitor the quality of service provided.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see what action we took at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People and their relatives told us they felt safe using the service and with staff who supported them. There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Assessments were undertaken of risks to people and support plans were there to manage these risks. Appropriate action was taken in response to incidents and accidents to maintain the safety of people who used the service.

Sufficient numbers of staff were available to keep people safe and meet their needs. Safe recruitment practices were followed.

Medicines were stored securely and administered to people safely.

Good



Is the service effective?

Some aspects of this service were not effective.

Staff completed an induction programme and training relevant to the needs of the people using the service. However, staff were not supported through regular formal supervision and yearly appraisal in line with the provider's policy. Relatives were positive about staff and told us they supported their family member properly.

People were supported by staff that had the necessary knowledge and skills to meet their needs. Staff were aware of the requirements of the Mental Capacity Act 2005.

People were supported to have enough to eat and drink. People had access to external health care professionals as and when required.

Requires improvement



Is the service caring?

The service was caring.

People's relatives told us staff respected their family member's dignity and need for privacy and they were treated with kindness and respect.

People and their relatives were involved in making decisions about their family member's care and the support they received. Staff knew people well and understood their needs and preferences.

Good



Is the service responsive?

Some aspects of the service were not responsive.

People's care and support needs were regularly reviewed to make sure they received the right care and support. However, some sections of peoples support plans did not reflect their current needs.

Requires improvement



Summary of findings

Staff were able to respond to people's varying communication needs.

People's relatives felt the staff and manager were approachable. The service had arrangements in place to deal with comments and complaints.

Is the service well-led?

The service was well-led.

There was positive and open culture at the service. Relatives spoke positively about the care and attitude of the staff and the manager.

Regular staff meeting helped share learning so staff understood what was expected of them at all levels.

The service had a system to monitor the quality of the service through internal audits. Any issues identified were acted on.

Good



Wadeville

Detailed findings

Background to this inspection

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

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 took place on 27 and 28 August 2015 and was unannounced. The inspection team comprised of two inspectors, a specialist nurse advisor 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.

During the inspection we looked at six people's care records, six staff records, quality assurance records, accidents and incidents, and policies and procedures. Some people using the service did not communicate verbally so we spent time observing them, we spoke with five people using the service and six relatives about their family members experience of using the service, we spoke with one external health care professional. We also spoke with the operations manager, registered manager and seven members of staff.

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service and well supported by the staff and the manager. One person told us “I like it here, I like the staff, and I am not worried about anything.” A relative told us “I have no concerns at all. I will praise every level of care my [family member] receives at Wadeville.” Another relative said “My [family member] has a marvellous time at Wadeville; better than they had at home.” We saw staff meetings records included discussions about aspects of people’s safety. We observed people interacting with staff in the communal areas. People appeared comfortable with staff and approached them without hesitation.

Staff knew what to do if safeguarding concerns were raised. It was clear from the discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to the manager and the local authority’s safeguarding team. The operations manager told us one safeguarding referral had been made since our previous inspection in December 2013. This concern was reported by an external health care professional following a hospital admission of a person. The operations manager told us they would monitor the progress of this safeguarding investigation as part of their quality assurance process. We cannot report on the investigation at this time. We will continue to monitor the outcome of the investigation and the actions the provider takes to keep people safe. Records confirmed all staff and manager had received safeguarding training and refresher training was available as and when necessary. There were procedures in place to manage people’s money safely. The service had a policy and procedure for safeguarding adults from abuse, staff were aware and had access to this policy. Manager and staff knew about the provider’s whistle-blowing procedures and they had access to contact details for the local authority’s safeguarding team.

Assessments were undertaken to assess any risks to people using the service and guidance was available for staff to reduce these risks. People’s care records contained a set of risk assessments which were up to date and detailed. These included, for example, mobility, trip and falls, use of the kitchen, being out in the community, evacuation in the event of fire, medicine management, money management, the use of bed rails and positive behaviour. These

assessments identified the hazards that people may face and support they needed to receive from staff to prevent or appropriately manage these risks. We noted guidelines were in people’s care records for staff on how to reduce the risk to people that may present behaviour that was challenging. One member of staff told us “We have put in place a behaviour chart and I follow the positive behaviour guidelines, so people avoid what is not appropriate to do.”

The service had a system to manage accidents and incidents and try to reduce reoccurrence. We saw accidents and incidents were recorded and the records included what action staff had taken to respond and minimise future risks, records of who was notified, such as a relative or healthcare professionals. For example, when a person had missed their medicine, an investigation was completed and a health care professional’s advice sought and followed. Action to reduce future risk included reviewing and updating this person’s risk assessments was discussed at the staff meeting in order to share learning.

There were sufficient numbers of staff on duty to meet people’s needs. The operations manager told us that staffing levels were determined by the number of people using the service and their needs. For example, on the second of the inspection the day centre was closed and people who use the service were at home, so two additional staff members were deployed to meet their needs. During our two days of inspection we saw there were enough staff to support people when accessing the local community and where people stayed at the service staff were always visible and on hand to meet their needs and requests. There were two waking members of staff on duty to support people overnight. The service had a 24 hour on call manager system in place to ensure adequate support was available to staff on duty when the manager was not working. The staffing rota we looked at showed that staffing levels were consistently maintained. Staff told us there were enough staff on all shifts to meet people’s needs.

The service followed appropriate recruitment practices to keep people safe. Staff files we looked at included employment references, the staff member’s qualification and previous experience, criminal records checks, and proof of identification. Staff we spoke with told us that

Is the service safe?

pre-employment checks including references and criminal record checks were carried out before they started work. This practice ensured staff were suitable to work with people using the service.

There were arrangements to deal with emergencies. Staff knew what to do in response to a medical emergency. They had received first aid training and training on epilepsy so they could support people safely. There were suitable arrangements to respond to a fire and manage safe evacuation of people in such an event. For example, fire drills were carried out regularly and flashing lights were used where appropriate in people's bedrooms to alert them when the fire alarm went off. There was a business

contingency plan for emergencies which included the contact numbers for emergency services and gave advice for staff about what to do in a range of possible emergency situations.

People were supported to take their medicines safely. Staff authorised to administer medicines had been trained. The Medicine Administration Records (MAR) were up to date and the amount of medicines administered was clearly recorded. The MAR charts and stocks we checked indicated that people were receiving their medicines as prescribed by healthcare professionals. Medicines prescribed for people using the service were kept securely and safely. Medicine audits were carried out to ensure people received their medicines safely and to determine if staff required additional training to administer people's medicines safely.

Is the service effective?

Our findings

Most of the staff were not supported through regular formal supervision and yearly appraisal in line with the provider's policy. For example, seven of the 10 staff had not received their yearly appraisal. The provider's policy said staff would receive supervision every eight weeks; however staff supervision records also showed a lack of regular supervision. For example, one staff had not received supervision in the last 11 months and another for 15 months. Also, three other staff had received two supervisions and one staff had received three supervisions in the last 12 months. The operations manager told us that they were aware of this concern and had recently appointed an assistant team leader to support the registered manager. The assistant team leader was expected to join the service on 01 September 2015. We were therefore unable to assess the impact of this action at the time of our inspection.

This was a breach under Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

People received support from staff that had been appropriately trained. Relatives told us they were satisfied with the way staff looked after their family members. Staff knew people very well and understood their individual needs. Staff told us they completed an induction when they started work and they were up to date with their mandatory training. This included training on safeguarding adults, food hygiene, mental capacity, equality and diversity, health and safety, infection control, epilepsy, first aid, administration of medicine and positive behaviour support. Records confirmed staff training was up to date and training due for renewal had also been noted with expiry dates. Staff told us they felt training programmes were useful and enabled them deliver the care and support people needed. Records we saw showed that staff attended regular staff handover and team meetings. Staff told us they felt able to approach their line manager at any time for support.

When people had capacity to consent to their care, the provider had systems in place to seek and record their consent. Records were clear about what people's choices and preferences were with regard to their care provision and staff we spoke with understood the importance of gaining people's consent before they supported them.

The provider was aware of the changes in Deprivation of Liberty safeguards (DoLS) following the Supreme Court ruling and was in liaison with local authority to ensure the appropriate assessments were undertaken so that people who used the service were not unlawfully restricted. DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty for their own safety. Staff told us they received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff training records we looked at confirmed this. The MCA provides guidance about what to do when people cannot make some decisions for themselves. Assessments of people's capacity to make specific decisions were carried out and best interests meetings held where needed, regarding specific decisions about people's care. For example, in relation to healthcare treatment and administration of medicine.

People were supported to eat and drink sufficient amounts to meet their needs. A relative told us "There is a good choice, presented in an appetising way. My [family member] has a choice from the menu. They [family member] are involved when they decide the weekly menu." Another relative said "My [family member] helps with the preparation of the food to encourage their independence." Food in the fridges was date marked to ensure it was only used when it was safe to eat. People's support plans included sections on their diet and nutritional needs. There was clear written guidance for staff in people's support plans with appropriate risk assessments and protocols around potential emergencies arising from these. We carried out observations at lunch time and saw positive staff interaction with people. The atmosphere was relaxed and not rushed and there were enough staff to assist people when required. We saw staff supported people who required assistance to eat and drink, taking time and encouraging them to finish their meal.

People were supported to access the relevant health care services they required when they need to. We saw from care records that there were contact details of local health services and GP's. People had health action plans which took into account their individual health care support needs. They also had a hospital passport which outlined their health and communication needs for professionals when they attended hospital. Staff had clear understanding of any issues and treatment people required. Staff attended healthcare appointments with people to support them where needed.

Is the service caring?

Our findings

Relatives felt that the staff were caring and treated their [family member] with respect. For example, one relative told us “I have not seen anything untoward. The staff are approachable and courteous.” Another relative said “I am very happy with the care that my [family member] receives. They [staff] support their needs and are supportive of us as a family.”

People who were able to express their views and their relatives told us they had been involved in making decisions about their care and support and their wishes and preferences had been met. For example, one relative told us “My [family member] had to have medical intervention and I was involved in hospital visits.” Another relative said they are involved in review meetings and staff kept them informed of any changes to their family members care. It was clear from discussions we had with care staff that they knew people’s personal histories, preferences and needs well and that people’s care was personalised to meet their individual needs.

We observed staff treated people with respect and kindness and people were involved in their care. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. In the morning we observed one person leading a member of staff to the kitchen for a cup of tea. We again observed, when the person had tea, they appeared relaxed and calm. This person picked up their support plan folder from the shelf and gave it to us and told us to look at, which we did. They further said that they liked the home and staff. During lunch staff took time to sit and engage with people in a kind and friendly way.

People were supported to practice their choice of faith and beliefs through attendance at places of worship. Care records showed people’s preference to practice their beliefs were encouraged and supported by staff.

People were supported to maintain their independence. One relative told us “My [family member] is independent as far as personal daily care is concerned.” Care records we saw showed that some people were encouraged by staff to promote their independence. For example, about maintaining their personal hygiene and participating in daily household chores including washing and laundry. We saw one staff member encourage a person to independently eat their meal. We observed another person preparing tea for themselves and for one staff member. They prepared the table for dinner and laid the cutlery and plates for all people living in their unit. When they had finished laying dinner table, they said they felt happy.

Staff respected people’s privacy and dignity. Training records showed that staff had received training in maintaining people’s privacy and dignity. Staff described how they respected people’s dignity and privacy and acted in accordance with people’s wishes. For example, they did this by ensuring curtains and doors were closed when they provided care. Staff spoke positively about the support staff provided and felt they had developed good working relations with people they care for. There were policies and procedures in place to help guide and remind staff about people’s privacy, dignity and ensure that their human rights were respected.

Is the service responsive?

Our findings

Some sections of people's support plans did not reflect their current needs. For example, one person's support plan noted they required staff to check on them at least every 15 to 20 minutes, to ensure they were safe. We looked at the daily care records and found there was no information available about staff checks. The operations manager told us that there was no such need for this person and that the support plan did not reflect their current need. For another person, their support plan recorded they required a fluid level alarm to check that the fluid did not over flow from their cup and that they also required special cutlery to aid their disability. However, these were not available at the time of our inspection. The operations manager told us this person did not need this equipment anymore and that their support plan was not current. The operations manager further told us that they had appointed an assistant team leader to support the manager. The operations manager said that the manager and assistant team leader would audit all the support plans and update, to reflect people's current needs by end of September 2015. We were therefore unable to assess the impact of this action at the time of our inspection.

This was a breach under Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

Care records gave staff important information about people's care needs. The support plans contained information for each person's life and social history, their interests, physical and mental health, allergies, social networks, preferred activities, their method of communication. The support plans included the level of support people needed, and what they were able to manage on their own was included in the support plan. We saw staff support people who had mobility needs. There was clear guidance for staff on how to use a wheel chair and a hoist when needed.

People's records were person centred and identified their choices and preferences. There was information on what

was important to people, what they liked to do, the things that may upset them and how staff could best support them. For example, one person preferred to manage themselves about their personal hygiene, washing and laundry but expected staff to only prompt them as and when required. Another person enjoyed music in the morning whilst getting ready for the day centre, a third person preferred to self-medicate, so the provider had carried out a risk assessment and staff oversaw the administration of their medicines. Each person using the service had a keyworker and daily care notes covered areas such as activities, food and drinks, personal hygiene and administration of medicine with details of what services were provided to people.

People were supported to follow their interests and take part in activities. Each person had a weekly activity planner which included going to day care centre, meeting family members, going to pub and eating out and aroma therapy. People also carried out household chores such as cleaning and meal preparation with help from staff. Staff were able to tell us about people's needs and how they responded to them. Staff had handover meetings in place to share any immediate changes to people's needs on a daily basis to ensure continuity of care. Staff used a daily diary log to record key events such as hospital appointments, prescriptions and renewal of medicines.

People's concerns were responded to and addressed. People and their relatives told us they knew how to complain and would do so if necessary. One relative told us "I would get in touch with the manager if I had any concerns." Another relative said "If there were any concerns, staff would be more than happy to listen and amiably put it right." The service had a complaints policy and procedure which clearly outlined the process and timescales for dealing with complaints. The homes complaints records showed there was one complaint raised since our last inspection in December 2013. This complaint had been investigated and responded to appropriately. The operations manager told us the focus was on addressing concerns of people as they occurred before they escalated to requiring a formal complaint.

Is the service well-led?

Our findings

People's relatives commented positively about staff and the manager. For example one relative told us "We get worried when we hear horror stories of care homes in the news. This one is phenomenal, first class, well run, and helpful and all the positive words you can think of. It should be used as an example." Another relative said "I know my [family member] is happy and we are welcomed and feel included in the family atmosphere. I can't praise them highly enough." The atmosphere during the inspection was friendly, and we saw some meaningful interactions between staff and people who used the services, between staff and visiting health care professionals and also between the manager and staff.

There was a registered manager in post. They had detailed knowledge about all of the people who used the service and ensured staff were kept updated about any changes to people's care needs. The manager told us that the home's values and philosophy were clearly explained to staff during their induction and training. They felt there was a positive culture at the service where people's relatives were included and consulted. We saw the manager interacted with staff in a positive and supportive manner. We observed people were comfortable approaching staff and conversations were friendly and open. Staff described the leadership at the service positively. One staff member told us "I really enjoy working here, the support I get from the manager is very good. The manager is quite happy to support us, as and when I required." Another staff member said "I feel confident to speak with any senior member of staff and the manager." A third staff member said "I can speak with my line manager when required and they are always supportive."

Regular staff meetings and staff handover meetings at the end of every shift, helped share learning and best practice so staff understood what was expected of them at all levels. Minutes of these meetings included people's and relatives views and guidance to staff about the day to day running of the service. For example, any changes in people's needs, appointments with external health care professionals, daily activities, people using the service going to day centre and

staff training needs. These meetings kept staff informed of any developments or changes within the service and staff were being supported in their roles as well as identifying their individual training needs.

Relatives were encouraged to be involved in the service through care review meetings and satisfaction surveys. We saw care review records from these meetings covered issues such as health conditions, food, activities, transport, redecoration of premises, new furniture and equipment and communication with staff. The findings from the service user's satisfaction survey carried out for 2014 was mostly positive. Relatives comments included, "The staff love our sons and daughters", "The home always looks clean & tidy, I think it is a very comfortable home", "My [family member] is very happy and well looked after, their medical needs are dealt with promptly." As a result of the satisfaction survey, in response to the recommendations the provider developed an action plan and they had been actioned.

The provider had an effective system to regularly assess and monitor the quality of service people received. These included regular staff meetings, internal audits covering areas such as the administration of medicine, health and safety, accidents and incidents, house maintenance issues, staff training, people's finances and any concerns about people who use the service. There was evidence that learning from the audits took place and appropriate changes were implemented. For example, flooring on the landing, hall stairs and one person's bedroom had been replaced, premises repair and redecoration work was in progress, a new assistant team leader had been appointed, staff received refresher training as appropriate to their roles, and people's risk assessments had been reviewed and updated with adequate staff guidance to follow.

However, the quality assurance audit had not identified the issues we found in relation to some people's support plans and staff supervision and appraisals. Although their internal audit had not picked up the issues the provider was fully aware of the need to check these issues in the future. Following the inspection, the operations manager sent us a copy of an improvement plan, which showed that the provider had planned to complete all the outstanding actions by end of September 2015. We were therefore unable to assess the impact of this action at the time of our inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).</p> <p>Staffing</p> <p>Most staff were not supported through regular formal supervision and yearly appraisal in line with the provider's policy.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).</p> <p>Person-centred care</p> <p>Some sections of people's support plans did not reflect their current needs.</p>