MCCH Society Limited

MCCH Society Limited - 2 Herondale

Inspection report

2 Herondale
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Date of inspection visit:
09 February 2016

Date of publication:
26 May 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 9th February 2016 and was unannounced. The last inspection of this service took place on 13th August 2013 and at that time was meeting all the required standards inspected.

Herondale is a care home that provides care and accommodation for up to eight people with support needs related to their mental health. At the time of our inspection there were seven people living there.

There was a registered manager in place. 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 were safe because the management team and staff understood their responsibilities in terms of managing risk and identifying abuse or poor practice. Accurate and up to date records were kept about the care and support people received and about the day to day running of the service which provided staff with the information they needed to provide safe and consistent care and support. Potential risks had been identified with steps recorded of how the risk could be reduced. This meant that people received safe care that met their needs, protected them from harm whilst promoting their freedom and rights to exercise choice and control

Whilst staffing levels had impacted on the quality of the service people had historically received there was nonetheless sufficient staff in post who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The physical & mental health needs of people were managed effectively with input from relevant health care professionals as necessary.

People had access to the food & drink that they enjoyed which matched their preferences and were able to access food and drink independently when they chose with support available if required.

Staff respected people's privacy, choices and preferences and treated people with kindness and respect.

People were encouraged to be independent and take part in hobbies and interests they enjoyed.

The service supported people to maintain relationships with friends and family and links with their community so that they were not socially isolated.

There was an open culture and the provider encouraged and supported staff to provide care that was centred on the individual.

There were systems in place to monitor and review accidents and incidents to safeguard people's wellbeing. The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff who had been recruited appropriately with plans in place to recruit further staff to improve the quality of service provision.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Staff understood how to protect people from abuse or poor practice.

Staff had a good understanding of managing risk which was managed safely but allowed for positive risk-taking to safeguard people's rights and freedom.

Is the service effective?

Good

The service was effective.

Staff received the training they needed to support people effectively.

Supervision for staff had not always been consistent. However new systems were being implemented to ensure staff would have access to regular support to enable them to support people more effectively.

People's physical and mental health needs as well as their wider social and emotional needs were met by staff who understood people's individual requirements and preferences.

Where a person lacked the capacity to make decisions, there were correct processes in place to make a decision in a person's best interests. The Mental Capacity Act legislation and guidance and Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

People had enough to eat and drink and were supported to make healthy selections whilst respecting their rights to exercise

choice and control.

Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and respected their need for privacy.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Is the service responsive?

Good

The service was responsive.

People's choices and preferences were respected when staff provided care and support.

Staff were familiar with people's interests and supported and encouraged them to take part in activities that they enjoyed.

People were supported to maintain links with the community to prevent social isolation.

People were assisted to maintain family and social relationships with people who were important to them.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Is the service well-led?

Good

The service was well led.

A new manager was in post who was aware of what was required to improve quality and was committed to driving continuous improvement for the benefit of the people who use the service.

Plans were in place so that staff would receive the consistent support they needed to provide people with good care and support.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

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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 held about the service. This 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. We were satisfied from this review that the service dealt with events that occurred at the service appropriately.

The inspection took place on 9th February 2016 and was unannounced. One inspector conducted the inspection as there were only seven people living at the home. Five out of seven of the people who lived at the home were unable to provide verbal feedback about the service. Because of this we reviewed the most recent service-user survey that five people had completed as well as reviewing written feedback provided by family members and health and social care professionals. This helped us to understand how people felt about the service. We also spent time observing the care and support provided and the interactions between staff and people who lived at the service to help us to appreciate peoples experience of living at Herondale.

As part of our inspection we spoke with three care staff and the registered manager, two people who used the service and two family members. We also contacted a health and social care professional who was familiar with the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care files, three staff record files, the staff training programme, the staff rota and medicine records.

Good

Is the service safe?

Our findings

Relatives told us that they thought their family members were safe. We observed people interacting with staff and they appeared at ease and comfortable with the staff team. Everyone living at the home had access to a call bell in their room to call for assistance if needed.

One person told us and another reported in the recent service user survey that there had been occasions where they felt bullied by another person living at the home. The manager and staff were aware of this and strategies were in place including that people were encouraged to speak with staff if they were worried and were provided with reassurance that staff would intervene on their behalf if requested.

On the day of inspection there were two staff members on duty for the morning shift and two for the afternoon shift and one staff member who would sleep at the service overnight. The registered manager was not present when we arrived as they divided their time between two services that were close by. However staff told us that they could contact the manager at any time via the phone and that they also had on call access to a manager twenty-four hours a day if needed. There was also a volunteer present who provided assistance twice a week to support people with appointments and activities in and out of the home. This enabled suitable levels of observation and support for people living in the home.

A staffing rota was in place to plan ongoing staff cover which was based on a support needs analysis. Nonetheless, Staff told us that they felt staffing levels were sometimes an issue. One staff member said, "We have struggled at times". Another said, "Staffing can be an issue but we all muck in". Two members of staff had been absent due to long term sickness which had impacted on staff morale and people had sometimes missed appointments. A relative told us, "The quality of the service is not as good now there are less staff." Another person said, "Things just aren't running as smoothly as it used to with the staff missing". Staffing levels had been recognised by management as an issue and an interim plan was in place which involved the use of a regular agency staff member when required. In addition, a recruitment drive was in progress to recruit two new members of staff to be used flexibly, depending on people's individual needs. The new manager advised that they had also recently introduced a rota request book so that staff could request specific days / times in the service. This book would also include people's appointments to help the service identify when extra staff were required.

Staff confirmed they had been trained in safeguarding and the records we looked at confirmed that safeguarding training was up to date. Staff knew what signs to look for that might tell them someone was being abused. Staff told us "We know each individual, we know their characteristics, it would be noticeable by their personality or change of behaviour if they were being abused." And, "Because we know them they would talk to us". Staff were clear about the procedures for reporting they would follow should they suspect that a person was being abused including how to escalate concerns to the relevant authority if necessary.

The manager was aware of how and when they needed to report safeguarding concerns. We reviewed the records we held about the service and saw that a safeguarding alert had been raised by the service last year. The appropriate authorities had been informed and correct action had been taken to keep people safe and

to reduce the risk of future harm to people using the service.

People's possessions were kept secure. Some people had safety boxes in their rooms whilst others had their belongings looked after by the service in a locked safe. There was a robust system in place to safeguard people from financial abuse with procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all peoples' money received and spent. Money was kept safely and what people spent was monitored and accounted for on a daily basis. Each person had their own wallets individually labelled and the contents were logged. The records were checked twice a day by staff who counted monies to ensure the records were up to date and accurate. Those people who were not able to manage their own finances independently were supported through the court of protection.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. When viewing people's care plans we saw up to date risk assessments for aspects such as medication, keeping belongings safe, fire evacuation, personal hygiene, behaviour and physical and mental health. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Staff we spoke with demonstrated a clear understanding of risk assessment and care planning procedures and were able to tell us how they supported individual people safely. Risk assessments relating to community and domestic skills and social activities were also completed to promote positive risk taking, so people's human rights could be protected. These risk assessments were reviewed regularly to ensure they reflected people's current needs.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. The staff carried out weekly health and safety checks of the environment and equipment including first aid boxes and fire extinguishers. Procedures were in place for reporting repairs and records were kept of maintenance jobs to monitor when work had been completed. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. People had a personal emergency evacuation plan and staff and people were involved in weekly fire drills. Records of fire drills and equipment tests including fire extinguishers and emergency lighting were completed and up to date.

The premises was equipped with a smoking room with an extractor fan installed to purify the air. However people told us and we saw that this was not always effective as the odour sometimes escaped out into the hallway and beyond. This was discussed with the manager who confirmed that plans were in progress to purchase a new fan. The manager subsequently provided us with evidence of the purchase of new equipment to address the issue.

We looked at the recruitment records for three staff members and saw that there was an appropriate system in place to ensure staff were recruited safely including taking up satisfactory references, obtaining a full employment history and completing a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. We saw that some information was missing from two staff files however this was later provided by the manager.

Medicines were managed safely. All staff were trained in medication administration and regular competency checks were carried out on staff to ensure their continued proficiency. We observed staff supporting people with medication in accordance with the services medication policy. Medicines were stored securely and robust systems were in place for ordering, recording, administering and disposing of prescribed medicines. We saw that records for medication were clear and accurate and up to date. Unwanted medicines were recorded and disposed of safely. Each person had an individual medicines record chart with their photograph and a list of the medicines prescribed, what they were for and any side effects to look out for.

Medicine audits were carried out on a daily basis and we saw records to demonstrate that this had taken place.

Accidents and incidents were recorded using an online system for auditing purposes. Accidents and incidents were investigated by the registered manager and an action plan was then completed. We saw an example of a recent incident and could see that this was recorded and dealt with appropriately.

Good

Is the service effective?

Our findings

People living at the service had complex mental health needs. Consequently, the majority of people were not comfortable communicating verbally so we asked relatives and other professionals for their views. Relatives told us that they felt the staff looked after people well. One person said, "The staff are brilliant". A health & social care professional told us, "They provide a very supportive service to residents." And, "Communication is excellent". And, "I would certainly rate the care at the unit highly".

Staff told us the training was excellent. The provider had a training department based at their head office which made available a wide portfolio of additional training that could be selected based on the individual needs of people using particular services. In this way training was tailored to meet individual needs rather than using a blanket approach. This ensured that staff had the relevant skills, knowledge and qualifications to support the people they cared for effectively.

New staff completed a week long induction at the head office of the provider before commencing work at the service. The induction included topics such as how to safeguard adults, health and safety, The Mental Capacity Act (2005), Deprivation of Liberty Safeguards, first aid, moving and handling, food hygiene and medicines administration. New staff then worked alongside more experienced staff within the service before working unsupervised. The manager kept a record of all staff training to identify when refresher training was required to ensure staff knowledge remained current. We saw that competency checks and appraisals had been completed regularly checking staff learning and understanding and highlighting any areas that required improvement to promote staffs continuous learning and development.

Staff told us they had received all of the training they needed to feel competent in their role. If they required any specialist input they had access to a champion team and a positive behaviour team on call twenty-four hours a day to provide additional support and advice.

Staff told us they felt supported by the registered manager and the staff team. One staff member said "We have a good team, we are very resilient". We saw that staff had not received regular supervision in the past due to the ill health of the previous registered manager. However, upon joining the team the new registered manager had completed a supervision and annual appraisal with all staff to discuss and provide feedback on their performance and set goals for the forthcoming year. The manager had also devised a supervision schedule to address the historical concerns to ensure all staff received regular supervision going forward. Staff told us that whilst formal supervision had not always been available the manager was accessible for ad hoc supervision if they needed it.

Staff meetings had also been affected by staffing issues but plans had been put in place by the new manager to ensure that they occurred every two months to provide staff with opportunities to discuss the service and raise any concerns. Notice of upcoming staff meetings was put on the board so that staff could contribute to the agenda. In addition the service employed a communication book which was used by all of the team to convey any important messages to each other and read on a daily basis. A daily diary was also used for the team to communicate with each other to communicate regarding appointments or activities planned.

The Mental Capacity Act (MCA) 2005 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that systems were in place to protect the rights of people who may lack capacity to make particular decisions and, where appropriate, decisions were made in a person's best interests in accordance with legislative requirements.

Records demonstrated that staff had received training in the Mental Capacity Act and on the day of inspection we saw staff applying the principles of the act in practice through their interactions and behaviour with people. For example we observed staff members asking for people's consent before providing any care and support. Staff were able to tell us how they supported people to make choices on a day to day basis by allowing people enough time and space and giving information in a way that supported understanding to enable people to make their own decisions. One staff member told us how they were supporting a person who was refusing medical treatment by providing the person with all of the information required to make the decision and making the person aware of the consequences of their decision. The staff member said "we can advise people and encourage them but ultimately we have to respect people's choices".

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). There were no DoLs applications in place at the service. We saw that the manager had a good understanding of DoLs legislation and had consulted with the appropriate authorities on occasions to ensure the service was acting lawfully and safeguarding people whilst upholding their rights.

People that had behaviour which could challenge themselves and others had detailed plans for staff to follow. The plans included relapse indicators so that staff could be pro-active in de-escalating situations. Staff were able to describe the types of indicators they would look for and what their action plan would be, demonstrating a good understanding of the people they supported. Staff had links with health care professionals such as community psychiatric nurses and psychiatrists to support with monitoring and developing strategies to manage behaviour that challenged.

Hospital passports had been created for people when they visited hospital as a communication aid to support people's transition between services. These passports detailed people's physical and mental health conditions providing relevant information that hospital staff would need to know to support people effectively and consistently. Feedback from health and social care professionals confirmed that the service provided good handovers to hospital wards which lessened the distress of people having to be admitted into hospital. One professional said, "the nursing staff were grateful for the handover you gave to them at the hospital at 12.45a.m! It was comforting to know that by the time we left [person] was much more settled"

We saw that people's physical and mental health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals such as doctors, opticians and dentists had been recorded with any outcome and future appointments were scheduled and logged.

The service supported people to have enough to eat and drink and told us that the food was good. One person said, "We get really good meals, we always have a roast on Sunday, we get a good choice and it's a

proper cooked meal". Food shopping was delivered weekly and people were supported by staff to be involved in choosing food and planning menus. People were supported by staff to promote their independence by preparing their own meals i.e. breakfast and lunch and snacks and drinks. The evening meal was prepared by staff with involvement of people if they wanted and everybody ate the evening meal together at the dining table. People were also supported to be included in domestic chores such as cooking, washing up and tidying after meal times and doing their own laundry. A rota was in place so that people knew what was expected of them.

It had been established that all of the people living at the service had the capacity to make their own choices regarding food and drink. Where risks had been identified relating to nutrition, risk assessments had been completed and staff supported people by providing information so that people could make an informed choice around food and drink. For example a person had been supported to have visits from a slimming club representative to manage their weight. However when the person made a choice not to continue, the consequences were explained and their choice was respected.

Good

Is the service caring?

Our findings

Relatives told us that the staff were helpful and caring. A person told us, "The staff are very kind and caring and the new staff, now they are good listeners". And, "The new registered manager seems fine, she certainly seems caring". Feedback from health professionals commented positively on the services 'dedication' and 'compassion'. We saw that when staff had conversations with people they were polite, listened with patience and gave people time to say what was on their mind.

On the day of inspection we observed staff interactions with people which were warm and friendly. Staff demonstrated kindness and compassion and were able to comfort and reassure people who became anxious or upset.

Staff interacted and communicated with people in a polite and respectful way and took appropriate action to protect people's privacy and dignity. A relative told us, "They always treat [family member] with respect, they are always very nice and polite to her". The results of the most recent service-user survey reported that all five people who had filled in the form felt they were treated with respect by staff.

Staff were observed knocking on peoples doors and waiting before entering. Staff knew how to approach each person and did so in an individual way, talking with them about subjects that they were familiar with and that held personal relevance.

Recorded information about people was written sensitively in a personalised way. We saw that staff knew people well including their personal histories, hobbies and interests so were able to provide care and support that matched people's preferences. Staff were able to tell us about the level of support each person needed which differed depending on individual circumstances. For example a staff member told us about a person they supported who was independent in most aspects of their self-care including showering but required help with specific tasks such as turning the shower off to alleviate their anxiety.

When people were at home they could choose whether they wanted to spend time in communal areas or within the privacy of their rooms. This was respected by staff. We saw that people were encouraged to be as independent as possible and came and went as they pleased, attending appointments, shopping trips or social outings with the appropriate level of support in place as identified in their care and support plans.

People were supported to maintain relationships that were important to them with friends, family or partners and were supported to have links with their community, for example going out to meet friends or attend social clubs or the hairdressers. Visitors could come whenever they wanted. Relatives told us that they were always made very welcome when they visited and were offered tea and coffee and could stay and enjoy a meal with their family member if they chose.

Good

Is the service responsive?

Our findings

Staff had undertaken work to ensure each person's care & support plan was personalised and included people's wishes and preferences. The care plans contained information regarding people's life histories and talked about what people liked to do. We reviewed three care plans and sets of daily notes and saw that the comments written by staff were personalised to each individual and described the type of help people required with a focus on promoting independence and supporting people to exercise choice and control in their daily lives.

We saw that assessments and support plans not only looked at risk but focused on people's strengths so that people were protected but could still maintain their skills and independence. Support plan goals were identified jointly with staff working in partnership with people and were reviewed regularly. The goals people were working towards related to everyday activities such as personal care as well as domestic chores, managing finances and socialising. We saw that people had their own laundry day and were supported to be independent with life skills such as cleaning their rooms and preparing food. Staff were very familiar with the people they cared for and were able to tell us how much support people required to maintain their independence whilst having support where needed so as not exacerbate their physical or mental health conditions.

Care plans were reviewed regularly with people and their family members/representatives were invited to be included in the process with people's permission. A person told us "We have a review once a year where we can talk about any issues, I feel like I am listened to." Records showed people had been consulted about how they wished their care to be provided and documents were signed to indicate that people had given consent to their care and support plans.

Peoples care plans included a weekly timetable of activities and events that were planned. We spoke to a person using the service who said, "We have enough to do here, we go to the theatre, bingo, we do colouring and lots of other activities". And, "When they have time we go on day trips. They [staff] support me to go out. I'm going out today to get my hair done". On the day of inspection we observed a person leaving the service to spend the day in the community independently. We also saw people being supported with their appointments and playing board games with the volunteer.

When people arrived at the service they were given a booklet about the home and information on how to make a complaint. There was also a poster in the front hall advising people and their representatives how to complain if required. The service used a computerised complaints system whereby people would have to go to a member of staff or the registered manager to complain which would then be inputted electronically with a paper version kept in the persons file. This system was linked to the providers head office so that there was an open and transparent complaints system that could be monitored to ensure complaints were dealt with appropriately and in a timely fashion. At the time of inspection there were no open complaints logged in the system.

However two relatives and two people surveyed said they did not know how to make a complaint. One

relative we spoke with said, "I have never raised a complaint, haven't needed to. I wouldn't want my [relative] to go anywhere else". Another person told us that whilst they knew how to complain they would not feel confident to do so using the current system. This was discussed with the Registered Manager who had given consideration to the issue and proposed the use of a complaints box in the communal hall to encourage feedback and allow people the choice to make a complaint anonymously if they wished.

Good

Is the service well-led?

Our findings

The service had a clear vision and set of values in accordance with the provider's statement of purpose which set out the importance of supporting people to live as independently as possible, respect for people's choices and valuing people as individuals. During our inspection we observed that this ethos was embedded in the staff team which was seen in their daily practice and through their interactions with the people who used the service.

People and staff told us that the new manager was good and that they felt listened to. The service had experienced a protracted period of instability due to staffing issues including a change in management but positive steps had been taken by the new manager to maintain and update the necessary systems and processes in order to sustain and develop the service and to drive improvements.

For example, upon joining the service the manager had undertaken supervisions and appraisals of all staff to obtain their feedback and identify where improvements were required. Processes to support staff had been implemented including the scheduling of regular staff meetings so that staff were given the opportunity to share information about the people they support, talk about training, safeguarding, maintenance of the home and identify opportunities for learning. To support staff involvement in the meetings and the running of the service staff were encouraged to contribute to the agenda via the staff noticeboard. In addition to staff meetings, individual support sessions had also been scheduled to provide staff with opportunities to discuss any issues or concerns.

People were also encouraged to have their say in the running of the service through residents meetings. A person told us "We have residents meetings once a month which are helpful, if we raise issues the staff try to help". Minutes of the meetings confirmed that people contributed to how the service was run and we saw examples of how their feedback had been actioned. For example people had requested a particular day out and this had been organised. A person we spoke to also told us about an issue they had raised at the residents meeting regarding noise within the building. The manager was aware of the issue and was able to provide correspondence demonstrating that the service was actively trying to resolve the issue.

People and relatives viewpoints were also requested via an annual survey asking for feedback on the service. We saw that the new manager responded to each person who completed a survey individually by letter acknowledging their comments and any requests demonstrating that the service listened to what people had to say. For example, we saw that one person had requested support to go on a trip to a shopping centre and this had been arranged. However we also saw that whilst people's feedback was sought and acknowledged it was not always acted upon. For example a person had asked for support to deep clean their room. The manager had provided written agreement to support the person but there were no plans in place for when and how this was to be accomplished. This example along with several others were discussed with the manager who agreed with the recommendation that action plans with timescales should be implemented in response to feedback from people and staff. Shortly after the inspection the manager was able to provide evidence which demonstrated that all of the issues raised had been actioned appropriately.

We saw that policies and procedures were kept under review and updated when necessary by the manager. Staff were aware of the policies and procedures they had to follow including policies for whistleblowing and told us that they would feel confident to speak to the manager regarding whistleblowing if necessary. When policies were updated and amended, the updates were kept in a separate file to make it easier for staff to access them and update their knowledge. Staff were required to sign a sheet to say they had read the policies to ensure that staff knowledge was current.

The manager and staff carried out a range of quality assurance audits. For example monthly audits which were sent to head office to show that risk assessments, support plans, reviews, staff awareness of risk assessments and in-house reviews had all been completed and were up to date. In addition comprehensive weekly checklists were completed by the manager covering a wide range of subjects such as maintenance of the building, fire tests, water temperature monitoring, cleaning schedule, incidents and accidents, infection control & food hygiene. All of which ensured that the health and wellbeing of people who used the service was protected.

People's information was stored securely to maintain confidentiality. Feedback from the service user survey indicated that people felt that information they told the staff was treated in a confidential manner. The manager told us about a new initiative being explored to implement a pigeon hole system so that people could collect their own mail to promote their independence whilst at the same time safeguarding their correspondence.
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