

MCCH

2 Red House Lane

Inspection report

2 Red House Lane
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 22 June 2017 and was unannounced. At our last inspection in April 2015 the service was found to be meeting regulatory requirements and was rated 'good'. 2 Red House Lane provides accommodation and personal care for up to two adults in a domestic setting based in Bexley, Kent. At the time of our inspection two people were living at the service.

There was a registered manager in place at the time of our inspection. 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.

At this inspection we found improvement was required because whilst steps had been taken to ensure staff were of good character during recruitment, records showed that staff had not consistently provided their full employment history prior to starting work at the service. We also found further improvement was required to ensure medicines were consistently stored within safe temperature ranges to ensure they remained effective for use, although the registered manager took steps to address this concern during our inspection.

Risks to people had been assessed and staff were aware of the action to take to manage areas of identified risk safely. There were sufficient staff deployed to meet people's needs and people received their medicines as prescribed. People were protected from the risk of abuse because staff were aware of the types and signs of abuse, and the action to take if they suspected abuse had occurred.

Staff were supported in their roles through training, supervision and an annual appraisal of their performance. The service acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made in people's best interests and their freedoms weren't unduly restricted. People were supported to maintain a balanced diet and had access to a range of healthcare services when required.

Staff treated people with care and consideration. They involved people in decisions about their support and treated them with dignity and respect. People's privacy was respected. The provider had a complaints policy and procedure in place which gave guidance on how to raise concerns and what people or relatives could expect in response. People had care plans in place which were person centred and gave guidance to staff on the support they required.

Staff spoke positively about the management of the service and were clear on their roles and responsibilities. The provider sought feedback from people, relatives and relevant healthcare professionals through the use of questionnaires and feedback received was positive. Senior staff undertook a range of checks and audits to identify potential issues at the service and we found action had been taken to make improvements in response to audit 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?

Requires Improvement ●

The service was not consistently safe.

The provider undertook recruitment checks on new staff but improvement was required to ensure staff provided their full employment history before starting work at the service.

There were sufficient staff deployed to meet people's needs.

People received their medicines as prescribed and medicine administration records (MARs) were up to date and accurate. However, improvement was required to ensure medicines were consistently stored within safe temperature ranges.

Risks to people had been assessed and staff were aware of the action to take to manage risks safely.

People were protected from the risk of abuse because staff were aware of the signs to look for and action to take if they suspected abuse had occurred.

Is the service effective?

Good ●

The service was effective.

Staff acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet.

Staff were supported in their roles through regular training and supervision.

People were able to access a range of healthcare services when needed.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respected their privacy.

People were given choices and were involved in day to day decisions about the support they received.

People were treated with kindness and consideration.

Is the service responsive?

Good ●

The service was responsive.

People had support plans in place which were person centred and reflected their individual needs.

People were supported to undertake a range of activities and staff supported them to maintain their independence where possible.

The provider had a complaints policy and procedure in place for people or relatives to access which gave guidance on how to raise a complaint and the action the provider would take in response to any concerns raised.

Is the service well-led?

Good ●

The service was well-led.

The provider had systems in place to monitor the quality and safety of the service and to drive improvements.

Staff spoke positively about the management of the service and had a strong focus on teamwork.

The provider sought the views of people, relatives and relevant healthcare professionals about the running of the service through the use of questionnaires. Questionnaire responses showed people experienced positive outcomes living at the home.

2 Red House Lane

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.

This unannounced inspection took place on 22 June 2017 and was conducted by a single inspector. Prior to the inspection we reviewed the information we held about the service which included any statutory notifications the provider had sent the Commission. A notification is information about important events which the service is required to send us by law. We also contacted the commissioning local authority to request feedback on their views of the service.

The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to provide some key information about the service, what the service does well and any improvements they plan to make. We used this information to help inform our inspection planning.

The two people living at the home were not able to give feedback about the service they received. We spent time observing the care and support provided to help us try to understand their experience of the service. We also spoke with three staff, the registered manager and a visiting area manager. We looked at records, including both people's support plans and other records relating to the management of the service including policies and procedures, staff training and supervision records, meeting minutes, medicine administration records (MARs) and audits.

Is the service safe?

Our findings

Records showed that the provider undertook checks in a range of areas to help ensure new staff were suitable for the roles they were applying for. These checks included a review of staff ID, criminal records checks, references and confirmation of staff member's right to work in the UK where this was applicable. However, improvement was required to ensure staff consistently provided details of their full employment history and reasons for any gaps in employment for the provider to review and consider as part of the employment process.

There were sufficient staff deployed within the service to support people safely. The registered manager confirmed that staffing levels had been calculated based on an assessment of people's needs. Records showed that actual staffing levels were reflective of those planned and we noted that the number of staff on duty could be increased if required in order to support people to attend specific activities. For example on the day of our inspection, one person was going out for a meal so an additional staff member was on duty to help provide support to do this.

Staff told us there were sufficient staff on duty during each shift to meet people's needs. One staff member said, "I think there are enough staff on each shift and we have a good amount of cover. If we aren't able to cover shifts ourselves, we have bank staff available or agency support if needed, but they're staff who have worked here before and are familiar with the needs of the residents." Another staff member told us, "The staffing levels are fine; we have more staff on during the morning to help provide support which works well."

Medicines were stored securely at the service and were only administered by staff who had received appropriate training and an assessment of their competency to do so. However, we found improvement was required to ensure medicines were consistently stored within safe temperature ranges. For example, during the week of our inspection we noted that temperature checks of the medicines storage area had slightly exceeded the safe temperature range for medicines storage. This had been identified by staff who had taken some action to address the issue. However we also noted that on one occasion the action they had taken had not been successful and the temperature had remained too high. We brought this to the attention of the registered manager who took action by contacting the pharmacist and making arrangements to ensure the storage area temperature could be more effectively reduced during our inspection. We also saw confirmation from the pharmacist that they were satisfied people's medicines would not have been negatively affected by this issue.

Medicines administration records (MARs) included a copy people's photographs and details of any known medicines allergies to help reduce the risks associated with medicines administration. MARs had been completed appropriately by staff and showed people had received their medicines as prescribed. Remaining medicines stock levels were also accurate when cross referenced with people's MARs.

People appeared comfortable in the presence of staff and did not display any signs of concern about their wellbeing or safety during our inspection. Staff we spoke with were familiar with people's methods of communication and knew the signs to look out for which might suggest people were in distress.

People were protected from the risk of abuse because staff were aware of the different types of abuse and the action to take if they suspected abuse had occurred. One staff member told us, "We do a good job of caring for the residents and I've no concerns about the possibility of abuse, but am always on the lookout for anything concerning. If I was worried about anything, I'd inform the manager straight away." Another staff member said, "I know how to report any abuse concerns; there is information available on the reporting process in the office." Staff were also aware of the provider's whistle blowing policy and told us they were confident they would use this if they needed to do so.

Risks to people had been assessed in areas including mobility, support with personal care, meal time support, self-harm and harm to others, and the risk of absconding. We saw control measures had been identified in respect of each assessed area which gave guidance to staff on how to manage risks safely. Staff were aware of the risk management guidance in people's support plans and we observed them providing support in a safe way. For example, one person's mobility risk assessment included guidance around the use of specific equipment when supporting them to mobilise. Staff we spoke with were aware of the details of the risk assessment and we observed the equipment subsequently being used whilst they supported the person in question.

There were procedures in place to deal with emergencies. People had personal emergency evacuation plans (PEEPs) in place which provided guidance to staff or the emergency services on the support they required to evacuate safely from the service. Staff were also aware of the action to take in the event of a fire or medical emergency. Regular checks had been made on emergency equipment and periodic fire drills were carried out at the service to ensure staff were aware of the correct procedure to follow.

Is the service effective?

Our findings

Staff received an induction when starting work at the service which included the completion of training in a range of areas considered mandatory by the provider, time reviewing policies and procedures, reviewing people's support plans and time spent shadowing more experienced colleagues. The registered manager confirmed that where staff had no prior experience of working in a social care environment, they would be required to complete the Care Certificate to help ensure they were working to a nationally recognised set of standards.

Records showed that staff had completed training in a range of areas including safeguarding, first aid, fire protection, infection control and manual handling. We also saw more specialist training had been provided to help support people's specific medical conditions such as dysphasia. Additionally, the registered manager confirmed that most staff working at the service had completed a relevant health and social care qualification which helped improve their skills and knowledge.

We observed people receiving support from staff who were knowledgeable about their needs and knew how to provide them with effective care. Staff spoke positively about the training they had received in support of their roles and told us that it enabled them to meet people's individual needs. One staff member told us, "The manager is very hot on training and makes sure we keep up to date. It's given me confidence in what I do here." Another staff member said, "The manager has been proactive in suggesting courses in addition to the mandatory training so that we expand our knowledge."

Staff were supported in their roles through regular supervision. Records confirmed that staff received one to one supervision every two months. One staff member said, "Supervision is helpful; I can discuss any concerns or worries I have and we talk about how we are getting on with supporting the residents, and whether any improvements could be made." We also saw the manager was in the process of completing annual appraisals with staff in further support of their roles.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed mental capacity assessments had been conducted around key decision making areas where there was a reasonable belief the person may lack the capacity to make the decision for themselves.

Where assessments identified people as lacking capacity to make a specific decision we saw decisions had been made in their best interests, involving relevant healthcare professionals, where appropriate. For example, where one person had been assessed as lacking capacity to consent to taking their medicines, we saw the decision to administer their medication in their best interests had been made by staff in consultation with the person's GP.

The registered manager was aware of the conditions under which a person may be considered to be deprived of their liberty and knew the procedure to follow to ensure any deprivation of liberty was lawfully authorised under DoLS. Records showed DoLS authorisations had been granted where appropriate for people living at the home and any conditions placed upon people's DoLS authorisations had been met.

People were supported to maintain a balanced diet. Staff explained that the menu at the service had been developed based on their knowledge of people's mealtime preferences. They were aware of people's likes and dislikes and told us should a person not wish to eat what was on offer, they would offer an alternative. We saw professional guidance had been sought where appropriate to ensure people's nutritional needs were safely met. For example we noted one person had guidance in place from a speech and language therapist regarding their mealtime support. Staff we spoke with were aware of the details of this guidance and confirmed they supported the person accordingly.

People were supported to access a range of services in order to maintain good health. Records showed people were supported to access a range of healthcare support including a GP, community nurse, physiotherapist, dentist and speech and language therapist when required. Staff maintained records of when people's healthcare appointments were due and the registered manager confirmed that staff supported people to attend appointments if required. Each person's support records included information that accompanied them to any hospital appointments which provided key guidance to healthcare professionals on their individual conditions and needs as well as details on methods of communication so that they could be treated effectively.

Is the service caring?

Our findings

We observed staff interacting with people in a friendly and considerate manner throughout the time of our inspection. Staff moved promptly to support people where required and demonstrated care and attention in the support they provided. We also noted that staff responded positively to the staff interacting with them. One staff member told us, "This service is like a family; that's how I've always seen it." Another staff member said, "I feel the service users respond well to the support we give them. I try to do for them what I would want done for me or my children."

Staff demonstrated a good knowledge of the people they supported. They were aware of details of their life histories, as well as their likes and dislikes, and preferences in their daily routines. They were familiar with people's methods of communication which they explained was essential in ensuring they were able to provide good quality care to the people they supported.

People's privacy and dignity were respected. Staff described the steps they took to ensure people's privacy and dignity were respected. One staff member said, "I always make sure the door is closed and the blinds are down if I'm supporting someone with personal care." Another staff member said, "I make sure we have privacy if I'm supporting people to wash or dress, and wouldn't just walk into someone's room without knocking." We saw staff treating people in a polite and dignified manner during the time of our inspection.

The registered manager confirmed that the provider was committed to supporting people's diverse needs with regards to their disability, race, religion, sexual orientation and gender. We saw consideration had been made in people's care plans as to whether people had any individual needs that required support in some of these areas. For example, one person's care plan took their faith into account, although it noted that they were not practicing at the time of our inspection and therefore did not require support.

There were arrangements in place to ensure people could maintain the relationships which were important to them. The registered manager told us, and records confirmed that there were arrangements in place to ensure people were able to see family members on a regular basis. For example we noted that one person regularly went to stay with a family member and that another family member visited the service when they wished.

Staff were aware of the importance of involving people in decisions about their day to day support and told us they supported people to make choices wherever possible. One staff member told us, "We always try and give people options and let them decide things for themselves. For example, I give [one person] visual prompts so that they can understand and make a choice, or they may prompt us with their wishes using object cues." We saw guidance in place in people's care plans on the methods to be used in order to give people choices around their activities of daily living. Records also showed that, where appropriate, family members or advocacy services had been involved in discussions and decisions relating to people's care and support.

Is the service responsive?

Our findings

People had support plans in place which had been developed based on an assessment on their individual needs. They included information for staff on the areas in which people required assistance, and guidance on how support should be provided in order to meet people's assessed needs. Care plans covered a range of areas including mobility, personal care, eating and drinking and support requirements when in the community. Records showed people's care plans had been reviewed on a regular basis, to ensure they remained up to date and reflective of their current needs.

Support plans were person centred, and included information about people's daily routines, their likes and dislikes and information about their life histories and the people that were important to them. Staff we spoke with were aware of the information in people's support plans. They explained that any changes in people's needs were recorded in their care plans and communicated with the entire staffing team during shift handovers and through a communication log to ensure people's individual needs were consistently met. Records also showed people's support planning had included input from family members or advocacy services, where appropriate.

People were supported to maintain their independence wherever possible. Care plans considered people's level of independence and recognised people may have fluctuating support needs in some areas. For example we saw guidance in place around supporting one person at mealtimes included the use of a specialised plate and cutlery in order to maximise the person's independence. We also observed staff supporting one person with domestic tasks around the service during our inspection, encouraging their involvement, in promotion of their independence.

People were supported to undertake a range of activities which included regular trips out into the community to a local park, going shopping or for meals out, visits to a local hydro pool, the use of sensory equipment and regular aromatherapy sessions. On the day of our inspection one person went out for lunch and to go shopping and plans were in place for another person to go out for a meal separately later on the same day.

The provider had a complaints policy and procedure in place which provided guidance on how to raise a complaint and the action people could expect the provider to take as a result. This included details of the timescales for any responses to how any concerns people had raised could be escalated should they remain unhappy with the outcome. We saw guidance on how to complain was available for people or visitors to the service in leaflets which were displayed near the entrance of the service. Records showed the provider had received one complaint during the previous twelve months which had been responded within the timescales laid out in the provider's complaints procedure.

Is the service well-led?

Our findings

There was a registered manager in post who had been registered at the service since August 2013. They demonstrated a good knowledge of the service and the people they supported, as well as an understanding of the requirements of being a registered manager and their responsibilities with regards to the Health and Social Care Act 2008.

The registered manager confirmed they received good support from the provider and met regularly with the area manager. They told us these meetings helped ensure a consistent approach to supporting people was maintained, in line with the provider's policies, procedures and values. We spoke with the area manager who visited the service on the day of our inspection, to conduct the registered manager's annual appraisal and they told us they were available to offer support the registered manager and staffing team as and when required.

Staff spoke positively about the registered manager and the support they received. One staff member said, "The manager is always available if needed. He's supportive and makes clear our responsibilities while working here." Another staff member told us, "The management team are supportive and quite flexible if we have any problems. They're approachable and if they aren't able to help you directly, they'll know where to suggest we go for assistance."

Throughout our discussions with staff there was a strong focus on the importance of teamwork. The registered manager and staff were open and transparent in their responses to questions and demonstrated a commitment to providing high quality care to the people they supported.

Staff told us, and records confirmed that they attended regular staff meetings. Minutes from a recent staff meeting showed areas of discussion had included the day to day management of the service and staffing roles, as well as discussion about aspects of the support people received. Staff also confirmed that they held handover meetings between each shift which included a review of the service's communication book, to ensure they were aware of any changes or updates at the service or in the support people required.

The provider had systems in place to monitor and improve the quality and safety of the service. Records showed senior staff conducted checks and audits in a range of areas including support planning, health and safety, nutritional needs, finances and the environment. We found action had been taken where issues had been identified. For example, a recent weekly check made on the facilities at the service had identified the microwave in the kitchen as being in poor condition and we saw this had subsequently in place. In another example, checks on people's support plans had identified that improvements were needed in the recording of mental capacity assessments and any best interests decisions and this issue had been acted upon.

An area manager conducted periodic audits which included checks on people's medicines and we saw regular medicines stocks were made to ensure stock levels were reflective of the doses people had been administered, we noted that changes to the frequency at which the area manager's audits were conducted meant that medicines audits were only being conducted on a six monthly basis. We discussed this with the

registered manager and area manager and they confirmed they would look at options to ensure medicines audits were conducted on a more frequent basis, to ensure the risks associated with medicines storage and administration were managed safely. We will check on the outcome of this at our next inspection.

The provider had sought feedback from people, relatives and healthcare professionals who were involved in supporting people at the service through the use of regular questionnaires. We noted that the responses received by the service provided positive feedback about the service in all of the areas covered by the questions, indicating that people were experiencing good outcomes living at the service.