

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Howard Goble House

Harland Avenue, Sidcup, DA15 7NU

Tel: 02083083561

Date of Inspection: 18 November 2013

Date of Publication:
December 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	MCCH Society Limited
Registered Manager	Mrs. Christina Harris
Overview of the service	Howard Goble House provides accommodation for up to 12 older people with learning disabilities, including people with dementia care needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Cleanliness and infection control	10
Requirements relating to workers	12
Complaints	13
<hr/>	
About CQC Inspections	14
<hr/>	
How we define our judgements	15
<hr/>	
Glossary of terms we use in this report	17
<hr/>	
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by other authorities.

What people told us and what we found

Howard Goble House provides accommodation for 12 older people with learning disabilities, including people with dementia care needs. The home is divided into two units one on the ground floor and the other on the first floor with lift access. Six people live in each unit. People were supported in activities of daily living. We observed during our inspection that people were treated with care and respect. One person we spoke to told us; "I like living here" and another said "it's all right here."

We found that people had risk assessments and care plans. People had a staff member allocated as their key worker who would regularly review their care. Staff told us that people were supported to make their own decisions and that they would build in choices to the daily routine. Staff had access to a consent policy and received training on the mental health act.

The provider had a complaints policy and had made suitable arrangements to obtain people's feedback on the service provided. Relatives we spoke with told us that they had no cause to complain and that they were very happy with the care. We found that staff had been trained on the control of infection and appropriate arrangements were in place for the cleaning of the home. We found that there were effective recruitment procedures in place and the relevant checks were carried out on staff before they started in post. Staff were suitably qualified and had access to appropriate training and development opportunities.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We found people's consent to care and treatment was obtained and recorded in their individual care plans. We found care plans and support plans had been regularly reviewed and signed by the person's key worker. Personal health profiles were used to document involvement of the wider multidisciplinary team in obtaining consent for medical treatment. We found records of mental capacity assessment for decisions on people's files. The provider had used the support of a learning disability nurse in making one recent assessment following changes to a person's health which ensured the person understood the new information and could give consent to treatment.

People consented about the way they would be supported and the day to day support required. Care plans included people's likes and dislikes in the way they wished to receive care. Staff told us that people were supported to make their own decisions and that they would build in choices to the daily routine. For example people had a choice over the clothes they wear, what time they got up and where they ate their meals. We observed a person making a choice to eat their meal in their own room.

The provider acted in accordance with legal requirements where people did not have the capacity to consent. We found documentary evidence within two people's records that best interest meetings had been used to obtain consent for medical care. The meeting had involved the GP, learning disability nurse, relatives, and the key worker, advice had been sought from the speech and language therapist and the decisions had been recorded and signed in the person's care plan.

The provider had a consent policy in place which was made available to staff in the policy folder. A staff signature list recorded that staff had seen and read the policy. Staff we spoke with were aware of the procedures to gain consent. Three staff told us about the key worker system in place and how this facilitated them in supporting people in gaining

confidence and communicating their wishes. One staff member said "We build in choice." One person said "I like my bedroom best, it's my choice."

People were consulted in planning their care and making decisions. Staff told us they support people in gaining consent and get the best for them, for example helping them at health appointments. One person attended a dental appointment on the day of the inspection and the staff member used the personal health profile to support the visit.

The registered manager had a clear understanding of the Mental Health Act (2005). No recent deprivation of liberty (DoLS) applications had been made to the local authority. These applications provide authorisation to deprive an adult of their liberty. Three staff members told us that they had had training on the mental health act. We saw a training schedule detailing all staff access to the training on the manager's computer system and nine staff had completed the mental health act modules the remaining staff had a scheduled time table to complete this training programme. The mental health act was found to be part of the staff induction programme. A resource pack for staff was in place with information on gaining consent for medical treatment and going into hospital care.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Before people began living in the home there was a pre-assessment and an admissions process which assessed their individual needs and the home's suitability to meet their needs. We found a pre-assessment placement document in a recent admission to the home, the person's file included the initial risk assessments and support needs. Each person that used the service had a care plan in place, risk assessments and documented personal goals. We reviewed four records and found each person's care plan described activities of daily living and the range of support they required, for example, communication methods, and support with personal care, as well as medication needs. People were involved in planning care and making decisions.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's care plans and risk assessments were reviewed regularly and reflected any changing needs. People were allocated a key worker who took responsibility for updating and changing people's care plans. We found staff had a daily communication log, people focused daily diaries and hand over meetings in place to share any immediate changes to people's needs on a daily basis which ensured continuity of care. People had a personal health profile, we found these were used at each health appointment which ensures information is shared and updated appropriately.

We found care plans and risk assessments had been changed to reflect changing needs and that referrals had been made to a speech and language therapist, learning disability nurse and GP for specialist advice. For example, we found referral letters for the speech therapist in two people's records. People were supported in attending their regular health and dental appointments and we found that daily diaries documented up and coming appointments which enabled staff to plan the travel and staffing arrangements required.

Care was delivered by staff in a way which met people's needs, for example, staff were observed supporting people with their lunch and managing their need for feeding support in a caring and respectful way. Three relatives told us they had no concerns about the level of care provided. For example, one relative said "I visit unannounced and find my sister is always clean and happy. I have never had cause to complain." One person said "it's all

right living here" and another said "I like living here." One person used sign language to say "we are friends" and pointed at two members of staff.

There were arrangements in place to deal with foreseeable emergencies and we found a business continuity plan in place to guide staff in emergency situations. A first aid box and fire instructions were seen at the home. First aid and fire safety training were part of the mandatory staff training schedule.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We found systems were in place to control infection in accordance with relevant legislation and published professional guidance. A policy for the management of infection control was in place and this policy included hand washing advice for staff and details on where the service could obtain specialist infection control advice if required. The manager was aware of the department of health's code of practice for adult and social care on the prevention and control of infections and related guidance and she had a copy available in her office.

The provider ensured all staff had training on the prevention and control of infection and we found training verification for nine staff on the manager's computer monitoring sheet. We found that staff had access to disposable gloves and aprons and we observed staff using these whilst providing personal care. The home had hand washing reminders in the kitchen and the main toilet facilities. Hand sanitizer was available in all the toilet facilities.

We saw the home had a cleaning schedule in place for all areas. A detailed plan was in place which set out a daily and weekly cleaning plan. A large part of the cleaning schedule was allocated to the waking night staff to complete. A weekly walk the unit checklist was in place for each unit and we found it had been completed and signed by staff in one of the units over the last month. Staff told us that people helped clean their rooms and bedding was changed on a weekly basis. Two relatives told us that the bedrooms were always clean.

Staff showed us the cleaning schedule they followed and where the sanitizer was available in the home and they told us they had access to over shoes for the shower area and demonstrated how they cleaned the bath chair. We saw separate cleaning instructions for cleaning the bath chair within the bathroom. We saw that separate mops and equipment were used for different areas of the unit and we saw that these were stored in a locked cupboard with the cleaning fluids.

The staff informed us that they would seek help from the GP practice if they had problems with infection control issues. The manager was aware of the support available from the local authority. The home had a waste management contract in place with the local

authority and we saw a certificate detailing the contract dated 2013 Bexley Council. The staff told us about how they separate clinical waste. We found that the home was clean and tidy and free from any unpleasant odour.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We found that the provider had an effective recruitment and selection process in place which was managed by the head office. The staff files kept on site included a staff profile which listed staff experience, skills and qualifications. Each of the four files reviewed included two references and information on their clearance checks including criminal records, these checks were completed before staff started in post. We found a copy of the job description and job specification in each file. On making an application for the post each applicant is matched to the job specification during the short listing process. The job specification for support assistance required them to have a national vocational qualification (NVQ) level two or equivalent or a willingness to take an appropriate qualification. We found that most staff had an NVQ qualification. One new member of staff told us that they were hoping to start their course after their probationary period. The recruitment and selection process ensured that fit and suitably experienced and qualified people were employed to work in the home.

We found that staff had an induction programme of five days before starting in the service. One member of staff told us she had moved from the bank to permanent staff and that she had attended the induction programme. Staff showed me the resource file for bank and agency staff which outlines the daily routines and summarises the daily living activities and support required for each person. Staff explained this supports new staff induction to the unit and we found the information to be a good summary of people's daily needs. The manager ensured an on the job induction takes place and we found checklists completed and signed in two staff files.

The four staff files we reviewed included a photograph of each staff member. We found that people appeared to know staff well and called them by their first names. Staff told us that they have access to training and supervision and can always talk to the manager. The manager informed us that an appraisal system was in place and we found evidence on two staff files. We found that staff had the relevant qualifications or access to training following recruitment to undertake their roles and meet the needs of people who use the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were given support by the provider to make a comment or complaint where they needed assistance. The provider had a complaints policy dated March 2011 available within the complaints policy folder. The manager informed us that they had never received any formal complaints. The home had a notice in pictorial form on how to make a comment or complaint displayed on the office wall and in each of the units. Each unit had a comments book where comments were collected from visitors and relatives. We found positive feedback on the care provided in the comments book. In unit one's comment book one person had written "always well cared for as are all the clients here." Another comment said "it's always a pleasure and joy to come here."

People were given support to make a comment about the service through regular house meetings. Notes of the meetings documented their feedback for example, people asked for new bedroom furniture and carpet to be replaced and noted the lounge ceiling needed painting. We found the ceiling had been repainted and we were informed by the manager and staff that the furniture and carpet were on order.

The provider sends out an annual survey to relatives and to people living in the home. The full results from these surveys were not available at the time of our visit. The summary document stated positive feedback no recommendations were seen. An audit report from the local authority dated July 2013 did make some recommendations for improvements, these included improving the range of activities people attended and to review the meal menu. The manager was working through the action plan and we did find that there was a clear choice of meals on the menu plan and activities were being organised for the Christmas period including a Christmas party and an outing to the pantomime. People told us about the activities they liked doing these included going shopping, the cinema, seeing the hair dresser and the chiropodist. The provider had systems in place to gain feedback on the care provided.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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