

MCCH Society Limited

# MCCH Society Limited - 2 Red House Lane

## Inspection report

2 Red House Lane  
Bexleyheath  
DA6 8JD  
Tel: 020 8304 9718  
Website: [www.mcch.co.uk](http://www.mcch.co.uk)

Date of inspection visit: 29 April 2015  
Date of publication: 01/07/2015

### 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 29 April 2015 and was unannounced.

MCCH Society Limited - 2 Red House Lane provides accommodation and personal care for up to two adults in a domestic setting based in Bexley Kent.

We last inspected MCCH Society Limited - 2 Red House Lane in September 2013. At that inspection we found the service was meeting all the regulations that we assessed.

There was a registered manager in post 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.

# Summary of findings

Staff knew the people they supported well. They understood their care needs and the way they communicated their needs. Each person was treated with dignity and respect and they were supported to regularly access the community and participate in activities.

Risks to people's safety were identified and people were supported to maintain their welfare and safety. There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these.

Where people did not have the capacity to consent to some aspects of their care, assessments were used to record any specific decisions made in their best interests. Deprivation of Liberty Safeguards (DoLS) authorisations were in place for both people using the service at the time of this inspection.

Staffing numbers were sufficient to help make sure people were kept safe. Staff attended regular training which gave them the knowledge and skills to support people effectively.

Staff worked with other healthcare professionals to maintain people's health. We saw that people's prescribed medicines were being stored securely and managed safely.

The registered manager demonstrated a good understanding of their role and responsibilities, and staff told us they were supportive and fair. There were well organised effective systems in place to ensure the safety and quality of the service provided at MCCH Society Limited - 2 Red House Lane.

# 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 adequate staff to meet people's needs and to ensure their safety and welfare. Identified risks to people's safety and welfare were being managed appropriately.

Medicines were being stored securely and managed safely.

Appropriate recruitment policies were in place.

Good



### Is the service effective?

The service was effective. Staff had the knowledge and skills to meet people's needs. They were supported effectively through regular training and supervision.

People were supported with their dietary requirements and to maintain their health. The staff worked well with other healthcare professionals involved in each person's care.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring. Staff knew people well and were aware of how each person communicated their needs. This meant that the support and care could be provided in line with their wishes and preferences.

Staff worked to ensure people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive. Staff were knowledgeable about people's care and support needs.

People were supported to take part in activities and to maintain contact with people who were important to them.

People using the service or their representatives were made aware of how to raise concerns or complaints.

Good



### Is the service well-led?

The service was well led. Staff felt well supported by the registered manager and were able to speak with them if they had any issues or concerns.

Care documentation was well organised and information easily accessible.

There were effective systems to review the quality of care provided and make improvements if required.

Good



# MCCH Society Limited - 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 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us.

This inspection took place on 29 April 2015 and was unannounced. One inspector conducted the inspection as there were only two people living at the home.

Both people who lived at the home were unable to give feedback about the service provided. We spent time observing the care and support provided to help us try to understand their experience of the service.

During our inspection we spoke with two care staff and the registered manager. We looked at the care records for both people using the service. We also looked at records that related to how the home was managed.

# Is the service safe?

## Our findings

We observed people were supported in a way that kept them safe. The staff spoke about how each person communicated any distress and how they would respond to this. Two staff accompanied one person when they went out for lunch on the day we visited to make sure of their safety.

People were protected from the risk of abuse and neglect. Staff were aware of the safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. They were confident that any concerns raised would be addressed by the registered manager or other senior staff to help make sure people were kept safe. One staff member told us, “If I had a concern, I would go to the manager or senior staff member.” Another staff member said “200%, I would talk to the registered manager.” There were no safeguarding concerns at the time of our inspection.

There were adequate staffing levels in place to keep people safe. Two members of staff were on duty on each day shift with one additional staff member working across the shifts to enable activities to take place. One staff member was on duty at night with on-call arrangements should they require further support. Staff told us they felt staffing levels were adequate to support people safely. One staff member told us, “We never lack help, they get the best care.”

Staff completed risk assessments to help keep people safe. Each person’s care file contained individualised and up to date risk assessments. The assessments looked at any hazards that the individual might face and the support needed to minimise the identified risks. For example, we saw risk assessments that related to people’s behaviour, trips out in the community and their safety in the home environment.

Care plans addressed any behaviour that required a response from staff to keep the person or others safe from harm. These documents identified any triggers for anger or distress, how the person communicated their feelings and what staff should do in response. The organisation had a dedicated behavioural specialist in post who had previously provided advice to the home about how to work with one person using the service.

The service made sure that people’s medicines were managed safely. Medicines were kept in a secure cabinet and records showed us that regular checks of the medicines administration record (MAR) charts and stocks of medicines were carried out by staff. The MAR charts we looked at were fully completed and these showed that people were receiving the right medicines at the right time. A medicines handover check sheet was completed daily by staff and our checks of the quantities of two prescribed medicines found these to be correct.

Appropriate checks were carried out to help ensure a safe environment was provided that met people’s needs and maintained their safety. A property hazard file was available to staff that included the location of water stopcocks and electrical switchboards. Records showed that important safety checks were carried out as required. For example, annual gas safety checks and regular fire and electrical equipment tests.

Recruitment information seen for two members of staff included pre-employment checks with previous employers and a satisfactory criminal records check with the Disclosure and Barring Service (DBS). We saw evidence that a criminal record check was being refreshed for one staff member at the time of our inspection as the organisation had a policy of repeating these every three years.

# Is the service effective?

## Our findings

Staff had the skills and knowledge to support people effectively. Staff told us that they received the training they needed from the organisation to care for people and meet their assessed needs. One staff member said, “We have good access to training and development, the training is there.”

Records showed that staff had undertaken training across a number of areas including safeguarding adults, first aid and administering medication. Staff also received training in topics specific to the needs of people using the service, for example, around working with behaviours that require a response and understanding autism. A new computerised system enabled the registered manager to monitor staff training and see when a staff member needed to complete a refresher course.

Staff received regular one to one supervision sessions with the registered manager where they could discuss their work and identify any training needs. Staff also received an appraisal each year.

Agency or bank staff completed induction training when they first worked at the service. Checklists were completed to make sure they knew procedures such as fire and managing risk. The information provided was detailed and focused on important ‘things to know ‘ about each person using the service. Documents such as the communication passports and support plans were highlighted for staff to use and read.

Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. The

DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty. We saw that, where people did not have the capacity to consent to some aspects of their care, assessments were used to record any specific decisions made in their best interests. For example, around money and taking medicines. The assessments documented the person’s ability to understand, retain and use information provided to them and looked at applying the least restrictive option. DoLS authorisations were in place for both people using the service at the time of this inspection.

Staff supported people with their nutritional needs. Meals were planned on a weekly basis reflecting people’s known preferences. Their individual likes and dislikes were recorded for staff to reference if required. A food folder included pictures of meals to help one person make choices about their meals. We observed that one person was supported to eat their meals and staff followed set guidelines when doing this. Each person’s weight was monitored and records were kept of food and fluid intake as appropriate.

People were supported to have their health needs met. Records showed that staff worked with the healthcare professionals involved in each person’s care to make sure they supported the person with any health needs they had. A health care professional told us that staff were approachable and helpful with a good knowledge of the two people using the service. A separate medical file was kept for each person including a pen portrait of them along with a hospital passport to help other professionals provide support effectively. We saw that staff supported people to attend appointments with their GP, optician, chiropodist and other more specialist health services.

# Is the service caring?

## Our findings

Throughout our visit we saw people were treated in a caring manner and with kindness. One staff member told us, "It's their home, not a place of work." Another staff told us, "It's their home, they get the best care."

A healthcare professional commented that people were treated with respect and the service worked to promote independence and choice making.

Each person had their own room that they were able to access during the day. We saw that staff respected people's personal space, knowing when people needed some time on their own from their knowledge of each individual and how they communicated this. We saw people were offered choices and staff used objects of reference to help prompt people if they wanted something. Staff gave people individual attention and we saw they were able to access the garden as well as the indoor communal areas.

We observed staff maintaining people's privacy and dignity when supporting them with personal care and other tasks. One person was supported to use the toilet and staff ensured their privacy and dignity was maintained. People were supported to undertake their own personal

care tasks whenever possible to develop their independence. One person had an established routine where they used a toiletries box to prompt staff that they wanted to wash and get ready.

Staff had a good awareness of people's individual needs and told us they had seen the care plan for each person. One staff member talked in detail about how one person communicated and how they recognised when the person wanted to be alone. Communication passports were in use for each person that helped staff support them with their daily activities. For example, prompts to be used consistently with one person on how to provide choice of breakfast by using clear cereal containers. Other objects of reference were used to help facilitate different tasks and activities. A signing sheet was used to make sure staff had read the passport documentation.

# Is the service responsive?

## Our findings

Each person had an up to date 'person centred individual plan' (PCIP) addressing areas such as social activities, personal care and health. Each plan included the support required by the person and the things that were important to them including sections such as 'all about me' and 'how I communicate'. Each person's daily routines were documented including their personal hygiene and preferred activities. Detailed guidelines were presented for staff as to how to support people in areas such as eating and drinking and mobility.

The plans were reviewed regularly to make sure they met people's current needs. One staff member said that they were made aware of any changes in the care and support being provided at the daily handovers and in staff meetings. Staff acted as key workers for people however they were not formally documenting their input with each person and progress towards identified goals.

One person was supported with a particular health condition and staff monitored them closely in order to be able to respond appropriately according to the guidelines in place.

A schedule of activities was in place for each person using the service. One person went out for lunch on the day of our visit and another person was supported to exercise using hand rails and sensory items provided in the main communal area. Records documented people going out for walks, shopping and for lunches. An aroma therapist visited both people on a fortnightly basis and a trampoline had been purchased for one person to use in the garden following discussion at their review.

People using the service were supported to have contact with people important to them. There were no restrictions set on visiting times and records showed that one person saw their family every week.

The home had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. A complaint log was kept by the registered manager and this showed there had been no recent complaints made about the service provided. The organisational complaints procedure was accessible to all visitors as accessible leaflets were located in the entrance hall for people to take. This information was provided for people using pictures and symbols to help them understand how they could make a complaint if they were unhappy with the service the home provided.



# Is the service well-led?

## Our findings

The registered manager had worked at the home for two years and they demonstrated a good knowledge of the service throughout our inspection.

The registered manager was also responsible for another home located close by and divided their time between the two locations. A 'personal assistant' deputised for the registered manager and they were based at the home on a full-time basis. Staff said this arrangement worked well and said the registered manager worked regularly on shift alongside them. Rotas confirmed this and we saw the registered manager was working on shift on the day we visited. Staff told us the team worked well together and said they felt well supported by their line manager. One staff member said "We are a good team here" and another staff said "It's perfectly organised."

Minutes of monthly staff meetings showed staff were involved in the operation of the service and how people were being supported. The April 2015 meeting included discussion about each person using the service along with an update around the CQC and the standards expected from staff. Staff signed to say they had read and agreed the minutes of each meeting. A noticeboard in the office was used to flag and display information for staff to read between meetings.

Records showed the home had systems to regularly check the quality of the service provided and make sure any

necessary improvements were made. For example, compliance checks were regularly carried out covering areas such as fire safety, risk assessments, and staff supervisions. A weekly schedule was displayed in the office to help make sure these internal checks took place. Quarterly visits were carried out by a senior manager from the organisation with written reports supplied to the home. We saw any required actions were documented and checked for completion at the next visit.

The service had a process to obtain formal feedback from people involved with the service through written questionnaires. They were sent a written questionnaire annually by the organisation to ask for their feedback. A questionnaire received recently from a health professional stated that their experience was that staff treated people in a respectful manner. The findings from previous year's questionnaires were collated and used to make improvements where necessary.

Any incidents and accidents were documented and reported to the registered manager. The registered manager reviewed all incident and accident reports and these were entered on a computerised organisational database. Each record addressed the immediate action taken, any further investigations undertaken and the outcomes. Each record could only be closed with the permission of the responsible regional manager. We saw one example where an incident had occurred and changes had been made to daily procedures to help make sure one person was kept safe.