

# Royal Mencap Society

# St Ives Close

## Inspection report

2-4 St Ives Close  
Leyfields  
Tamworth  
Staffordshire  
B79 8HL

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

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17 December 2015

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 17 December 2015 and was unannounced.

The service is registered to provide accommodation and personal care for up to nine people with a learning disability. At the time of our inspection eight people were using the service. At our previous inspection in January 2014, there were no concerns identified in the areas we looked at.

The service had a registered manager. 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.

People had developed good relationships with staff and staff knew each person's individual care and support needs. Staff understood each person's way of communicating their needs and wishes, although we saw some interactions where staff did not speak with people during their support and let people know what was happening. Where there were changes in people's behaviour, staff recognised this could mean people were unhappy and they would raise a concern on their behalf.

Staff knew how to recognise and report any concerns so that people were kept safe from harm. People were supported to take risks at home and when out and encouraged to do the things they liked to do. Staff had a positive attitude towards managing risk and keeping people safe. Risks were assessed and reviewed to keep people safe and protect them from avoidable harm.

There were enough staff available and checks had been completed before new staff were appointed to ensure they were suitable to work with people. Staffing was flexible to allow people to do the activities they enjoyed. People were involved with a range of activities including going out shopping, attending church and they enjoyed going on holiday. People were able to continue to have relationships with friends and family, who were invited to social events in their home.

People were supported to take their medicines and systems were in place to ensure that people received their medicines as prescribed and to keep well.

People chose how to spend their time and staff sought people's consent before they provided care and support. Some people did not have capacity to make certain decisions, and they received support to ensure decisions were made in their best interests. Some people may have restrictions placed upon them as they were not able to go out alone and may not have the capacity to make a decision about their safety. Applications to ensure these restrictions were lawful had been made.

People were supported to eat and drink the food they liked. Staff knew how to support people to eat well and maintain a healthy diet and where people needed a specialist diet. Advice was sought from health care

professionals to ensure people stayed well.

The provider had arrangements in place to listen to the thoughts and opinions of people living at the service, relatives and professionals. Feedback was given to people in small groups to ensure they understood this information.

## 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.

People were supported to stay safe and provided with support to reduce the risk of harm. Staff knew how to recognise harm and how to report this to ensure people were protected from further potential abuse. There were sufficient staff to meet people's agreed support needs and recruitment procedures meant checks were carried out to ensure staff were suitable to work with people.

### Is the service effective?

Good ●

The service was effective.

People's consent was sought when providing support and decisions were being made in people's best interests where they lacked capacity. People were supported to be safe in the least restrictive way. Staff received training to meet the changing needs of people and they were supported to eat and drink the foods they liked.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

People were supported by staff who did not always communicate with them about the support they were provided with. Other Interactions by staff were kind and caring, and staff respected their privacy and enabled people to make choices about their care.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the review of their care and decided how they wanted to be supported. People were supported to raise concerns and staff identified changes in behaviour which may indicate a person was unhappy. Staff responded to these changes to improve the support they received.

## Is the service well-led?

Good 

The service was well-led.

People were happy with the support they received and were asked how they could improve the support and service. Staff told us they were supported in their role and able to comment on the quality of service and raise any concern. Systems were in place to assess and monitor the quality of care.

# St Ives Close

## 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. The inspection was planned to check whether the provider was 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.

We visited the service on 17 December 2015. The inspection team consisted of one inspector and the inspection was unannounced. Our last inspection was carried out in January 2014 and there were no concerns in the areas we looked at.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

Some people who used the service had complex needs and some people were unable to communicate verbally with us. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We spoke with one person who used the service, three relatives and five members of care staff. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people who used the service.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks. We reviewed information from commissioners of the service and quality report.

# Is the service safe?

## Our findings

People were supported to stay safe in the home. Some people needed moving and handling equipment to change position and staff knew how to use the equipment. One person told us they were confident that staff supported them in a way which did not cause discomfort. The care records included photographs to support the risk assessment to ensure staff used all the equipment correctly. One member of staff told us, "This is really useful as it shows us the safest way to help people get into the right position. Some people can't tell us, so we need to get it right."

One person had a visual and hearing impairment and we saw they were able to move around the home independently. One member of staff told us, "It's really important that we don't support [person who used the service] around the home as they have good spatial awareness. If we support them, they will quickly lose this skill and be less independent." Care records included information about reducing any risk and we saw staff watched from a distance to ensure they remained safe.

People were safeguarded from harm as staff recognised potential signs of abuse or harm. People told us and other people indicated through body language and gestures that they felt safe and secure with the staff. The staff described different forms of abuse and what they would look for and had undertaken training in safeguarding adults. One member of staff told us, "I am confident that if there were something wrong, every member of staff would make a report. We are clearly told this is the right thing to do and we'd do it." The staff explained what they would do if they had concerns about any person's safety and felt confident to raise any concerns with the registered manager or provider. The registered manager told us that they understood their responsibilities around referring safeguarding issues to the lead authority.

When new staff started working in the service, recruitment checks were in place to ensure they were suitable to work. We spoke with two new members of staff who told us these checks included requesting and checking references of their characters and their suitability to work with the people who used the service. One member of staff told us, "I understood I had to wait while the checks were being made. I understand you have to be careful about who is employed to make sure people are safe." Another member of staff told us, "I had to wait until my police check came back before I started here and they asked for references too."

There were sufficient staff so they could spend quality time with people to meet their support needs, and keep people safe. Where activities were planned, staff worked flexibly to ensure people had opportunities to do the things they liked. One member of staff told us, "We try and arrange activities so people can go out individually. People enjoy having some time doing what they want to do and we don't have to compromise."

We saw people were supported to take their medicines at the correct time. The staff told us that some people needed to take their medicines with food and we saw these were placed on top of food and staff explained they were there. One member of staff told us, "Some people have difficulty taking their tablets so we try to give them at the beginning, as taking them with food helps them. We always check any tablets have been taken." Where people needed medicines when required, there were protocols in place to guide staff when to administer these. We spoke with one person about this guidance and they agreed that the records

were correct and staff gave them medicines when they were in pain.

One person needed insulin administered to manage their diabetes. A number of staff had received training from a health care professional to administer this. One member of staff told us, "It's so much better when we have a trained member of staff on duty as it means we can carry on with our plans and don't have to wait for the nurse. We also know them really well and it's lovely that we can support them rather than a stranger."



# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The staff told us that some people may lack the capacity to make certain decisions. For example, whether to go out alone and how to manage their finances. Capacity assessments had been completed to establish whether people had capacity to make these certain decisions. For example, one decision was for going on holiday. It was assessed they could make a decision about where to go and who with, but did not have capacity to manage their finances or budget their money to afford the holiday. One member of staff told us, "People can still make decisions about what they want. These assessments don't stop them doing that; it protects them and makes sure decisions are in their best interests."

We saw some people had restrictions placed on them as they could not leave the home without support. The staff told us that these people would not be safe and needed support and may not have the capacity to make a decision about how safe they were. An application to lawfully restrict their liberty had been made and staff understood how to keep people safe whilst these applications were being processed to lawfully restrict their liberty.

People were supported to eat and drink what they liked and we saw people eating their meals together. Adapted equipment was provided to enable people to remain independent when eating. We saw two people used a two handled beaker with drinks and one member of staff told us, "We don't want to take people's independence away. We do watch what some people eat as we are concerned about their weight." One person received support from a dietician and had a recommended diet. We spoke with the person and they understood that they needed to have diet supplements and their weight monitored to keep well. One member of staff told us, "[Person who used the service] is weighed each month at a local authority service so we can make sure they don't lose weight. We make sure they have all the supplements and follow the recommended diet." The person who used the service told us they were happy with the meals provided to help keep them well. Other people had a soft diet and we saw they had been supported by a dietician who had prepared guidance on suitable foods. We saw meals were prepared in accordance with this guidance.

Staff had a good knowledge of people's complex needs. One member of staff told us, "[Person who used the service] likes to have something in their hands or they become agitated." We saw the person smiled when they were given a particular object. One member of staff told us, "We have all had the same training and discuss people's care. It's important we are all doing the same thing and following a plan. It's unfair to do

things differently." We saw the care matched how it had been agreed that people were supported.

People were supported by staff who had received an induction and training before providing care. One member of staff described their induction. This consisted of spending time shadowing more experienced members of staff and spending time with each person, so that they could get to know each other. They told us they were working towards completion of the Care Certificate. The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The member of staff told us, "When I first came here, I did some shadowing shifts. The staff here have been really good and support you. I couldn't do anything on my own until I'd been observed doing it correctly." Staff explained how they received training for moving and handling and personal care involved experiencing what it was like to receive care. One member of staff told us, "We were pushed around in a wheelchair and blind folded. It really gave you an insight into what it felt like to receive care."

People's health needs were monitored by staff and other health professionals, such as doctors and nurses. When people needed to go to hospital, information was available so health staff would know how people communicated and what people liked and disliked. One member of staff told us, "It's important this information is readily available. If we are not around, the nursing staff need to know how people want to be supported or if they are in pain." One relative told us, "When [person who used the service] was in hospital, the staff were there every day and making sure they were able to eat breakfast and had everything they needed. I can't fault them. They recognised they were ill and got them the treatment they needed. It's lovely to know they care."

## Is the service caring?

### Our findings

Some care we saw was not always respectful or caring. At breakfast, we saw two people being supported to eat by the one member of staff. This meant they were on occasions, alternating between supporting people to eat and drink. We saw spoons of food being given and raising a cup of tea to drink without any communication or informing the person what they were doing. When lunch was served people were not informed what the meal was and one person was assisted to eat and there was no communication between them and the staff member. We also saw a scarf was placed around a person without any communication and a person was moved in their wheelchair without any notice and the person looked visibly shocked. This meant that care was not always dignified.

We also saw positive interactions where staff spoke kindly with people, stroking their hand and asking people how they felt and waiting for a response. Staff were aware of the need to respect people's dignity and privacy. For example. One person was independent when going to the bathroom. When staff saw the person entering the bathroom they closed the door behind them and spoke with them to inform the person of their actions.

Staff understood how people communicated and one person communicated through sign language. One member of staff told us, "We use sign language to help them to communicate and understand. We use 'hands on hands signs', so we hold their hands when we sign so they can understand what we are saying or asking." Another member of staff told us, "It's really important that we all use the same signs so we practice together in team meetings so we get it right and they don't get confused."

One person used pictorial aids to help them to move around. We saw the bathroom had a photograph of a toilet and bath. One member of staff told us, "We have to think about what is best for each person. If we write the word toilet on the door this would not help, so we have a photograph instead which is much better."

People were supported to develop close relationships with other people and maintain relationships with family members. One relative told us, "It's lovely here. I visit all the time and whenever I can. The staff are fantastic." Another family member told us, "Wonderful, the staff are excellent, they are marvellous, I can't fault them they treat [person who used the service] like a member of their own family"

The staff knew each person, their personal histories and their interests well. People were comfortable and happy around staff and there were smiles and laughter between them as they chatted. The staff talked with people about their lives, who and what mattered to them and significant events. One relative told us "I can't complain at all. They are marvellous and know exactly what [person who used the service] wants. They have a good life here."

People told us and we saw they could make choices and decisions about their care. We saw that people were asked whether they wanted to help us with the inspection and whether we could look at their care records. Staff helped people to understand information about their choices so they could make a decision.

People were able to choose who to receive care from and whether they wanted care staff of the same gender. One care worker asked a person who used the service if they consented to receiving personal care from them. The staff member told us, "I always ask if it's okay as some people want another female rather than me. Mencap has five values and I believe that this demonstrates how we use these values in our everyday work."

## Is the service responsive?

### Our findings

People were supported to be involved with activities they enjoyed doing. One person went Christmas shopping and upon returning they told us they enjoyed shopping and eating doughnuts. Another person told us they enjoyed playing musical instruments. We saw photographs of a music event and the person smiled and laughed as we looked at them. People spoke to us about their holiday and they told us they had enjoyed swimming. They had been on an adventure holiday and we saw photographs of one person on an adapted bicycle for people who used a wheelchair. One member of staff told us, "The adventure holiday was brilliant. It was a specialist camp and everything had been adapted for people with a physical disability. We got to go abseiling, cycling, swimming and canoeing. We were all so proud of everything people achieved that the Provider featured it in their national magazine so everyone could read about the achievements." We saw a copy of the magazine was displayed in the home.

People were involved in activities in the home. One person enjoyed having hand massages and we saw staff sitting talking with them and stroking their hands. The member of staff told us, "They enjoy activities which involve touching. As they have sensory impairments hand massages are something they really enjoy and we can do this whenever they want." Other people had individual time where staff gave support for intensive interaction. Intensive interaction is used to interact with people through using their own style of communication and sounds. One member of staff told us, "It's a way of communicating with people and people get a lot out of this. Some people enjoy the individual time and other people use it to express themselves. We go somewhere quiet and we can have sensory equipment on at the same time if people like that." They told us, "It's about using language or sounds or gestures that people use and understand and sometimes mirroring this. It helps to develop a more meaningful relationship with people and to understand how people are communicating with you." We saw the staff using this technique when interacting with people. Another member of staff told us, "We have found people do respond better and this all helps to develop our relationship and trust."

Social activities were organised and family members were invited to attend. One relative told us, "We always get invited when something is happening and it's good. There was a Halloween party recently and this went really well." Another relative told us, "The staff are very flexible. When we want to go out together I just call the staff and they always support [person who used the service] to get ready to go out or when we go to church."

One person had a new wheelchair which would help support them in a better seated position and be more comfortable. Their relative told us, "It's an exciting day. It's taken a while but it's finally here and should so much better. We had to wait whilst it was made and they were individually assessed for this." One member of staff told us, "It's going to be lovely for them to be able to sit up to eat properly and they didn't look comfortable. We've been waiting for this day and it's finally here. It's wonderful."

People had developed good relationships with staff and understood people's different communication styles. We saw that staff recognised where people may feel sad or wanted to spend time with them and one member of staff told us, "It's important to recognise when people are not happy, especially as some people

can't tell us." The care records included information to identify where a person may want to raise a concern. Information was available to explain how people's behaviour could change and what people may say or vocalise. Another member of staff told us, "It's important we know how people express themselves so we can make any changes. Some people were unable to raise their own concerns but had access to an advocate." Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. One member of staff told us, "We have to make sure people's voices are heard." Relatives told us they would raise a concern with the registered manager. One relative said, "What is there to complain about? I've definitely not got any complaints but I would have no problems speaking to the staff if anything was wrong." Another family member told us, "The staff go the extra mile and if this wasn't the case I'd speak up. If we've ever had any concerns we have just called and they take everything so seriously and have just sorted everything out. They don't brush things under the carpet."

# Is the service well-led?

## Our findings

The provider and registered manager had a clear set of values to provide individual support. The provider had developed five values that staff were working with. One member of staff told us, "The values are being trustworthy, caring, being inclusive, being positive and challenging practice and beliefs. They are very clear about how we should be working and what these values mean to people."

The provider carried out monthly quality checks on how the service was managed. These included checks on care records staffing and health and safety. Where any improvements were identified these were recorded on their continuous action plan and we saw action was taken to improve quality. A comprehensive audit was completed by a senior manager from within the organisation and they also reviewed the monthly audits. The provider had developed monitoring systems linked to our regulations and staff we spoke with were aware of how we completed our inspection to identify how well the service was managed. One member of staff told us, "Our continuous plan identifies where we need to improve. We are very honest and want to be the best, so keep this under review."

The local authority had visited the service to monitor the quality. We saw they had identified that some improvements were needed in relation to further training and documenting assessments of risks. The local authority quality monitoring officers had revisited the service and were satisfied improvements they had identified had been made. This showed that the provider had responded to make improvements to the service.

Staff told us that they were encouraged to contribute to the development of the service. We saw that staff meetings were held for them to discuss issues. During these meetings, staff told us they were able to discuss how to improve the service, the support provided and raise any concerns. These meetings were also used for updates for training and to ensure staff knew of changes within the service.

Staff knew about the whistle blowing procedure and were confident about reporting any concerns or poor practice to the provider or registered manager. One member of staff told us, "It's what we all do. If we see anything then it needs reporting. The manager is always telling us that we can speak with them at any time and I'd just knock on the door and say what I saw."

The provider completed a survey of the views of people who used the service, relatives, staff and professionals. One member of staff told us, "It's difficult for people to comment on the service so staff do observational questionnaires and watch how people are supported to make choices, how they keep safe and how they are helped to achieve their goals. This is more meaningful for people who live here." Feedback from the quality reviews were given to different groups of people. One member of staff told us, "We hold different feedback meetings for people so they know what's happening and can address any concerns. We have individual family meetings, staff meetings and resident meetings, which we call them 'What matters to us meetings'. In these meetings we give feedback and discuss what's happening, any concerns and positive experiences. We are able to support people to understand this information; if we just gave out a report it would be meaningless for people. This way people are really involved with the service." One relative told us,

"We are regularly asked about what happens, but as far as we are concerned, we are happy."