M Power Limited

# M Power Limited - 22a Bromley Road

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
|---|---|

| | |
|---|---|
| Is the service safe? | **Good** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection took place on 5 February 2019 and was unannounced. M Power Limited – 22a Bromley Road provides accommodation, personal care and support for up to 11 people. People using the service had a history of living with a learning disability and mental health needs. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At this inspection there were six people living at the service.

At the previous inspection on 3 January 2018 we found that the service did not meet the standards we inspected. People did not always have effective risk assessments and management plans in place to mitigate potential risks. People were not supported to consent to care and the premises were not well maintained. In addition, staff did not follow infection control processes which increased the potential risk of infection.

There was a registered manager. This registered manager was new to the service and was employed in October 2018. 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 that the registered manager had taken some action to improve the service.

Risk assessments and management plans were updated to provide staff with detailed information to manage risks associated with people's needs.

Staff had access to and used personal protective equipment including the use of gloves and aprons to reduce the risk of infection. There was a programme of redecoration and maintenance of the premises. However, we found new concerns related to activities for people, the quality of some care records and people were not always supported to practice their religious beliefs.

There was an individual activity programme in place. People who were independent in the community accessed services and social events that interested them. There were no activities arranged in the home for everyone to take part in if they wished to do so.

Care records were not always accurate and did not always accurately reflect people's needs. There were systems in place for monitoring the quality of care. Staff completed regular audits of the service and developed a business plan to address any concerns in the management of the service. However, the audits had failed to identify the shortfalls we found during this inspection.

There was a system in place to identify people at risk of harm and abuse. Staff followed this guidance to

protect people from abuse and to report safeguarding allegations promptly.

The recruitment procedures in place ensured that suitably experienced staff were employed to work with people. Pre-employment checks were completed and returned as part of the recruitment process before staff were employed. Enough staff were employed to care for people safely. The staff rotas showed the deployment of staff was at an appropriate level to effectively support people.

Accidents and incidents that occurred at the service were monitored. The registered manager shared concerns with staff to learn from them and to manage the occurrence.

Each member of staff was supported with an induction, training, supervision and an appraisal.

People had enough to eat and drink. People and staff developed a menu. Staff and people were involved in the preparation and cooking of meals for all people living at the service.

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 supported this practice. People were supported to give their consent to receive care and support. They also made decisions about how they wanted their care carried out. Staff understood how to support people who were unable to make decisions for themselves.

People said staff were supportive and kind to them. Staff and people engaged well and were respectful of each other. Staff supported people with their care and support while protecting their privacy and dignity.

People understood how to make a complaint about the quality of care if they were unhappy about an aspect of the service.

The registered manager understood their responsibilities to inform the Care Quality Commission of significant events that occurred at the service.

There was partnership working between the registered manager and health and social care professionals and voluntary organisations that could support people at the service.

## 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.

There were established safeguarding processes in place. Staff understood their responsibilities to manage allegations of abuse and to keep people safe.

People had risks associated with their health and well-being assessed.

Medicines were managed in a safe way, so people had their prescribed medicines.

Learning from incidents and accidents at the service was shared with staff

Staff understood how to reduce the risk of infection by using personal protective equipment.

### Is the service effective?

Good

The service was effective.

The home had been made accessible to ensure people could move freely around the home.

Staff completed training, supervision and an appraisal which helped them to learn new skills and knowledge and reflect on their job performance.

People's care was provided in line with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff obtained people's consent for their care and support.

People had access to health care services when their needs changed.

Meals were organised and prepared by staff with support from people. Meals met people's individual needs and preferences.

### Is the service caring?

Good

The service was caring.

Staff showed people kindness and were caring,

People and their relatives were involved in making decisions regarding their care and support.

People's care and support was carried out in privacy whilst protecting their dignity.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

Each person had an activity plan, however we found activities were not always meaningful or provide stimulation that met their social and leisure needs. People were at risk of social isolation because they did not engage with others.

People were involved in any assessment of their needs and care plans were in place to support staff to safely care for people.

There was an established system in place to make complaints about the service.

Staff had begun the process to collect people's views and opinions regarding their end of life choices.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

The quality assurance systems used for the review and monitoring of the service were not always effective because they did not identify the concerns we found.

The registered manager understood the responsibilities of their registration with the Care Quality Commission.

People and their relatives provided feedback about the quality of the service.

# M Power Limited - 22a Bromley Road

**Detailed findings**

## Background to this inspection

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

The inspection took place on 5 February 2019 and was unannounced. Two inspectors and one expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed the information we held about the service including notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

We undertook general observations of the service and how people and staff interacted with each other. We reviewed four people's care records and their medicine administration records. We also looked at four staff files, records used for the management of the service, quality audits and service maintenance records.

During our inspection, we spoke with four people who used the service and one relative. We also spoke with the registered manager, two members of staff and the nominated individual. After the inspection, we received feedback from one health and social care professional.

Good

# Is the service safe?

## Our findings

At the previous inspection people and their relatives gave us mixed views of the service and said they did not always feel safe. There was a break in at the service which made people also feel unsafe. Records showed that the registered manager did not effectively manage potential risks associated with people's health and well-being needs and the premises required decorating and there were maintenance issues.

People said they now felt safe at the service. Comments included "Yes I do" and "We feel safe now." Staff told us that people were unsettled during the previous inspection because a person using the service displayed behaviour that challenged staff and others. Staff managed this behaviour by following the guidance in the person's reviewed and updated risk assessments and behaviour management plans. The registered manager had also installed CCTV in communal areas in response to a break in that had occurred.

Staff identified risks associated with people's health and well-being including their mental health needs, behaviours that challenged, walking ability and road safety. There was a management plan in place for each identified risk which staff followed to keep people safe. People's risk assessments were reviewed on a regular basis and management plans updated where there were changes.

At the previous inspection we found that staff had not always followed infection control processes or used good hygiene practices. We saw this had improved because staff had access to and wore personal protective equipment such as gloves and aprons. Staff understood the provider's infection control policy and knew how to reduce the risks of infection for people by practising good hygiene. We completed general checks of the service and found that the communal areas of the service were clean and tidy.

There was an evacuation plan to help keep people safe in an emergency. At the previous inspection people's bedrooms did not have door numbers. Therefore, there was a potential risk that people would not receive appropriate help from staff in an emergency to safely evacuate the building. During this inspection we saw that each bedroom had a room number and photographs of people were also placed on their doors so staff could easily identify who was in each room and offer appropriate support based on their needs to evacuate if required. Staff gained an understanding through fire safety training of how to protect people in the event of a fire.

People had their medicines as prescribed. One person said, "We have medications in the mornings and evenings and it arrives on time." Each person had a medicines administration record (MAR). Staff completed these each time they supported people with their medicines. Staff were trained in medicines management and were assessed as competent to support people with taking their medicines. There was a system in place to monitor and review the medicines management to ensure it was safe. The registered manager ensured medicines were ordered, disposed of and stored in a safe way. There were medicines audits carried out including medicines stocks checks and a review of medicine administration records. We found these were completed accurately and no concerns were found.

People were protected from the risk of abuse as the provider had effective safeguarding processes in place.

Staff followed the safeguarding procedures to keep people safe from abuse. Staff completed training in safeguarding and understood types of abuse and their responsibilities to report an allegation of abuse to the registered manager and local authority for investigation. At the time of the inspection there were no open safeguarding allegations at the service.

There were systems to monitor and review accidents and incidents that occurred at the service. We saw records for two incidents that occurred. One example, involved an allegation made by a member of staff about theft. The registered manager investigated the allegation and reported this to the police and local authority safeguarding team for investigation. The records detailed the outcome of the investigation.

The registered manager followed effective recruitment processes. This ensured suitable staff were employed at the service. Potential candidates completed a job application form and attended an interview. The registered manager completed pre-employment checks. This included obtaining references from previous employers, a full employment history including information about any gaps in employment, proof of identity and their right to work in the UK. Staff also completed criminal record checks carried out by the Disclosure and Barring Service (DBS). The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions. All pre-employment checks were returned before staff worked at the service.

There were enough staff available to support people. People told us that they had enough staff available to support them.  All the people we spoke with said there was enough staff on duty during the day and at night. We reviewed the staff rota and found that there was enough staff deployed to meet people's needs safely and in an effective way.

Good

# Is the service effective?

## Our findings

At the previous inspection we found that the provider had not ensured the environment was adapted to meet people's needs. People who used a wheelchair could not freely move around their home. In response the registered manager had installed a stair lift that people could use. We also found the home was not well maintained and decorated. At this inspection we found action had been taken to carry out repairs and redecorate the service to improve the environment. We also found that people's rights were not always being protected as the provider had not applied for a DoLS authorisation when a person's liberty was being restricted. At this inspection we found that action was taken to ensure the legal requirements of the Mental Capacity Act 2005 (MCA) were followed to ensure people received effective care.

The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Each person's mental capacity was assessed when they were unable to make decisions for themselves. Following the assessments, a best interests meeting was held with the person concerned. Relatives and health and social care professionals were also involved in these meetings and any decisions were recorded. DoLS applications were made to the local authority when required. Each returned DoLS authorisation was kept with people's care records so staff had access to this. We checked whether the service was working within the principles of the MCA. Staff understood how to support people who had a DoLS authorisation in place in line with any legal requirements.

People gave staff their consent to receive care and support. People confirmed that staff asked them for their permission before providing them with help and support. We observed staff provided people with explanations and gave them time to respond and agree to the support being offered. Care records showed that people and relatives were supported to sign their care records confirming their consent.

People were supported by staff who had the knowledge and skills to care for them. There was a support system in place for staff. The registered manager ensured staff received training, supervision, and an appraisal. Mandatory training included, autism, safeguarding adults, food safety, basic life support, fire awareness, moving and handling, person centred care, and the Mental Capacity Act. Staff also completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care services. However, a relative told us "I feel the staff need more specific training on dealing with complex, challenging behaviour." Staff were not receiving training on dealing with complex, challenging behaviour  but supported people who had behaviours that challenge.

Staff had regular supervision with their manager. Supervision meetings gave staff the opportunity to discuss and reflect on their daily practice. Any concerns about their role were shared with their manager and solutions to those concerns were discussed and recorded.

Each member of staff had a yearly appraisal. These meetings allowed staff to reflect on their performance in their jobs in the past year. Staff identified their strengths, areas for improvement and additional training needs. Records showed that staff had completed specialist training such as diabetes care following the member of staff requesting this during their appraisal meeting.

People had enough to eat and drink. Staff and people worked together to develop a menu and also prepared and cook meals together. People told us "The food is very good, we help the staff with the cooking" and "The food is alright." Each table had a copy of the menu which people could choose their meal from. Menus were flexible, so people could choose an alternative meal if they wanted. When people needed support with a specialist diet this was provided to them. Two people had an eating and drinking support plan due to swallowing difficulties. These detailed the types and consistency of food people could safely eat which reduced risks of choking.

People were supported to access healthcare services. Staff knew people well and could tell when people were unwell. Staff contacted people's GPs for advice when needed. People commented "Yes I do see a GP", "I had an appointment last week" and "I had a health check-up recently."

Staff made referrals to health and social care professionals. For example, a person was referred to a speech and language therapist for support with their nutritional and swallowing needs. Records showed that staff had followed the health professional's recommendations to ensure people received appropriate meals support.

People also had access to specialist care and treatment for long term health conditions. People attended hospital appointments and had a hospital passport. The hospital passport contained detailed information about how people liked to be cared for, a list of current medicines taken and details of their medical conditions and communication needs.

Good

# Is the service caring?

## Our findings

People said they were cared for by staff who were kind and caring. One person said, "They look after us and they treat us good." We observed that staff were caring and friendly towards people. We observed staff talking with people in a friendly way and patiently giving them enough time to speak and express their thoughts.

People, their relatives and health and social care professionals told us that staff were caring and supported people in the way they chose. At the previous inspection we received feedback that staff were not always caring. At this inspection people told us that staff were more caring since the new registered manager was employed at the service. A relative said "Things have definitely improved at the service" and a health and social care professional said, "There has been a definite improvement and the team is now working under better direction from the current registered manager".

People were treated with respect. People's care and support was carried out in a way which respected their dignity and privacy. Staff supported people with their personal care needs in their bedroom or bathroom. Each person had an individual bedroom for their use and bathrooms were private. People confirmed that staff always provided care and support in the way that they wanted, and care and support was completed in privacy.

People contributed to their care plan. People gave their views on their care and these were discussed and the outcome recorded. Care records were updated to reflect any changes in people's care needs.

People were encouraged to be as independent as able. Staff understood people's individual abilities. Some people had the ability to be involved in the running of the service including being able to take part in daily living skills such as cooking, which enabled them to maintain some control of their lives. People went out of the service and met up with relatives, friends and some people were involved in their local community doing things that they enjoyed.

People were supported to maintain relationships that were important to them. Family and friends visited, and they said they felt welcomed visiting at the service. People had developed friendships at the service and told us they enjoyed chatting with each other. We observed people sitting with each other in the communal areas and doing some activities together.

Requires Improvement

# Is the service responsive?

## Our findings

People received care and support that responded to their individual needs. Each person had an individual activity programme which included personal care support, meal times, conversations with staff, shopping, cycling, night personal care and offered drinks at bedtime and aromatherapy massage. People went out to take part in activities in the community. Others preferred to spend time at home in their rooms. After the inspection we were provided with a home activity programme.

Despite this response, people told us staff used to arrange home activities for them, but this had ended. A health professional said, "There is definite feeling that things could be improved further, with more structured activities" a relative added "I feel that more engagement and activities could be done." We found that people did not consistently engage in meaningful activities in line with the best practice guidance from MENCAP, Let's Get Active a Guide to Physical Activity and Sport for People with a Learning Disability.

During our observations we saw that people spent time in the communal living room, and in the dining room two people were playing cards. However, those who were not able to play cards stayed in the communal living room watching television or remained on their own in their bedroom. We asked the registered manager about how they supported people to interact with others. They said some people preferred to stay in their room and staff supported them to the communal areas if they wished and staff would monitor people in their rooms regularly. After the inspection, the registered manager provided us with the care plans for two people which showed that their preferences had been noted and they were being supported to engage with staff and go out in the community. We checked one person's monitoring chart that stated staff should complete hourly checks. The home's records showed that these checks were carried out appropriately.

Staff communicated with people to understand their views. We wanted to speak with each person about their experiences living in the service and things they enjoyed doing. We were unable to communicate with two people using the service, so we asked for staff support but they were not able to provide us with tools to communicate with them. We checked their care records but found that there were no communication tools. After the inspection, we were provided with a communication tool for one person.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed one person had a behaviour and activity plan in place. This was implemented following an assessment from a psychologist. Their relative said "The psychologist and speech and language put together a timetable which is sort of in place. Since [person] has got one to one things have got a lot better. I think they could do more activities though with [person]" and another relative said "I was also concerned that [person] was not able to go out, now I am told he has one to one and is offered to go out daily.

Each month a person's relative completed arts and crafts activities with people. One person said, "Last Sunday [person's relative] helped us make Chinese lanterns" "Sometimes [person's relative] does baking

with us" and "The home used to put on activities, but they do not anymore." People who were able did go out and take part in activities that they enjoyed. One person said they enjoyed going out with their partner to play bingo each week.

People had an assessment of their needs. People, relatives and health and social care professionals were involved in the assessment and gave staff their views and opinions about their care needs. Assessments were also used to capture significant people and events that happened in people's lives. This included asking people about things they enjoyed doing in their spare time, likes, dislikes and life histories. Once a placement was agreed the person was admitted to the home. Staff completed several assessments with people during their first weeks of admission to the service. This ensured people's needs were captured and staff had enough information to help them support people in a safe way.

The information gathered from assessments was recorded and used to help develop a care plan that detailed the support people required. Records held individualised assessments for health care, personal care needs, eating and drinking and walking ability.

People's needs were reviewed regularly to ensure all information was relevant. Following a review staff updated people's care plans to reflect any changes in their care and support needs. Staff, people and their relatives completed a review of care on a regular basis. Care plans we looked at were of good quality and provided lots of detailed information about care, support needs and risks to the individual. Care plans detailed people's mental health needs and whether there was a DoLS authorisation in place.

We found some of the language used to describe people's needs were not in line with good practice and person-centred care planning. For example, we noted on three people's care plans written by staff used words such as 'mental retardation'. Staff completed daily progress sheets for each person. This provides all staff with an update of what activities and things people did each day. Staff completed these daily, however we found these did not capture clearly what people had done and was limited to the care and support provided to people. For example, the staff reports were focused on people's care needs and there was little information about things people did during the day. Which showed records were not always person-centred.

The service supported people to meet their religious needs. One person said they were supported to attend church. They were able to go to the church each week on their own. Another person was a practicing Muslim and their religious practices were important to them. Staff prepared Halal meals for this person which met her religious needs. Their care plan had identified they had religious needs and weekly visits to the mosque was recorded on their activity plan. Staff supported the person to the mosque as required. The registered manager told us after the inspection that the person did not wish to attend the mosque weekly and this preference was respected by staff.

Staff discussed people's end of life care needs. Staff had recently begun looking into people's end of life care needs in January 2019. The registered manager sent people and relatives for people who lacked decision making capacity an end of life form so they could record those wishes. The registered manager said when the feedback was received from the relatives they would arrange a meeting with people and their relatives. During the inspection we were provided with one copy of an advanced care plan. After the inspection we were provided with another advanced care plan dated in January 2019 and another dated after the date of the inspection. This meant that at the time of the inspection four out of six people were not always given the opportunity to express their wishes, make choices or be fully involved in their end of life care and support decisions. No one was receiving end of life care at the time of our inspection.

Requires Improvement

# Is the service well-led?

## Our findings

People using the service, their relatives and staff said the management of the service had improved. People and relatives were concerned about the changes at the service and told us they hoped for stability. They told us that the quality of care had also improved since the new registered manager had arrived.

Despite this positive feedback from people, a relative and a health and social care professional said there were aspects of the service that required further improvement, including activities and social stimulation for people. This supported our findings during the inspection. A relative said "I feel things have certainly improved and the service is much safer as a result. However, I don't know if things are better for everyone here. Staff are now doing the basic level of care you would expect. I feel they could be doing a lot more than that."

There were systems in place to monitor the quality of service delivery at the service. The registered manager carried out regular audits on medicines management, infection control, complaints analysis, care records and record keeping. The registered manager had oversight of the service and had completed an internal audit. An action plan was put in place with a timeframe for actions to be completed, such as purchasing wall mountable radiator covers. However, we found that care records were not always reviewed, were at times contradictory and did not always contain up-to-date information. For example, the choking risk assessment for one person stated they had been referred to the SALT for assessment. However, the eating and drinking risk assessment did not record the details of the risks or the staff support the person required to manage this risk. We also saw care records dated on 11 January 2019 where the person's daily log records stated they had a pressure ulcer, their care plan review said the pressure ulcer had healed and their pressure area care plan indicated there was no pressure ulcer.

We also found other inconsistent information in people's care records. For example, one person's dependency assessment stated they were bed and chair bound and also wandered during the day and night. We found that the quality checks completed by the registered manager were not always effective because the quality assurance systems in place had failed to identify or address the shortfalls we found during the inspection.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager carried out health and safety checks of the service. This included regular fire safety tests. There was a system in place to capture repairs and maintenance for the service to ensure it was of a good standard.

Staff were happy in their role and enjoyed working with the people using the service. They said there had been changes in the management of the service and other staff had been dismissed for poor practice. Staff felt they were supported by the registered manager and said they had sufficient training to do their job. Staff attended regular monthly meetings at the service. The staff meetings were used for staff to discuss any

concerns or issues relating to caring for people and the registered manager shared information and news with staff. Meetings were recorded with minutes prepared for staff to read if they could not attend meetings.

People and relatives were asked for their views about the service through care reviews and in annual quality assurance surveys. People using the service and their relatives said they were now happier with the quality of care with the new provider and registered manager in place.

The registered manager understood the responsibilities of their registration with the Care Quality Commission (CQC) and appropriately submitted notifications of significant events as required by law. This enabled CQC to monitor the service and determine whether appropriate plans were in place to keep people safe.

People benefitted from the partnership between the registered manager and other health and social professionals and agencies. The registered manager had discussions with health and social care professionals for advice and support. We also saw that staff had developed relationships with a voluntary organisation called Link Plus who organised events, day trips and holidays for people.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>The registered manager did not ensure service users preferences and needs were always met.<br><br>9(1)(a)(b)(c) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered manager did not ensure service users lived in a service that had effective quality assurance systems in place to improve the service.<br><br>The registered manager failed to always ensure service users records were accurate, complete and contemporaneous.<br><br>17(1)(2)(a)(b)(c) |