

## Choice Support

# MCCH (Beckenham Road)

### Inspection report

243 - 247 Beckenham Road  
Beckenham  
Kent  
BR3 4RP

Tel: 01622722400

Date of inspection visit:  
09 May 2019  
16 May 2019

Date of publication:  
01 July 2019

### 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

About the service: MCCH (Beckenham Road) is registered to provide personal care to people with a learning disability and autism to people in the community. At the time of our inspection, 25 people were using the service.

People's experience of using this service:

There were enough staff available to safely support people with their needs. Staff managed people's medicines in a safe way. Staff had received training in safeguarding adults and knew actions to take to protect people from abuse. Risks to people were assessed and management plans put in place to reduce the risk of harm to people. Staff reported incidents and accidents and the registered manager reviewed them. Lessons were identified and shared with staff to improve their learning. Staff followed infection control procedures to reduce risks of infection.

Staff assessed people's needs following recommended guidance. People and their relatives were involved in assessing their needs. People were supported to have a healthy balanced diet. People were supported to meet their nutritional needs. Staff supported people to access health and social care services and to maintain good health and well-being. Staff liaised with other services to ensure people's care and support were effectively planned and delivered.

Staff were supported to be effective in their roles. Staff received an induction when they first started; and received regular training, supervisions and annual appraisals. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before they were delivered.

In line with the principles of Registering the Right Support, people were placed at the centre of the support provided to them. People were given choice and control over their day-to-day care and support. Care and support were planned to achieve positive outcomes for them and to promote their independence. Staff worked with people to develop skills of daily living.

Staff supported people with their emotional needs. Staff understood what made people anxious and distressed and knew how to support them cope with these. Staff treated people with dignity and respect. Staff encouraged and supported people to maintain relationships which mattered to them. Staff communicated with people in the way they understood, and people were presented with information in formats they understood.

People had support plans in place which set out their individual needs and how these should be met. People's needs, and support plans were reviewed and updated regularly to reflect their current needs.

People were encouraged to follow their interests and to be involved and active in the community. Staff treated people as individuals and promoted their religious, cultural beliefs and other protected characteristics.

There was a complaints procedure in place which was accessible to people. People and their relatives told us they knew how to complain if they were unsatisfied with the service. The quality of the service was monitored and assessed so improvements could be made. The provider worked in partnership with other organisations to develop the service. Staff told us that they felt supported and had the guidance they needed. The registered manager met their statutory responsibilities to the CQC.

Rating at last inspection: This was the first inspection of the service since they registered this location with the CQC in April 2018.

Why we inspected: This was a planned inspection based on our guidance about newly registered services.

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

# MCCH (Beckenham Road)

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of one inspector and an expert by experience (ExE) who made phone calls to people and their relatives. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience working with people with autism.

Service and service type: MCCH (Beckenham Road) provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office. We needed to be sure that they would be in.

Inspection site visit activity started on 9 May 2019 and ended on 16 May 2019. We visited the office location on 9 and 16 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before inspection: We reviewed the information, the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service which included notifications of events and incidents at the service.

During inspection: We looked at five care files, four staff files, quality assurance reports and other records relating to the management of the service including incidents and accidents records. We spoke with two people using service, seven relatives, the registered manager, three team leaders and two care and support staff members.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People indicated they felt safe with staff and relatives we spoke with told us their relatives were safe using the service. One relative said, "My loved one feels safe and protected with the care they receive." Another relative commented, "I think my loved one is kept safe in the way the service is delivered to them. I ring them every other day and they seem happy."
- The service had procedures and suitable systems to safeguard people from abuse.
- Staff were trained in safeguarding adults at risk. They understood types of abuse, signs to recognise them and how to report any concerns. Staff felt confident that the management team would take actions necessary to protect people and address any concerns reported.
- The registered manager and team leaders understood their responsibilities in safeguarding people from abuse including making referrals to the local authority, investigating concerns and notifying CQC.

Assessing risk, safety monitoring and management

- Risks to people were assessed and measures developed to protect people from avoidable harm.
- Assessments covered risks to people's mental health conditions, physical health, behaviours, accessing the community and activities of daily living.
- Management plans were developed to address identified risks. For example, there was detailed guidance on how to support people whose behaviour challenged staff. There were management plans to reduce risks to people when accessing the community.
- Staff we spoke with knew about the risk management plans in place for people and supported people to mitigate risks safely.
- Risk assessments were reviewed and updated to ensure people received safe care and support.

Staffing and recruitment

- There were enough experienced staff to support people and meet their needs. One relative told us, "There are enough staff and at night there are staff to provide any extra care if needed." Another relative said, "I think there are enough carers on hand to support [my loved one] with their needs effectively."
- Staff also told us there were enough of them to meet people's needs safely. One staff member commented, "They [management] always make sure the rota is covered. Some people need one-to-one support or two-to-one support when they go out and they get the number of staff members required for safety."
- The service was commissioned based on the individual needs of people. The rotas were planned based on people's needs. Where people required one-to-one or two members of staff to support them, this was provided. If people's needs changed, the provider adjusted staffing levels to meet the need.
- People had a regular team of support staff working with them to enable consistency and continuity. The

provider had a pool of regular 'bank' staff who covered planned and unplanned absences.

- The registered manager and team leaders told us they were available to provide hands-on support to people if needed.
- The provider followed safe recruitment processes to ensure people were supported by staff who were fit and suitable to support them. Recruitment records included satisfactory references, right to work in the UK, employment history, and criminal records checks.

#### Using medicines safely

- People were supported to take and manage their medicines in a safe way. One relative told us, "My [loved one] takes lots of medications and there are no problems with the carers giving the medications on time."
- Staff assessed people's needs with regards to administering and managing their medicines. Where people required any support with their medicines, staff provided the level of support needed.
- Medicine Administration Record (MAR) charts showed people received their medicines as instructed by healthcare professionals. MAR charts were legibly signed by staff to show what medicines had been administered and what time it was administered.
- Staff had completed training in the safe administration and management of medicines.
- Staff carried out regular medicine audits.

#### Preventing and controlling infection

- Staff had completed training in infection control and understood the steps to follow to prevent and reduce the risk of infection.
- The team leaders carried out regular observations and audits to check staff practices with regards to infection control.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and accidents.
- Records of incidents and accidents were reviewed by the team leaders and registered manager.
- Actions were taken to reduce the risk of repeat incidents and lessons learnt were shared with staff. For example, following a medicines error, a daily audit of medicines was introduced to reduce the risk of recurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible". We checked whether the service was working within the principles of the MCA

- Staff obtained consent from people and their relatives before delivering care and support to them.
- Support plans documented people's capacity to make decisions. Staff knew to assume people's capacity to make their own decisions in line with legislation unless there was an assessment to show otherwise. One relative stated, "[My loved one] has learning difficulties, but they are allowed and supported to make decisions for themselves."
- Where people lacked capacity to make a specific decision, a mental capacity assessment was carried out and appropriate representatives were involved to make decisions in people's best interests.
- People had Court of Protection or appointeeship for specific decisions such as finances, care and accommodation.
- Staff had received training in Mental Capacity Act (MCA) 2005 and they knew how to obtain consent from people before undertaking any task or activity with them.
- The registered manager understood their roles and responsibilities under MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with nationally recognised best practice guidance before they started using the service.
- Senior members of staff carried out face-to-face assessment upon receiving referrals from referring authorities. People's needs were assessed following the 'principles of right support' which ensures services are tailored and delivered to meet the specific needs of people.
- Areas of needs assessed covered physical health, mental health, nutrition, eating and drinking, socialising, accessing community facilities, personal care and other activities of daily living.
- Where necessary other professionals such as social workers, speech therapists and community mental health teams were involved in assessing people's needs.
- Staff reassessed people's needs on a regular basis and when there were changes in their circumstances.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people effectively. One relative said, "I don't know all the

carers but the ones I have met seem to have the required knowledge and skills to look after the people they support and I'm also confident that they will pass on the knowledge to other carers to maintain a good service." Another relative commented, "I feel the staff have the right amount of skills and training to look after my [loved one] and this has improved somewhat over the years."

- Staff were supported to deliver effective support to people. All new staff members completed an induction which included a period of shadowing experienced staff members.
- Staff told us, and records showed staff received training relevant to their roles and which provided them with the skills, abilities and experience to support people effectively.
- Staff told us, and records confirmed that they received regular support and supervision and an annual appraisal.
- Staff had access to the team leaders and registered manager should they required support or advice with their day-to-day work.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a healthy balanced diet. One relative said, "I think my loved one has a good variety of food and the menu is good."
- People's needs with regards to their nutrition, eating and drink were assessed and support plans stated what support people required. Food people liked and allergies to specific food were noted in their care plans so staff knew how to support them appropriately and safely.
- Where people required support to do food shopping or to prepare their meals, staff provided the needed support.
- People were encouraged to cook for themselves where possible. Staff provided healthy eating advice to people where necessary. For example, one person was supported to maintain a healthy weight.
- Staff involved health professionals where they had concerns regarding people's nutritional needs; and their eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to ensure their needs were met appropriately when they used other services. Staff told us they liaised with other services such as day centres, colleges where people attended to get updates and share relevant information.
- Each person had a section in their care record which gave information about the person's medical history, care and support needs, allergies, next of kin and GP details. People also had a communication passport which they took along when they visited hospitals or other services. A Communication Passport provides a practical and person-centred approach to passing on key information about people with complex communication difficulties who cannot easily speak for themselves.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services they needed. Staff supported people, where required to arrange and attend healthcare appointments.
- Records showed a range of health and social care services were involved to maintain people's health and well-being. For example, a district nurse was involved in treating one person's skin ulcer and a psychiatrist was involved in supporting people with their mental health.
- Staff liaised with healthcare professionals and followed up on their recommendations to ensure people's health were maintained.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were caring towards people. One relative commented, "They [Staff] are approachable and treat people well." Another relative mentioned, "They [staff] treat people with enough care and make people comfortable."
- Support plans included things important to people such as their likes and dislikes. People's preferences, choices and what made people angry and frustrated were also noted so staff knew to avoid them. For example, staff maintained detailed records of people's routines and their daily plans; and informed them in advance of any changes to reduce their anxieties.
- Staff communicated with people in the way they understood. Where people used communication aids and tools, staff encouraged them to use these. For example, people had communication passports and guides which staff used to aid effective communication. Staff also used flash cards and Makaton to communicate with people as appropriate to their needs. Makaton uses signs and symbols to help people communicate.
- Staff understood and promoted equality and diversity amongst people. Records indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race were covered as part of their needs assessment. Where people required support to attend places of worship, staff supported them. One person was supported to prepare their ethnic food and attend cultural events.

Supporting people to express their views and be involved in making decisions about their care

- People were given a choice and were involved in planning their day to day care and support.
- Care records showed that people and their relatives had an input in their care planning and their views were considered. Relatives we spoke with confirmed staff kept them informed and discussed their loved one's care with them appropriately. One relative told us, "I get involved regularly to discuss my loved one's needs and care plan and that gives me as a relative more confidence in the service." Another relative said, "I frequently get involved with the care plans. So far, the plan agreed, and arrangements have been successful."
- Staff told us they allowed people to choose what they wanted to do on a day-to-day basis and their choices were respected. Where required, staff supported people to present their views at meetings or if people wished, staff supported them to arrange for Independent Mental Capacity Advocates (IMCAs) to represent them when making important decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted their independence.
- Staff had completed training in dignity in care and gave us examples of how they promoted people's dignity when supporting them with personal care.

- Relatives confirmed that staff-maintained confidentiality. Records were kept securely and information only shared with people who had a right to access them.
- People were supported to be as independent as possible. People lived in their own homes, maintained their tenancies and were supported to do things for themselves. One relative said, "Independence is truly promoted here. They try to make my loved one do things themselves as much as possible and they encourage them to go out more."
- Staff worked with people to improve their skills of daily living. People had developed daily living skills and now received minimal support from staff.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were supported to maintain their health and well-being. One relative said, "When my loved one has fits and seizures, the staff keep a good eye on them and respond very quickly."
- People had personalised support plans that showed how their care and support needs should be met. Support plans detailed people's backgrounds, preferences, social connections, personalities, likes, dislikes, routines and goals. Support plans also included the level of support people required to maintain their personal care, engage in activities and carry out activities of daily living. Records showed people were supported with their needs.
- Staff worked with people to achieve their short and long-term goals. One person was supported to embark on a trip to historic places as they loved history. The person found the experience interesting and commented in the provider's recent newsletter, "I really enjoyed myself immensely. I saw a lot of interesting items on display computerwise and it was interesting historywise."
- People were supported to be active and take part in activities they enjoyed. Each person had an activity plan which included leisure activities, and educational programmes to develop skills and learning. One relative commented, "They have a time table of activities each day. They go to the cinema, club, library and some days day centre." Another relative said, "The staff have responded well in getting my loved one out and about regularly in the local community. They have been on a holiday recently which they really enjoyed."
- Staff planned activities with people based on their interests and the outcomes they wanted to achieve. People were supported to find voluntary jobs or to learn new skills such as cooking or computer skills. People attended day centres where they socialised with others and took part in various activities of their choice.
- Staff provided support to people to develop and maintain relationships which mattered to them. People were supported to maintain contact with their family, and friends. People were also given information and support to develop new relationships and to find love and friendship in the community if they were interested.
- Information was made available to people in the format they could easily understand to support effective communication in line with the Accessible Information Standard. People's support plans, activities plans, hospital passports, and the provider's complaints procedure were available in pictorial, and easy read formats.
- People's support plans were reviewed, and their progress monitored monthly or as when required and updated to reflect their current needs and situations.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns or complain if they were unhappy with the

service. One relative told us, "I have never raised a formal complaint, but feel I can raise any issues in confidence if I really had to and they sort out issues straightway. If you have a problem the staff will always allow you to sit down and discuss things in more depth and be quick to resolve it." Another relative said, "My relative seems very happy with the service they receive. I have never had any reason to make a complaint as I think this is unnecessary."

- There was a complaints procedure in place which was also available in an easy read format. The registered manager was knowledgeable about the provider's complaint procedure. There had been one complaint recorded which was about the physical environment of the building. The complaint was addressed and resolved satisfactorily.

#### End of life care and support

- People's end of life wishes were discussed with them and some people had end of life care plans and funeral plans in place.
- There was no one receiving end of life care at the time of our visit. The registered manager told us they would work in partnership with relatives and other professionals and services if anyone they support required this service.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was delivered in line with the organisation's objectives which focused on providing a good quality service to people and promoting independence.
- People and their relatives confirmed that the service met their needs and it was delivered to high standards. One relative said, "I would recommend this service as very good." Another relative told us, "I feel the management provide a very satisfactory service based on the experience of my loved one who are very satisfied using the service."
- The provider shared the vision and objectives of the service with staff through induction, training and regular newsletters. Staff told us they were supported to deliver support to people in line with the organisation's objectives. There were examples noted of how the service had enabled people to improve their independence and well-being. For example, one person had gained the skills and confidence to live independently.
- The service had a business continuity plan in place to manage unforeseeable emergencies such as flood and bad weather conditions. The plan set out measures to ensure people received the service they needed and were safe in such situations. The provider had also devised a plan to cope with the potential impact of 'Brexit'.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post who had worked at the service for many years and they understood their role and responsibilities in providing effective care to people.
- The registered manager complied with the requirements of their CQC registration including submitting notifications of significant events at their service.
- The registered manager was supported by three team leaders who were responsible for the day-to-day management of the supported living services and supported staff. Staff told us that the registered manager and team leaders were available and accessible if they needed advice and support to deliver their roles. One support staff said, "If I have any problem and I go to the team leaders, they listen to us and support us. If they can't handle the matter, they will go to the registered manager for advice." The team leaders told us they felt supported by the registered manager to be effective in their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service sought the views of people, staff and other professionals about the service provided. Relatives

confirmed they were involved in reviewing the care and support of their loved ones. One relative said, "I get involved in reviews and this gives me a chance to talk things generally about the service and I can also give feedback and raise concerns."

- Staff held monthly one-to-one meetings with the people who they had responsibility for their day-to-day care and support; and tenants' meetings. They used these meetings to engage with people, consult and obtain feedback from them. Staff meetings were also held regularly. These were used to engage with staff, share learning and provide updates about the service.
- The provider produced monthly newsletters which were used to share updates about the organisation. They shared learning, good practice, success stories and progress with staff.

#### Continuous learning and improving care

- The quality of the service was regularly checked and monitored. The views of people, their relatives and staff were regularly sought through surveys. The result of the last survey indicated that people were happy with the service. There was an action plan to address areas where improvements were suggested. For example, outlining staff skills and qualification in an accessible format for people.
- The registered manager conducted audits to check the quality of the service. The audits were tailored to check how safe, effective, caring, responsive and well-led the service was. They made recommendations and discussed plans for improvement at managers' meetings. Other audits carried out included care plans, recruitment records, training and staff supervisions, and health and safety. There were no outstanding actions from recent audits completed.
- The service also had independent auditors monitor the quality of service. The local service commissioners carried out monitoring visits periodically. They made recommendations and set actions for improvement. The provider had commissioned an external auditor to complete a full review of the service provided to people across the organisation. The result would be shared, and actions developed for improvement.

#### Working in partnership with others

- The provider worked in partnership with a wide range of organisations and services to improve and develop the service. They worked with local authority service commissioners and health and social care agencies to develop and deliver an effective service to people.
- They worked with various charitable organisations such as Mencap, MIND, local colleges and employment agencies to access activities, training, and employment opportunities for people. Staff also liaised with benefit agencies on behalf of people.
- The registered manager was a member of their local authority's care providers forum and safeguarding board. They told us they received updates and shared learning relating to health and social care sector.