M Power Limited

M Power Limited - 22a Bromley Road

Inspection report

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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

Overall summary

This unannounced inspection took place 20 November 2015. The service provides care and accommodation to nine adults with learning difficulties and mental health problems. At the time of our inspection there were six people living at the home.

The service did not have a registered manager. The manager had submitted their application to be registered as the manager of the home with the Care Quality Commission. 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.

The last inspection of the service was on 24 September 2014. We found the service met all the regulations we looked at.

Medicines were not always administered and managed safely. The service worked effectively with other health

Summary of findings

and social care professionals including the community mental health team (CMHT). People were supported to attend their health appointments and to maintain their health.

People told us that they felt safe living at the home. They said staff treated them with respect and dignity. Care records confirmed that people had been given the support and care they required to meet their needs. Safeguarding adults from abuse procedures were in place and staff understood how to safeguard the people they supported from the risk of abuse. Staff told us they were supported to do their jobs effectively. There were sufficient numbers of staff on duty to meet people's needs.

People's individual care needs had been assessed and their support planned and delivered in accordance to their wishes. People and their relatives were involved in reviewing their support to ensure it was appropriate for their needs. Risks to people were assessed and a management plan put in place to ensure that people were protected from risks associated with their support and care.

People's choices and decisions were respected. People consented to their care and support before it was delivered. People told us they had the freedom to do whatever they wished without restrictions. The manager understood their responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They ensured that 'best interests' decisions were made for those who lacked the mental capacity to make decisions and to ensure people were not unlawfully deprived of their liberty.

People were provided with a choice of food, and were supported to eat their meals when required.

People were encouraged to follow their interests and develop new skills. There was a range of activities which took place within and outside the home. People were encouraged to be as independent as possible. People were supported to practice their cultural and religious beliefs.

There was a range of systems in place to monitor and assess the quality of service provided. Health and safety checks were carried out regularly to ensure the home was safe.

The service held regular meetings with people to gather their views about the service provided and to consult with them about various matters. People knew how to make a complaint if they were unhappy with the service or the care they received.

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?

Requires improvement

One aspect of the service was not safe. Medicines were not always handled and managed safely.

The risks to people were assessed and actions put in place to ensure they were managed appropriately.

Staff understood signs to recognise abuse and knew how to report concerns following their organisation's procedures.

There were sufficient numbers of staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective. People were supported by staff who were trained and supported to meet their needs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. The service knew their responsibility under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat a healthy diet and had access to health care services to meet their needs.

Is the service caring?

Good

The service was caring. People were treated with dignity and their privacy was respected by staff.

People were involved in planning their care and support and their wishes were respected.

Staff understood people's needs and communicated effectively with them about their support.

Is the service responsive?

Good

The service was responsive. The provider assessed people's individual needs and planned and delivered their support to meet them.

People were asked about their preferences and encouraged to follow their interests and develop new skills for daily living.

People knew how to make a complaint if they were unhappy with the service. They told us that their concerns were resolved. People were given opportunities to feedback and make suggestions about the service and they were acted on.

Summary of findings

Is the service well-led?

Good

The service was well-led. CQC was assessing the manager's application to be registered under the Health and Social Care Act 2008.

There were tools to monitor and assess the quality of service provided.

People and staff told us that the manager was supportive and approachable.

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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.

This inspection took place on 20 November 2015 and was unannounced.

The inspection was carried out by one inspector. Before the inspection we reviewed the information that we held about the service. This included statutory notifications about incidents at the service the provider is required to tell us about.

During the inspection we spoke with three people who used the service, two members of staff, the manager and the three directors. We observed how staff supported people and how staff communicated information about people from one shift to the next. After the inspection we spoke with one relative of a person who used the service and one healthcare professional to obtain their views about the service.

We reviewed three people's care records and six people's medicines administration records (MAR). We looked at records in relation to the management of the service such as health and safety and complaints.

Requires improvement

Is the service safe?

Our findings

People living at the service told us they felt safe. A person said, "I feel safe. Nothing to worry about." Another person told us, "I feel safe. There is always someone here."

People's medicines were not always handled and managed safely. People's medicines were given at the right time but staff did not always complete the records to confirm they had given people their medicines. We observed staff administer the lunchtime medicines to people and saw they checked the person's name against the prescription to ensure they gave it to the right people. Staff informed people of the medicines they were administering to them and gave them the support they required. We checked medicines administration records (MAR) for five people for the three weeks before our inspection and saw three gaps on two different MAR which were from the evening before the day of our visit. We spoke with staff about it and we checked the blister packs for these people. It showed that two of medicines had been administered as they were not in the blister packs. The other one was liquid medicine so we could not establish if it was administered or not. We spoke to the manager and directors about this matter and they told us that they would look into the matter and take appropriate action.

Records were maintained for medicines received and medicines returned to the dispensing pharmacy. We saw that people's medicines were stored securely in locked cabinets in the medicines room.

Staff understood and were able to explain the various types of abuse, signs to recognise them; and how to report any concerns in line with the provider's safeguarding procedure. Staff told us safeguarding concerns raised with the manager or directors would be reported to the safeguarding authority to be investigated appropriately and actions taken to safeguard people. Staff knew how to whistle-blow if necessary.

People had guidance in place for staff to follow to manage risks associated with their care, support and health conditions. The service carried out risk assessments and these covered medical conditions, mental health, moving and handling, behaviour and general safety in the community or in carrying out activities of daily living. Management plans were put in place where risks were identified. This ensured that risks of harm to people were managed to keep people and staff safe. For example, an occupational therapist had been involved to devise a moving and handling plan for one person. This plan included how to transfer the person safely using equipment available. Another person had a plan in place which detailed how staff to support them safely when they had seizures and actions they should take to respond appropriately. It also included that staff to always be conscious of this person's environment and ensure it was free from hazards. Staff showed they understood these plans and followed them to reduce the risk of harm to people. Risk assessments and management plans were reviewed regularly to ensure they continued to be relevant and effective.

People told us that there were staff available to support them during the day and night in the way they required it. The duty rota we checked corresponded with the staffing at the time of our inspection. The manager and directors told us that they adjusted the rota and staffing arrangement to accommodate the day-to-day activities and events taking place in the home to ensure people got the support the required and if necessary they provided additional staff. The directors told us they reviewed staffing levels regularly in other to plan and provide adequate cover to safely support people.

Staff were trained to respond to emergency situations appropriately. Staff told us they were able to contact the home manager and directors to support them in the event of emergencies.

Good

Is the service effective?

Our findings

People told us that staff knew their jobs well and how to support them. One person said, “They [staff] look after me.” Another person said, “Staff support me ok.”

Staff received training, support and supervision to enable them to provide good care to people they supported. Staff told us they met with their manager regularly for support. Records of supervision meetings showed discussions about their daily work with people, team work, health and safety and training needs. We saw that annual appraisals took place where staff received feedback on their work performance and goals were set to enable continuous improvement. Training records showed that staff had completed training related to their jobs and specific trainings related to the needs of the people they cared for. For example, epilepsy care. All the staff confirmed that they had completed a period of induction when they first started working at the service. Staff told us they were clear about their job roles, responsibilities and what was expected from them.

People told us that they agreed to their care and support before being delivered. Staff understood that people had the right to make decisions about their care and support. Staff had received training in Mental Capacity Act 2005 (MCA) and in the Deprivation of Liberty Safeguards (DoLS). They explained that if people lacked mental capacity to make a particular decision they would involve a relevant professional to carry out an assessment and arrange for best interest meeting. People made their choices about their everyday care and support and staff respected these. We observe staff asked a person what they wanted to do at a particular time and the person’s choice was respected.

The manager showed us they understood their responsibility in relation to (DoLS) and knew the process to follow to ensure people were not unlawfully deprived of their liberty. No one was subject to restrictions under DoLS.

People told us they enjoyed the food provided at the service. A person said, “The food is nice.” Another person said, “I enjoy the fish and chips on Friday.” People’s care records showed their individual needs, preferences and cultural and religious requirements in relation to eating a healthy balanced diet. People were supported to prepare their cultural food as required. We saw that people had access to food and drink throughout the day and were able to help themselves to drinks and snacks whenever they wanted. People told us that they were involved in planning the menu, and they were able to request for meals outside the menu. We observed staff support one person to eat, they did this in a way that allowed the person to eat enough and at their pace. The person was also supported to drink. Staff checked with them if they had eaten enough before they cleared the table. This showed that people were supported to meet their nutritional needs.

People’s day to day healthcare needs were met. People’s mental health needs were met by the service in liaison with the community mental health team (CMHT). Staff had ensured people attended meetings and health appointments with their health professionals such as dentist, dietitian, and optician. People told us staff supported them to see their GP when they felt unwell and when required. People had regular health reviews and checks to ensure their health was maintained. Although there had been an incident in the past where a recommendation was not properly followed this had now been addressed and resolved. Records showed that staff now followed recommendations from health professionals.

Good

Is the service caring?

Our findings

People told us that staff were kind and helpful. A person said, “Staff respect me and are nice.” Another person said, “Staff are caring and are good to us.” We observed staff and people related in a relaxed and comfortable manner. They shared and enjoyed jokes and laughter together. People were addressed by their preferred names.

People’s privacy and dignity were respected. We saw staff requested permission from people to enter their rooms, knocked on their doors and waited for a response before entering their rooms. People confirmed that their privacy and dignity was respected by staff. Staff we spoke with demonstrated they understood the importance of respecting confidentiality, dignity and privacy. They described how they promoted these in their day-to-day work and when supporting people with personal care tasks. People were supported with personal care behind closed doors. Staff discussed people’s care needs and personal matters with consideration and using appropriate language. We saw that people’s records were stored securely in a locked cupboard in the office to ensure that people’s information was protected.

Care records detailed people’s histories and background, individual preferences, likes and dislikes. People’s daily routine and how they preferred tasks carried out for them were also included in their care plans. One person said, “They do things for me the way I like it.” Staff showed they understood the needs of the people they looked after and how their background, culture and personal beliefs affected their day-to-day choices, and how they wanted their support delivered. staff told us that one person did not like certain types of food due to their religious beliefs and this was respected.

People each had a key member of staff who was responsible for ensuring their well-being and progress. People told us that they were able to discuss any concerns regarding their care or how they felt with staff and staff supported them to address and resolve them. People’s communication needs were noted in their care plans. Staff told us it was important they communicated with people in the way they understood. For example using pictures or signs.

People were involved in developing their support plans. Care records demonstrated that people and their relatives had been asked for their views on how they should be supported. People we spoke with understood the plan of their support and the goals they wanted to achieve. People confirmed that staff supported them in line with their support plan. Records of review meetings with professionals demonstrated that people had been supported to express their views in relation to how their needs should be met.

People told us they were able to keep in touch with people who were important to them and that staff supported them with this. People also told us and records confirmed that their friends and family could visit them at the service and they were able spend time together as they wished.

Good

Is the service responsive?

Our findings

People told us that the service responded appropriately to their needs. Care records showed that assessments covered people's physical and mental health needs, and social relationships, interests and goals they wanted to achieve. Support plans were drawn up following people's identified needs. These were also drawn up in pictorial format and large print to make it easy for people to understand. The support plans outlined how people's individual needs would be met and how their goals would be achieved. For example, one person was supported to maintain their personal care. Another person had reduced mobility and mostly spent time in their room was checked at regular intervals to ensure they got the support they needed and were not isolated.

Support plans were reviewed regularly with people and their relatives to ensure they reflected their current needs. We saw that actions from one person's review meeting had been implemented as agreed, and new furniture had been purchased for their room to make them more comfortable.

People were supported to do the things they enjoyed. Each person had an individualised activity plan in place and we saw that staff supported them to participate in these activities where required. People told us that they chose to go shopping, visiting friends and family, taking a bus ride, staying indoors watching TV or playing games. People told us about their recent holiday abroad. They said they enjoyed the travel, sightseeing and experience.

People attended educational centres such as day centres and colleges to develop skills for work and daily living. One person regularly attended music classes and they told us they enjoyed this. Another person showed us the art work they had done. They talked about it with excitement and was a sense of achievement. They also told us about the friend they had made at their day centre. Their support plan detailed the support they required to achieve this. For example, one person needed encouragement and motivation to engage in activities. Daily notes confirmed that people had received their support as planned and were making progress to achieving their goals.

People were supported to practice their religious beliefs and to attend places of worship.

People were encouraged to be as independent as possible. People helped with cleaning their rooms and in the kitchen during meal times. We saw people go out for shopping on their own. People had the equipment and adaptations they required to maintain their independence. Specialist cutlery, mobility aids, furniture and adaptations to bathrooms were provided to assist them.

People's views on how their service should be provided were obtained and acted upon. The manager held monthly meetings with people to consult and gather feedback about the service. People were consulted about the food, activities and house rules. People confirmed that issues they raised were addressed and resolved in the meetings.

People told us they knew how to make a complaint if they were unhappy with the service. We reviewed one concern raised by a professional and saw that the issue had been resolved and lessons were learnt to improve the service. For example, all staff underwent re-training to improve their practice about how to care for people with swallowing difficulties.

Good

Is the service well-led?

Our findings

People told us that the manager listened to them and supported them with their needs and concerns. We saw people approached the manager for help and she responded to them and ensured their query was resolved and they were satisfied. A person's relative we spoke with told us that they had no concerns about the service and that the staff were friendly and professional and supported their relatives well. A professional told us that the manager had made changes that had improved the service and people living at the service were getting the care and support they required from staff.

The manager's application to be registered with CQC was underway. They had submitted their application to CQC to register.

Staff told us that the manager was supportive and they worked as a team. The manager and directors held regular meetings with staff to discuss any concerns about the people they supported, issues affecting them as a team and improvements required in the service. Staff said that this had improved the communication in the team and overall team spirit. Staff told us they understood their roles and responsibilities and were keen to work with their manager to deliver an effective service to people.

There were systems in place to check the quality of service provided. The directors conducted regular audits of care plans, finances, medicines, fire safety and health and safety. As a result of a recent health and safety audit, the security lighting in the home had been replaced to improve security. All staff had also completed a refresher course in fire safety following a fire audit completed recently. The manager had recently completed a service evaluation whereby people gave their feedback about the service. This has led to staff working to enable one person develop a positive relationship outside the service.

The manager reviewed accidents and incidents and ensured actions were put in place to ensure risks were appropriately managed. For example, risk assessments had been updated for people following incidents.

The manager complied with their statutory requirements to notify CQC of incidents as required.