Royal Mencap Society

Hulse Road

Inspection report

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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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 19 December 2018 and was unannounced.

Hulse Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide support and accommodation for up to six people with a learning disability. The Royal Mencap Society is the service provider, a charity based in the UK, working with people who have a learning disability. At the time of our inspection there were four people living at the home.

There was a registered manager in post and available throughout our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the CQC inspections in October 2017 and November 2016, we rated the service as Requires Improvement. At the October 2017 inspection we made a recommendation to review staffing levels after 4pm. We also identified that areas of improvement were needed in the medicines protocol for one person, and the recording of mental capacity and consent. In addition, the managerial audits of the service were not effective. At this inspection we found that improvements had been made and the rating has now changed to Good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staff received safeguarding training and understood their responsibilities to identify and report any concerns of abuse.

Medicines were managed safely. There were systems in place to monitor medicine administration records and medicines stock.

There were improvements to the way people were supported to communicate their choices and decisions. Information was explained in pictorial formats to support people's needs. This included the complaints procedure, for healthcare appointments, and to help people understand when changes were taking place in the home.

A new kitchen was due to be installed one week after the inspection. This had been communicated to people using pictures and print, showing that a new kitchen would be fitted on a specific date in the calendar.

People were supported to be actively involved in choosing new bedroom furniture, furnishings and wall colours. Timelines were created to support people to understand delivery dates while they awaited the delivery of the items.

Risks to people's safety in the home and when spending time in the community had been assessed. There were plans in place to reduce the likelihood of risks occurring, and to help people maintain their independence.

People had been supported to make healthier lifestyle choices. This included healthy menu options and being encouraged to partake in physical activities.

There were opportunities for people to attend activities in the local community, based on their personal interests. These included craft sessions, swimming, and dance exercise workouts.

There were many social activities held at the home, including themed parties. There had been a Halloween and Christmas party, as well as a 'Reflection Day', where friends and families were invited to attend.

A day was dedicated to reflecting upon what had been achieved in the previous twelve months. People had created photo boards and displays of their activities, events, and achievements. Family and friends were invited to join the celebrations. People and staff were presented with certificates for their achievements.

Referrals were made to health and social care professionals when required.

Compliments had been received from people's families and one was received from a person's GP. The GP commented that there were notable improvements in the person's wellbeing and appearance.

New staff were recruited through recruitment processes and received a robust induction. This included in-house and external training, with new staff receiving a company induction and assessment from the area manager. This was in addition to supervision and assessment from the registered manager.

Staff were trained to meet the needs of people living at the service. Records showed that all staff training required by the provider was complete and up to date. Staff also received regular one-to-one meetings with the registered manager to discuss their performance and how they could further develop.

There was a friendly and relaxed atmosphere at the home, the staff team communicated well with one another and people were comfortable.

The registered manager had reflected upon where improvements had been required, and upon any accidents and incidents that had taken place. They had learned from these and made improvements accordingly. Staff were communicated with in the event of any updates.

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.

Staff understood their responsibility to identify and report concerns of abuse.

There were risk assessments in place to manage risks to people's safety.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

The principles of the Mental Capacity Act 2005 were being followed.

People were supported to make informed decisions.

People were supported to maintain a healthy lifestyle.

Is the service caring?

Good

The service was caring.

People's information was stored securely.

People were supported to maintain contact with their friends and family.

People were supported by staff who knew them well.

Is the service responsive?

Good

The service was responsive.

People had care plans in place and these were reviewed and updated regularly.

Technology was being used to support people to be

independent.

People enjoyed a broad and varied range of activities.

Is the service well-led?

Good

The service was well-led.

The registered manager was praised by the staff team for being friendly and approachable.

The registered manager had a clear vision of how they wanted to continue to improve the service.

There was reflective practice taking place.

Hulse 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 was planned to check 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 19 December 2018 and was unannounced. The inspection was completed by one inspector. The home was previously inspected in October 2017 and received a rating of Requires Improvement, for the second consecutive time.

Prior to the inspection we reviewed the information we held about the service and the service provider. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law.

At the inspection we looked at information and records relating to people's care. This included support plans, health plans, and daily records for four people. We saw records of feedback from relatives and spoke with the relatives of one person. We looked at records relating to the management of the service. This included four staff recruitment and training files, supervision records, audits, and staff meeting minutes. We spent time observing interactions between people and staff. We also spoke with three members of staff, either by formal or informal conversation, and spent time speaking with the registered manager and quality lead.

Good

Is the service safe?

Our findings

At the previous inspection in October 2017, we rated Safe as Requires Improvement. This was because risks were not consistently assessed, with steps in place to reduce the likelihood of occurrence. We also identified that there were risks of only one member of staff working after 4pm and the front door being unlocked throughout the day. Also, people without mental capacity to understand risks outside of the home were leaving the service without staff support. The registered manager wrote to us after the inspection to advise us that action had been taken regarding the risks identified. At this inspection we found that the required improvements had been made.

A sensor alarm had been installed to the front door. This was to alert staff when people entered the home, or if anyone left the home without staff support. To improve safety in the evening, the staffing numbers had increased after 4pm. The registered manager explained that staff now accompanied the person who was leaving the home without support. Staff now joined the person each time they visited the local community. The registered manager said, "We help to keep her safe, but she also enjoys the one to one time that this gives."

Risks to people's safety had been identified and assessed. There were risk assessments in place for risks in the home and for when people spent time in the community. For example, risks assessed in the home included food preparation and using the iron. Risks in the community that had been identified, included those for using public transport. The risk assessments were based around what people liked to do. Staff were directed as to what support should be provided to help people maintain their preferred routines and activities as safely as possible.

When accidents and incidents occurred, these were reported by staff and reviewed by the registered manager. The registered manager discussed what happened with the staff member. If the outcome of the review meant that all staff needed to be communicated with regarding any updates, this was done through the communication and handover books. We spoke with staff regarding an incident and they confirmed that they had all received communication regarding this.

One incident had involved a person's perception of the gap between the train doorway and the train station platform. With help from the one member of staff they were able to prevent the person from falling and any injury occurring. Reflecting and learning from the incident took place. Plans were put in place to ensure that the person would receive support from two staff members when travelling by train, to assist them with the step. The registered manager also explained that they now called ahead to the train provider. This was to ensure that an assistance ramp could be provided at the stations when the person was travelling.

There was one incident of an additional dose of medicines being given and two incidents where medicines were not given. These were due to staff error. Where the additional dose had been given, records showed that this was raised immediately with the registered manager. The staff member also promptly contacted the out of hours healthcare support service. The staff member responsible for the error received a supervision meeting with the registered manager. This identified if any further training or competency

checks were required. We checked the staff member's records and saw that this had not happened on any further occasions.

There were safe systems and processes in place to monitor the storage, administration, and stock checks of medicines. Medicines were kept securely. Temperatures were checked to ensure that medicines were not stored in rooms exceeding 25 degrees Celsius, as per national guidance. One bedroom had exceeded this temperature slightly in the summer and the medicines for that person were relocated to cooler secure storage within the home. Administration records were up to date and monitored to ensure there were no gaps. Some people required pain relief such as paracetamol to be administered on an 'as and when required' basis (PRN). There were PRN protocols in place to assist staff in the administration of these medicines. The PRN protocols stated if the person could tell staff if they were experiencing pain and how staff could identify if pain relief was required.

Relative feedback was formally sought on an annual basis through a survey, including whether they felt their family member was supported to stay safe. Feedback showed relatives felt their family members were safe living at the home.

There was pictorial and 'easy-read' guidance in place for people to receive information about types of abuse and how to raise any concerns. Staff understood their responsibilities to identify and report any concerns of abuse. Staff told us they would speak with the registered manager to raise concerns but knew that they could also speak to the area manager. They also knew they could report suspected abuse to the local authority safeguarding team, or to CQC.

There were safe recruitment and selection processes for new staff. We checked recruitment records and saw that staff completed an application form, before attending an interview. At interview staff were asked questions including their understanding of reporting any safeguarding concerns. Prior to starting work, staff were subject to a Disclosure and Barring Service (DBS) clearance check, as well as satisfactory character and employment references. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

There were enough staff to meet people's needs. The registered manager explained that there had been improvements in the number of agency staff required. If agency staff were needed, there was documentation in place for an agency staff induction to the home. This included profiles of each person, emergency contact information, and the fire evacuation procedure. There was a checklist in place to ensure that agency staff had received the important information prior to their shift commencing.

The home was clean, tidy and free from malodours. There were some areas of the maintenance of the kitchen that would prevent effective cleaning and infection prevention and control. These were due to be addressed in the two weeks following the inspection, with a new kitchen being installed. The home had a cleaning schedule in place, directing staff to areas that required daily, weekly, and monthly cleaning.

Good

Is the service effective?

Our findings

At the previous inspection in October 2017, we rated Effective as Requires Improvement. This was due to inconsistencies in applying the principles of the Mental Capacity Act 2005 (MCA) when supporting people. At this inspection we found that the required improvements had been made.

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 legal authorised under the MCA. We saw that where required, mental capacity assessments were in place regarding specific decisions.

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 are called the Deprivation of Liberty Safeguards (DoLS). We saw that DoLS applications had been made where required. The restrictions were monitored to ensure that they remained the least restrictive way to support people.

Staff spoke positively about wanting to support people to make informed decisions. The registered manager told us, "[Person] came from quite an institutionalised background and is just so very compliant. We realised that although [Person] may be accepting of a routine or choice, it wasn't because they were actually making that choice." They explained the work that had taken place in supporting the person to refurbish their bedroom. This included showing different pictures from a catalogue of furniture in the person's preferred colour. The registered manager said, "She doesn't show emotion often, but we knew when she made such an excited sound that she was happy with her choices. After she realised that she was going to get the choices she had made, she took the pictures of the furniture to her room and stuck them up. From the expressions and sounds she was making, we knew how happy she was."

We saw people being offered choices in different ways, dependent on what worked best for them. One staff member asked a person if they would like to have some breakfast. The person declined. A different staff member then asked the person whether they would like a choice of two different cereals. The person accepted and joined the staff member in the kitchen for breakfast. The staff member later explained that the person can often neglect their own needs if choices offered are broad or not specified. Offering a choice of two options, supported the person when they had declined breakfast initially.

People were supported by staff who were trained to meet their needs. Staff feedback about the training included, "The training is very good. Some training is away from the service for taught courses, such as first aid, others are e-learning." Also, "I've had training in areas such as safeguarding, mental capacity, finance, and these are refreshed annually." Staff training records evidenced that staff training was up to date. This was kept under review by the registered manager, who had an online system to monitor the completion and scheduling of training.

New staff were subject to robust induction and training processes. These included assessments by the

regional and registered managers, shadowing experienced staff and completing a comprehensive training programme. The registered manager explained that new staff would shadow experienced staff for as long as required, to ensure they were confident and competent.

Staff received regular supervision meetings with the registered manager. One staff member told us these were usually every one to two months; however, they knew they could speak with the registered manager at any time. One staff member told us that the supervision meetings were a good opportunity for reflection and to continually improve.

People were encouraged and supported to maintain healthy physical activity. This included walking to the city centre or local shops, as well as attending fitness activities. People had leisure centre memberships and some people chose to attend 'aqua fit' workout sessions at the swimming pool. Others attended dance-based exercise sessions and there were also cycling activities for people to join. Records showed that one person had been able to lose weight through increasing their physical activity and being supported to make healthy food choices. The support received supported the person to live a healthier life.

People had access to food and drink and were supported to be independent in preparing these. There was a menu board in the home's kitchen, where people could make their choices each day. There were pictures of the menu options and people could choose from those. If they wanted an alternative they could choose what they preferred. We saw people accessing the kitchen to prepare their own drinks, and there were snacks available. To support people in making healthier choices, there was a selection of fruit on the kitchen dining table.

Referrals to health and social care professionals were made in a timely manner. For example, behavioural changes in one person were recognised and documented, and a referral made to the GP to review.

People were supported to attend their regular health appointments, such as an annual healthcare check with the GP, and visits to the audiologist, chiropodist, and dentist. People were provided with information in an accessible format, regarding female and age-related health checks. For example, one person had been provided with a pictorial leaflet about mammograms. The registered manager explained, "The pictures are enough for her to know what is happening and she will put it on her communication board for that day. We also have pictures we can use in communications for blood pressure checks, blood tests, and visits to the GP. We can print different pictures, depending on what is happening."

People had hospital passports and health plans in place. Hospital passports contain information about the person, to enable healthcare professionals to provide support in a person-centred way. This included information about what the person likes and dislikes, their communication needs, and whether pictorial support is required in decision making.

Good

Is the service caring?

Our findings

People continued to be supported by a kind and caring staff team.

Staff spoke positively about being support workers and cared about wanting to help people feel comfortable in their own home. Staff spoke kindly and respectfully with people. We observed interactions and saw that people appeared comfortable in the company of staff and staff were friendly when communicating with people.

People were supported to maintain contact with their families and friends, when they chose. One staff member explained, "If there are concerns we always will phone the families. We also invite them if we are having parties and events." We saw in one person's care plan it was recorded that the person called their parents two evenings a week, and they called on a Saturday. Routines were important for the person, and staff all knew when the phone calls took place and supported the person with this.

Relatives spoke positively about the care their family members received. We saw written feedback had been shared by one relative, explaining how well the person had looked and how happy they were. The relative wrote, 'You do an amazing job' and 'Thank you for making her happy'. The relatives we spoke with said that the staff team kept them up to date with any important information that was needed. They told us that their family member was always happy about going back to Hulse Road.

Staff knew people, their needs, and their interests well. Staff were enthusiastic about wanting to help people achieve their chosen outcomes and have a continually improving quality of life. For example, one staff member explained that projects were taking place to help one person with their decision making. They said, "I think she will get there, she is starting to understand. It is such a good achievement for her."

People had care plans in place, which included person-centred details about their lifestyle and preferences. There was information about people's life histories and interests or hobbies before moving to Hulse Road. This information had been woven into the care plans, along with the up to date details about people's chosen routines and preferences. For example, there were lists of 'Important birthdays', and a list of Christmas card recipients. Staff were directed to support the person in sending these cards.

There were easy-read, pictorial documents in place to support people if they wished to raise a concern. These were available in the corridor that was accessed by each person. One document was entitled 'What is Abuse?' and contained a short summary, as well as pictures to help people identify abuse.

People's independence was promoted. We saw that care plans included how people maintained their independence in the home and community. For example, laying or clearing the table, and walking to the shops. Care plans also included how staff could encourage people to maintain their involvement in the home. For one person, this included, "It is important to make activities in the home fun, to encourage [person] to participate, for instance playing music and dancing while cleaning." People were supported to be as independent as possible when preparing food. For another person, their care plan stated, "[Person

enjoys cooking. Staff need to watch [person] when she is cooking and support her when and if needed. [Person] is able to do most of the preparation herself but will need support to take items from the oven."

There were tools in place to support staff in identifying if a person was displaying any signs of distress. There were one-page profiles in place documenting the signs and behaviours of the person, when content and when distressed.

People's birthdays were celebrated, and they could choose what they wanted to do. Records for one person showed that they had decided to go bowling and for a celebratory meal with their housemates. The records also stated that staff had thrown a 'birthday breakfast' at the home in the morning of their birthday.

Information relating to people and their needs was stored securely in the registered managers office. Staff had received training in the General Data Protection Regulation 2018 and understood the importance of confidentiality.

Good

Is the service responsive?

Our findings

The service continued to provide care that was responsive to people's needs.

Information was made available in an accessible format and the home complied with the Accessible Information Standard 2016 (AIS). The AIS requires care providers to ensure information is given in a way that people with a disability or sensory loss, can access and understand. For example, where one person was prescribed medicines for their anxiety, there was an 'easy-read', pictorial document to support their understanding. There were also accessible pictorial documents regarding women's health checks. The methods used to support people to understand information were specific to their needs. For example, some people used Makaton or variations of this, to communicate through gestures and hand signals. Another person had an activity file and board in their bedroom, which they were supported to update once a week. This was entirely pictorial and helped the person to know what was happening in the week ahead.

The kitchen was due to be replaced, one week after the inspection. This had been communicated to people with pictures and through conversations. Some people had pictorial symbols to indicate when the kitchen was being removed and when the painting was going to take place. These were added to calendar timelines, so people knew when to expect these events to take place. The new kitchen had been designed to better meet people's needs.

People enjoyed varied social lives, specific to their interests and hobbies. A festive party had been held at the home the day before the inspection. The registered manager explained that people from other services within the same organisation attended as guests. They told us that different services held events such as parties and activities for everyone to attend. If people did not wish to attend, they were supported by staff to attend an activity of their preference. For example, one person chose to go to the cinema, instead of joining the festive party. People's daily records showed that they had attended craft clubs, parties, and exercise sessions, as well as been supported to visit families and friends.

Care plans reflected people's interests. One person's plan stated, 'My hair is important, I like to keep it looking nice and have it cut every six weeks. I like to be pampered, have my nails done and do girly things.' Staff all complimented the person on their hair and knew that this was appreciated. The person was also supported on a weekly basis to go to the local shops to purchase a fashion magazine. Another person's care plan stated that they enjoyed swimming and attending aqua fit. The person's daily records evidenced that they had frequent opportunities to participate in these interests.

Staff felt that there had been improvements in the opportunities available to people for activities outside of the home. They explained that community groups had been sourced for craft sessions and chair-based exercises. One staff member told us, "We have got really good at accessing other activities in the community for people to attend. For example, we have found a craft group at a local church hall. We have really achieved finding good value opportunities for people to follow their interests."

There were links with other care services, within the local community. One person visited a local nursing

home one day per week and volunteered. Their volunteer work involved supporting a person who had experienced a stroke and had a subsequent loss of verbal communication, to learn Makaton. Makaton is a language programme designed to provide a means of communication through signs and symbols, to those who cannot communicate verbally.

There were communication care plans in place, detailing how to support people if they experienced distress and anxiety. The plans stated clearly how to identify if a person was distressed. For example, for one person, their care plan stated that they would 'bang doors, cry and look very on edge, while wandering at fast pace'. For another person, their care plan stated, 'I can become very upset if my routine changes without my knowledge.' The plan directed staff to keep the person updated about any changes as far in advance as possible, as this would reduce the level of upset caused.

Technology was being used to support a person with their decision making at meal times, particularly when visiting restaurants. One staff member explained that the person enjoyed dining in restaurants, but that the menu options made it difficult for them to make an informed choice. Their electronic tablet was being used to collate an album of menu options, from photographs taken of meals they enjoyed. The staff member explained that they could then offer visual menu options for the person while eating out.

There was a pictorial complaints policy in the hallway. This was accessible to each person. Relatives were also aware of how to raise any complaints or concerns if they needed to. Staff told us they spent time on a one to one basis with people and would encourage them to discuss or communicate any concerns. Staff also knew that changes in behaviours could indicate that the person was unhappy.

People were assigned a 'key-worker' staff member. The role of the key-worker included ensuring that the person's care plans and records were maintained. Also, that the person was supported to ensure they had enough shopping and toiletries, as well as supporting them to attend appointments. The registered manager told us that key-workers also supported people to maintain contact with their families. One staff member explained, "As a key-worker, I do the monthly review one-to-one report and join them for activities."

Although the service did not have anyone living there receiving end of life care, there were plans in place for supporting people with bereavement. The registered manager explained that some staff had previously received bereavement training, but that they also worked with families to provide person-centred bereavement care.

Good

Is the service well-led?

Our findings

At the previous inspection in October 2017, we rated Well-Led as Requires Improvement. This was because audits were not always identifying all areas for improvement. Also, some relatives wanted to see improved communication. At this inspection we found that the required improvements had been made.

The registered manager discussed where there had been challenges since the last inspection. They explained that one person had lost their funding for a day centre they had previously attended. They told us staff had worked hard to find other opportunities for activities in place of this. They also explained that "getting staff to be consistent with their approach", had at times been a challenge. They told us this had been worked upon and staff had really improved in providing consistent support.

Staff felt that the registered manager had implemented improvements since the last inspection. Their comments included, "[The registered manager] is aware of everyone's strengths and helps to keep things continually improving." Also, "We have improved massively with our communication as a team and with the people we support, and their relatives." One staff member explained, "If there are any issues within the staff team, or any communication we need to know about, these are addressed and discussed straight away."

There was reflective practice taking place. The registered manager explained that there had been an annual 'Reflection Day' held in the summer, which included inviting relatives and friends to attend. Prior to the event, they asked families to provide feedback in a survey format about how they felt the service could improve and what they felt about the standard of care. As part of the celebrations they could then look back at the positive feedback, as well as what individuals had achieved. The registered manager explained, "I have got better at learning from what has been done historically in the home and actually thinking about whether people really enjoyed the activity."

There were quality assurance systems in place to monitor the quality of the service being delivered. These included audits of infection control, medicines, and the safety of the environment. Where areas for improvement were identified, these were followed up and acted upon. The registered manager explained that when completing audits, they always looked at what had been found during the previous one, to ensure that improvements were sustained.

Staff spoke positively about the support they received from the registered manager. One staff member told us, "[The registered manager] is very supportive. When I was off work, [the registered manager] came to visit me and kept me up to date with everything that was going on." Another staff member explained, "[The registered manager] is very approachable, she is so friendly."

The registered manager was actively involved in the home, including where possible, supporting people with activities. They told us they had recently supported one person on a day out. They were also based at the service and staff knew they could go to the registered manager in the event of any queries or concerns.

The registered manager spoke enthusiastically about wanting to instil the provider's values within the staff

team and the care provided. The values were, 'Rights, Choices, Learning, Safety, Healthy, Happy, Friendships, and Inclusion'. The values were included when staff were speaking to us about the support they provided. For example, one staff member explained, "It is important we respect [people's] choices." Staff were given certificates called 'You Rock', where the registered manager wanted to acknowledge and recognise good performance. We saw that different staff had received these for their caring approach, being trustworthy and for their positive attitude.

There was an on-call management rota for when the registered manager was not at the home. This was shared between the registered manager and the regional manager and made available to staff, so they knew who to contact in the event of an emergency.

The registered manager maintained their knowledge and understanding of care standards. They did this through registering to receive updates from CQC, but by also receiving monthly updates from the operations manager. They said the operation manager updates discussed what was happening at Mencap, as well as any further information they needed to be aware of, such as training opportunities. They attended a team meeting with other registered managers in the same county and told us, "If there is specific training I need, then we request it. Or, if there is an area I want to improve my knowledge of, I will independently research it, or seek the support of other colleagues. I like to keep myself up to date." The registered manager understood their responsibility to notify CQC of significant events and had contacts within the local authority that they could liaise with if required.

The registered manager spoke with pride about the service. They explained, "I have a fantastic team of staff and the people that we support. The relatives are lovely, and for the sake of the home and the people we support, I want everything here to be as good as it can be." They told us, "We have a good, sound, solid team."