

MCCH Society Limited

30a Charlton Road

Inspection report

30a Charlton Road
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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	

Overall summary

This inspection took place on 17 November 2014 and was unannounced. At our previous inspection 19 June 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

30a Charlton Road is a care home that provides accommodation and personal care support for up to up to four people with learning and physical disabilities. At the time of the inspection the home was providing care and support to four people. 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 using the service and their relatives said people were safe and that staff treated them well. Safeguarding adults procedures were robust and staff understood how to safeguard the people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Summary of findings

People using the service and their relatives said staff knew them or their relatives well and knew what they needed help with. People using the service had been involved in the care planning process. People's relatives, care managers and appropriate healthcare professionals had been involved in the care planning process. Risks to people using the service were assessed and care plans, risk assessments and behaviour support plans provided clear information and guidance to staff.

The service had a complaints procedure that was available in words and pictures for people using the

service. Relatives said they knew about the service's complaints procedure and they were certain the manager would listen to them and deal with their concerns appropriately.

The provider took into account the views of people using the service or their relatives acting on their behalf, and staff through surveys. They recognised the importance of regularly monitoring the quality of the service provided to people using the service. Staff said they enjoyed working at the home and they received good support from the manager.

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. There were appropriate safeguarding adults 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.

There were enough qualified and skilled staff at the home to meet people's needs. Risks to people using the service were assessed and managed well. Care plans, support plans and risk assessments provided clear information and guidance to staff.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

Good



Is the service effective?

The service was effective. Staff had completed training relevant to the needs of people using the service. People using the service had access to a GP and other health care professionals when they needed it.

People's care files included assessments relating to their dietary needs and preferences.

The manager and staff had completed training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. They demonstrated a clear understanding of this legislation.

Good



Is the service caring?

The service was caring. Throughout the course of our inspection we observed staff speaking to and treating people in a respectful and dignified manner.

As far as possible people using the service had been involved in the care planning process. Where appropriate their relatives, care managers and appropriate healthcare professionals had been involved in planning people's care.

Good



Is the service responsive?

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

The service had a complaints procedure, this was available in words and pictures for people using the service. Relatives said they knew about the service's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Good



Is the service well-led?

The service was well-led. The provider took into account the views of people using the service or their relatives acting on their behalf, and staff through surveys. They recognised the importance of regularly monitoring the quality of the service provided to people using the service.

Good



Summary of findings

Staff said they enjoyed working at the home and they received good support from the manager.

30a Charlton Road

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.

This inspection was carried out by one inspector on 17 November 2014 and was unannounced. Before the inspection we looked at the information we held about the service including notifications they had sent us and the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well

and improvements they plan to make. We also spoke with an officer from the local authority that commission services from the provider, a speech and language therapist, clinical nurse specialist and a chiropodist about their views on the service.

People using the service had a number of different ways of communicating and some were not able to fully tell us their views and experiences. We spent time observing the care and support being delivered. We spoke with two people using the service and the relatives of three people using the service. We also spoke with three members of staff and the manager. We looked at records, including the care records of two people using the service, four staff members recruitment and training records and records relating to the management of the service.

Is the service safe?

Our findings

A person using the service told us that staff treated them well and they felt safe. The relatives of two other people using the service said their relatives were well looked after and safe. 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 told us she was the safeguarding lead for the home. We spoke with three members of staff about safeguarding adults from abuse. They demonstrated a clear understanding of the types of abuse that could occur, 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 all staff had received training on safeguarding and training records confirmed this. Staff told us they were aware of the whistle-blowing procedure for the service and that they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We visited the human resources department and looked at the personnel files for all of the staff that worked at the home. We saw completed application forms that included references to their previous health and social care experience and qualifications, their full employment history, explanations for any breaks in employment and interview questions and answers. Each file included evidence of criminal record checks that had been carried out, two employment references, health declarations and proof of identification.

At the time of our inspection the home was providing care and support to four people. A person using the service and the relatives we spoke with said there was always plenty of staff around when they needed them. 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 and agreed with the placing local authority care managers. They told us that up until recently there had been a shortage of staff and a high number of shifts at the home were covered by the organisation's team of bank staff. However four new members of staff started working at the home in October 2014. The relatives of people using the service and staff we spoke with said this had greatly

improved the quality of care and support received by people using the service. The manager said bank staff still covered a few short shifts during the week but these were mainly to provide extra cover for people using the service for example with activities and attending appointments. They said that once all of the new staff had passed their competency based training then there would be even less need for bank staff.

Assessments were undertaken to assess any risks to people using the service. The manager showed us that individual risk assessments had been completed for each person using the service. These included, for example, using a hoist, eating and drinking, receiving personal care and using public transport. The risk assessments we viewed included information about the actions to be taken to minimise the chance of the risk occurring. We saw that these risk assessments had been kept under regular review. Staff knew what to do in the event of a fire and told us that regular fire drills were carried out. The manager showed us a fire risk assessment for the home. We saw a folder that included records of weekly fire alarm testing, servicing of the alarm system and fire equipment and reports from fire drills. Training records confirmed that all staff had received training in fire safety. We saw that people using the service had personal emergency evacuation plans. This reduced the risk of people being harmed or injured in the event of an emergency.

We saw that people's medicines were stored securely. We looked at medicine administration records (MAR), these indicated that people were receiving their medicines as prescribed by health care professionals. We saw evidence that staff authorised to administer medicines had received training on the administration of medicines. Two new members of staff told us they were not yet permitted to administer any medicines to people using the service because they were part way through competency based training on the administration of medicines. The manager told us that once the new members of staff had completed this training and their competency had been fully assessed and validated by both the manager and the organisation's nurse specialist these staff would be able to support people with their medicines.

Is the service effective?

Our findings

The relatives of three people using the service said staff knew their relatives well and knew what they needed help with. We spoke with two new members of staff about training. They told us they had completed a one week corporate induction programme before they started to work at the home. They said the induction included training which covered areas such as first aid, fire safety, safeguarding adults from abuse, working with people with autism and learning disabilities and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. One member of staff said “I found the training really useful, it has given me confidence in understanding people’s needs and real confidence in the organisation.” Another member of staff told us they had worked for the organisation for seven years. They said “I have always been well supported with my training needs. I am up to date with all my training.” They also said they received regular one to one supervision from the manager and an annual appraisal.

We looked at staff training records. These showed that staff had completed an induction programme and training that the provider considered mandatory. This training included safeguarding adults, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, first aid, health and safety, equality and inclusion and complaints handling. We saw that staff had also completed training specific to the needs of the people using the service, for example, the administration of medicines, food safety, moving and handling, dementia awareness, dysphagia, epilepsy and dementia awareness. This ensured that staff had the knowledge and skills required to meet the needs of people who used the service. We saw that three members of staff had completed accredited qualifications in health and social care. The manager told us that new members of staff would be enrolled on these courses once they had passed their probationary periods.

The manager told us that the people using the service did not have capacity to make some decisions about their care and treatment. We saw capacity assessments had been completed and retained in people’s care files. Records showed if people using the service did not have the capacity to make decisions about their care, where relevant, their family members and health and social care professionals had been involved in making decisions for them in their best interests in line with the Mental Capacity

Act 2005. For example, all of the people using the service needed support to take their medicines. We saw that capacity assessments had been carried out, best interests meetings had taken place and decisions had been made to support people with their medicines in their best interests. We saw records from the capacity assessments and best interests meetings. These meetings had been attended by the relatives of people using the service, the persons GP and the manager.

The manager told us they and all staff had received training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). They demonstrated they had a clear understanding of this legislation. In August they had attended a briefing on DoLS run by the local authority and discussed the topic with people using the service, where appropriate, and their relatives. They showed us a DoLS application made to the local authority requesting authorisation to deprive a person using the service of their liberty so that they could be given care and support in a safe manner. A new member of staff said they found the training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards very informative. They said the training helped them to understand that some people might need help from others to make decisions in their best interests, about their care and support needs.

People were supported to eat and drink sufficient amounts to meet their needs. People’s care files included sections on their diet and nutritional needs. Where people needed support with eating and drinking we saw that the relevant health care professionals had provided guidance. We saw people’s food likes and dislikes were recorded and how people liked to choose what they wanted to eat. For example one person liked to choose what they wanted to eat on a daily basis. The manager said there was always a stock of this person’s preferred foods at the home for them to choose from. This person told us they always chose what they wanted to eat and when they wanted to eat. Another person planned their weekly meals by using pictures of different foods. These included meals that were varied with plenty of fruit, vegetables and drinks.

Staff monitored people’s health and wellbeing and where there were concerns people were referred to appropriate health professionals. The manager told us that all of the people using the service were registered with a local GP practice and they had access to a range of other health care professionals such as a speech and language therapist

Is the service effective?

(SALT), an epilepsy specialist nurse, dentists, opticians and chiropodists when required. People had health action plans which took into account their individual health care support needs. They also had an up to date hospital passport which provided hospital staff with important information about the person and their needs should they need to go into hospital or attend a medical appointment. We saw the care files of people using the service included records of all their appointments with health care professionals.

A speech and language therapist (SALT) told us they had a positive experience of working with the manager and the staff team. They said the service was excellent. The manager and staff sought advice at appropriate points and kept them updated on their client's progress and provided care in line with the guidance they set in place for the person using the service diligently. A chiropodist who regularly visits the home said "I have been visiting people at Charlton Road for several years. The staff have always been helpful, I feel people are well supported and I do not have any concerns."

Is the service caring?

Our findings

We spoke to two people using the service and their relatives and the relative of another person using the service. One person using the service said “I moved in a few months ago and I really like it here. I like the staff and the other people who live here. The staff understand me and know what I want, they are caring and helpful.” This person’s relative said “The staff and the manager have been brilliant, they have made us, as a family, feel very welcome. The staff are approachable and really caring. They have made my relative’s world a better place.”

Another relative said “I know my relative and I can tell that they really like the staff. Having all these new staff is great. There is a positive atmosphere. The staff are not just doing a job, they really do care about the people who live there.” Another person’s relative said “My relative has been here for 20 years and this is the best it’s ever been. The staff are very caring, they seem happy to be here. If the staff are happy then it rubs off on everything else.”

A commissioning officer from the local authority that commission services from the provider told us they had visited the home in June and August 2014. They said that during their visits people using the service were happy and smiling and engaged in appropriate, fulfilling and meaningful activities with staff and their relatives who were able to visit at any time. A chiropodist said “The place is always clean and homely. People are always well dressed and tidy. They are looked after and well cared for.” A clinical nurse specialist said they no longer visited the home however their past experience of the home was good. They said “For the period that I was looking after Charlton Road I was happy with the care. Their new manager is very good and very keen for the staff to give high standard of care.”

Throughout the course of our inspection we observed staff speaking to and treating people in a respectful and dignified manner. 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 and made sure doors were closed and curtains drawn when they were providing people with personal care. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. Staff told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. They said they were aware of the organisation policy on maintaining confidentiality and made sure all of the information about people using the service was kept confidential at all times.

A new member of staff said although they had only recently started working at the home they had got to know the people using the service very well. They had formed good relationships with people using the service and their relatives. They understood people’s different methods of communication and the things they liked and didn’t like. Another member of staff said “It’s nice that people can express to us the things that are important to them and we can support them. It’s great to work in a place where you have time to give people the care and support they need.”

Staff sought consent to care and treatment using a variety of communication methods. We saw that people had communication passports, these described people’s preferred methods of communication with others. For example one person would communicate verbally and another person used pictures and gestures when choosing foods they wanted to eat. The manager told us that people using the service were involved as far as possible in the care planning process. The relatives of the three people using the service said they were asked about their relatives personal histories, the things that were important to them and their likes and dislikes. They said were always involved in making decisions about their relatives care and support needs.

Is the service responsive?

Our findings

A person using the service told us they had been consulted about their care and support needs. They said, "I have a keyworker and I meet with them to talk about what my needs are." Their relative and the relatives of two other people using the service said they were fully involved in planning their relatives care and support needs. One relative said they had regular meetings with the manager to discuss their relative's individual care and support needs. They said the new manager was the best there had ever been at the home. They always listened to what they had to say. "When she says she's going to do something she does it. For example, they recruited four new members of staff, they got the old smelly carpets replaced with new wooden flooring, they are sorting out the garden and they are planning holidays for all of the people using the service to go on next year." Another relative said "It's really easy to talk with the new staff and the manager. That means so much to us when we can do that."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care and support plans. Prior to using the service, people's health and social care needs were assessed to ensure that the service was suitable and could meet their needs. We saw that these assessments covered areas such as personal care, health and dietary needs, communication, mobility and behaviour support. The findings from the assessments were used to draw up care plans, support plans and risk assessments. Care and support plans and risk assessments included detailed information and guidance for staff about how people's needs should be met. We also saw that people's individual preferences and interests were taken into account. For example one person's care plan we looked at included details about their personal history, people important to them and the things they liked to do. These included being part of a local advocacy group,

seeing friends, watching DVD's and making pottery. We saw that information in people's files had been reviewed in July and October 2014 by the manager and any changes to their care and support needs had been recorded. Records showed that all of the people using the service had their placement at the home reviewed by their care managers in October 2013.

The manager told us they had reintroduced a key working system at the beginning of November 2014. All of the people using the service now had keyworkers. This was confirmed by two people using the service we spoke with. Keyworkers were responsible for holding regular meetings with people using the service and keeping their care and support plans up to date. Staff we spoke with were aware of people's needs and the support they required such as with their personal care, nutrition and activities. Daily care notes we looked at showed that people were cared for in line with the care and support that had been planned for them. We saw the minutes from a service user/keyworker meeting held on the 14 November. The manager told us this was the first meeting held with people since they had taken over the running of the home. These meetings would take place on a monthly basis. Topics discussed at the meeting included keyworkers, planning for Christmas, meal planning and activities.

The home had a complaints procedure which was available in words and pictures. We saw a copy of the complaints procedure was located in a communal area at the home. Relatives of people using the service told us they were aware of the complaints procedure. The relatives of two people using the service said they would bring any concerns they had to the attention of the manager. Both said they were certain the manager would listen to them and deal with their concerns appropriately. The manager showed us a complaints file. The file included a copy of the complaints procedure and records and correspondence relating to complaints.

Is the service well-led?

Our findings

The provider had a registered manager in place. The manager took over the running of the home in June 2014. A relative of one person using the service said “The new manager is brilliant; she has really made a difference since she came here. The place is so well organised and run now.” Another relative said “The new manager is great, she has done so much in a short time. We have built up trust with them very quickly.”

The local authority commissioning officer said they had visited the home as part of a wider review of the organisation. During their visits they discussed issues with the manager such as the heavy use of bank staff and that the garden area could be improved and made more inviting for people using the service. We saw during this inspection that these two matters had been addressed. The commissioning officer said “The new manager demonstrates strong management. She sets clear standards and gets involved with all aspects of the service. I have found her to be positive and constructive and always keen to develop best practice.”

The manager told us they received regular supervision and support from the area manager. They showed us recorded evidence of the supervision sessions that had taken place. The manager told us that they were completing a leadership and management qualification with other managers within the organisation. They said they had learned some really important things about managing care services. We saw the registered manager attended quarterly management meetings. We saw that items discussed at these meetings included Deprivation of Liberty Safeguards updates, best interests decisions, staff recruitment, staff surveys and the on call system. The manager told us these meetings provided them with good management support.

The provider took into account the views of people using the service or their relatives acting on their behalf, and staff through surveys. The manager showed us surveys completed by the relatives of two people using the service

in May 2014. These relatives rated the service either excellent or good in relation to questions, for example, about the quality of care provided, the staff and the facilities provided at the home. The manager told us that an online survey was completed by staff within the organisation in October 2014. This information was currently being evaluated at the organisations head office and would be broken down and fed back to area managers. Areas of improvements would be drawn up discussed at staff meetings.

Staff told us about the support they received from the manager. One member of staff said, “The manager is always willing to help. She makes me feel comfortable doing my job and I am encouraged to ask questions if I am not sure about things.” Another member of staff said “The manager is very approachable, she makes sure I get the training I need so that I can provide good quality support to the people who live here.” A new member of staff said, “I enjoy working here, it’s great to work with a manager whose whole philosophy is centred around giving good care to people.” Staff said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

The manager showed us records that demonstrated regular audits were being carried out at the home. These included health and safety, medicines administration and care plans, support plans and risk assessment audits. They also showed us reports from quarterly audits carried out by the senior operations manager in June and September 2014. The report monitored the provider’s compliance with the Care Quality Commission’s five key questions: was the service safe, effective, caring, responsive and well led? The report made some recommendations for improvement. The manager showed us an action plan with timescales for action. We saw that actions were being completed with the timescales, for example, we saw that people’s risk assessments had been updated, staff had read and signed to say they had read the risk assessments and the staff training log had been updated. Some actions were due to be met by the end of December 2014.