

Micado Homes Limited

Micado Homes - Drayton Lodge

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

Micado Homes – Drayton Lodge is a care home without nursing for up to 6 adults with mental health needs. The service is the only location for this limited company. At the time of the inspection, 5 people were living at the service.

People's experience of using this service and what we found

People were happy living at the service. They felt well supported. Their needs were met, and they had good relationships with the staff and each other. People were supported to develop skills and be involved in shopping, cooking and a variety of activities inside and out of the home.

The staff worked closely with external professionals to assess, plan for, monitor and meet people's needs. They empowered people to understand and monitor their own care and to make decisions.

Risks to people's safety and wellbeing were assessed and planned for. People received their medicines safely and as prescribed. The environment was clean and well maintained.

There were appropriate systems for recruiting, training, and supporting staff. Staff had a good understanding about people's needs and providing care in line with best practice.

There were effective systems for monitoring and improving the quality of the service. These included asking for people's views and supporting them to make decisions about the house. There were also systems for investigating and responding to complaints, incidents and other adverse events.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 18 July 2018).

Why we inspected

The inspection was conducted based on the date of the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Micado Homes - Drayton

Lodge

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was conducted by 2 inspectors

Service and service type

Micado Homes – Drayton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Micado Homes – Drayton Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

In July 2023, we carried out a monitoring activity with the registered manager. This included a virtual meeting when we discussed the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at all the information we held about the provider, including notifications of significant events.

During the inspection

We met all 5 people who lived at the service, a visiting healthcare professional, a visiting relative and 1 support worker. The registered manager was on leave at the time of the inspection. However, we spoke with them and the nominated individual over the telephone. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed how people were being cared for and supported. We looked at the environment. We looked at how medicines were managed. We viewed a selection of records including the care records for 3 people, records of meetings, quality checks and records relating to staff training and support.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help safeguard people from the risk of abuse. The staff had training to understand these. The provider shared information with people using the service so they, and staff, knew how to recognise and report abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and planned for. The risk assessments linked closely to care plans and people were involved in developing these. People were supported to understand about their own needs and risks related to these.
- There was information for staff to help them recognise and respond to relapses in people's mental health. People had regular individual meetings with key staff to discuss their feelings, their care and risks. The provider supported people to understand the situations that put them at risk and how to deal with these to stay safe and well.
- The staff encouraged people to take positive risks to help develop their confidence, skills, and independence. They reviewed these together to help plan for their ongoing care and treatment.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. Staff had access to emergency support if this was needed. People told us their needs were met and they did not have to wait for care and support.
- There were appropriate systems for recruiting and selecting staff. These included checks on their suitability and assessments of their skills, knowledge, and experience. The staff team was stable and this helped to ensure consistency of care and approach from staff who knew people well.

Using medicines safely

- Medicines were managed in a safe way. People were supported to become independent in managing their own medicines when they were ready and assessed as safe to do so. At the time of our inspection, people living at the service were at different stages of independence in managing their own medicines.
- People had regular medicines reviews with the staff and healthcare professionals to make sure they were prescribed the right medicines to meet their needs.
- Medicines were safely stored. Staff had training to understand about the safe handling of medicines. There were regular checks on medicines and audits to make sure people had received these as prescribed.

Preventing and controlling infection

- There were systems to prevent and control infection. The environment was kept clean, and people were

supported to participate in maintaining cleanliness.

- There were regular audits related to infection prevention and control.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- There were systems to learn when things went wrong. Staff discussed incidents, accidents and adverse events with each other and managers so they could learn from these.
- People took part in regular meetings with staff and external professionals. They discussed any incidents and were supported to learn from these. The registered manager told us they asked people to attend community meetings to discuss any issues they had with each other and when things went wrong. We saw this had happened and people worked together to improve the household community because of these.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed and planned for. People were supported to have a planned and gradual transition to the service. This included short visits, overnight stays and meetings with staff and external professionals. This helped people with the transition from hospital to the care home.
- People were involved in planning and reviewing their care. They had regular meetings to discuss this and had signed their agreement to care plans and conditions of living at the service.
- Care plans were regularly reviewed to make sure they reflected changes in people's needs and choices. There was evidence of consultation with others to help make sure the plans incorporated best practice.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained, supported and knowledgeable. New staff completed inductions to the service and were supported by experienced team members, as well as managers, to get to know the service.
- Staff undertook a range of training and had access to resources about their work, mental health needs and best practice. The staff were encouraged and supported to undertake relevant qualifications.
- There was good communication amongst the staff, with regular meetings and sharing ideas and experiences. Staff regularly met and spoke with managers to review their work and discuss any areas of concern.

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

- People had enough to eat and drink. They were involved in planning for, shopping and preparing food with the support of staff. People agreed a menu for the week, although they were able to make choices for different meals if they wanted.
- People were able to help themselves to drinks, snacks and prepare their own food independently if they wanted.
- People's cultural needs, lifestyle choices, and health conditions affecting their diet were assessed, planned for and known by staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's mental healthcare needs were well managed. Each person's care package included regular interventions from different external professionals. These professionals, along with staff and the person, reviewed their care and made sure their mental health needs were being monitored. The provider empowered people to take control of monitoring their own mental wellbeing and supported them to

recognise and act on signs of deterioration.

- People's physical healthcare needs were also being met. There was information about their healthcare conditions and staff helped them to monitor these. Staff knew what to do if someone became unwell or their condition deteriorated. We saw people had regular appointments with different healthcare professionals and there were clear plans in respect of their health needs.
- The staff supported people to understand and work towards healthy lifestyles. They discussed these with people and encouraged them to make choices to promote better health and wellbeing.

Adapting service, design, decoration to meet people's needs

- The building was suitable to meet people's needs. People had their own bedrooms which they could personalise. There were well-maintained communal areas which were appropriately furnished and equipped.
- The home was attractively decorated, light, and spacious.
- At the time of our inspection, no one living at the service had physical disabilities or specific equipment needs. People were able to use the equipment in communal areas, such as computers, kitchen equipment, and entertainment systems.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The provider was acting within the principles of the MCA. They had asked people to consent to different aspects of their care and treatment.
- At the time of our inspection, everyone living at the service had the mental capacity to consent to decisions about their care. They had signed documents to indicate their consent to specific decisions. They were asked for consent to care and treatment on each occasion, and the staff respected their decisions.
- People had moved to the service as part of their continuing care and treatment following hospital admissions and, sometimes as part of a rehabilitation programme. Because of this, there were some restrictions imposed by multidisciplinary teams. Some of these were specific for each person and some were rules for everyone, for example abstinence from recreational drugs and alcohol. People had agreed to the restrictions, including drug and alcohol testing, and knew that breaching the conditions of their stay could result in a return to hospital. They had signed contracts and understood the restrictions placed as part of the agreement for them to live at the home.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. They had good relationships with staff and each other. They liked living at the home and told us there was a good atmosphere.
- Some of the comments from people included, "The staff go out of their way to help you and are very caring", "I feel very much respected", "They are very good. When I was ill they acted quickly and made sure I was alright, they were very kind and caring" and "I like it here, there are nice people and it gives you freedom." The relative we met told us, "The staff are excellent and very helpful." We observed kind and considerate interactions between staff and people being cared for.
- People's diversity needs were respected. The staff created care plans about ethnicity and other diversity needs. These included information about how people wanted to be referred to, treated and any support they needed to meet these needs.

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

- People were able to express their views and were involved in making decisions. People had helped to develop and had agreed to their care plans. They met with staff and external professionals to review their care and make decisions about this.
- The staff supported people to meet with each other to discuss issues affecting the house, including menu planning, group activities and house rules.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They were able to spend time in their bedrooms and staff knocked on doors and gained permission before entering rooms. Staff used people's preferred names and pronouns when addressing them.
- People were supported to develop their independence and confidence. They took part in cooking, cleaning, shopping, and household tasks. They were also supported to be independent with their money and work towards independence with managing their own medicines. The aim of the service was that people would be able to move away to live more independently in the future.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their preferences. They were involved in planning and reviewing their own care. They were supported to set goals to work towards independence and developing skills.
- People were able to make choices about their lives and were supported to consider the impact of these choices for themselves and others.
- Everyone was assigned a key member of staff who supported them to plan and review their care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider made information available in different formats for people who needed this.
- Care and support plans included information about how people communicated and any specific needs they had.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue activities and hobbies that interested them. The staff helped people to develop a plan and access activities. There were some organised events and people could use communal facilities such as games and computer equipment.
- Some communal outings and parties were organised. People told us they had enjoyed these.
- Visitors were welcome at the home and able to socialise with people. The staff told us people who used to live there sometimes came back to visit and spend time with others.
- Some people took part in external groups, therapy and voluntary work when they wanted and needed.

Improving care quality in response to complaints or concerns

- There was an appropriate system for dealing with complaints and concerns. People knew who to speak with if they were unhappy with something.
- The staff supported people to address concerns they had with each other through community meetings. Minutes of these showed people had resolved their concerns appropriately.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive person-centred culture. People were happy living at the service. Some of their comments included, "I think it is amazing to be honest" and "I feel safe and well looked after." The service achieved good outcomes for people. One professional told us, "This place is very good in terms of patients' safety. They are prompt at notifying [external professionals] when needed and their documentation is excellent. I feel it is well run and well-led."
- People were empowered to understand about their own needs and to plan their own care. They were enabled to take risks and monitor the impact of these themselves.
- Staff were happy and well supported. They were given opportunities to develop their skills, undertake qualifications and to take a lead in communication with other professionals.
- People using the service and staff were listened to and asked for their views during regular meetings, reviews of care, and discussions about the service.
- The provider asked stakeholders to complete surveys about their experiences. These included positive feedback from external professionals, who explained the service provided high quality personalised care.
- The staff undertook training about equality and diversity and had a good understanding of people's diverse needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.

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

- The registered manager and nominated individual were both registered mental health nurses with experience working in hospitals and community settings. They had a good knowledge about people's needs and best practice.
- The staff were supported to learn through a range of training and resources.
- There were a range of policies and procedures which reflected legislation and good practice. These were regularly reviewed and updated.
- People told us they found the staff and management team supportive and approachable. Staff felt well supported by managers.

Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. These included audits, checks, and asking stakeholders for their feedback.
- Complaints, accidents, incidents, and adverse events were investigated and responded to appropriately, in line with the provider's procedures.

Working in partnership with others

- The provider worked in partnership with others. The external professional who we spoke with confirmed this. They explained how staff communicated well with them and with people's families. They confirmed staff followed guidance and instructions when needed to ensure safe and suitable care.
- The registered manager worked with the local authority and other care providers to discuss best practice and learn from each other.