Care Quality Commission

Royal Mencap Society

Royal Mencap Society - Ashfield Court Care Home

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

Overall summary

This inspection took place on 12 November 2014 and was unannounced. There were no breaches of legal requirements at our previous inspection on 18 September 2013.

Royal Mencap Society is registered to provide accommodation and care at Ashfield Court Care Home for up to 24 people with learning disabilities.

Accommodation is arranged in four bungalows that each have six bedrooms and an additional bungalow is used for administration and activities. There were 24 people there when we visited.

There was a registered manager in post at the time of 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

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found that people felt they were safely cared for by staff who knew what action to take to keep everyone safe. The provider used safe systems when new staff were recruited and people living at the service were involved in selecting new staff. All risks to safety were minimised and medicines were well managed to make sure people received them safely as prescribed.

Staff received regular training and knew how to meet people's individual needs. Any important changes in people's needs were passed on to all staff when they started their shifts, so that they all knew the up to date information.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find in care homes. DoLS is a code of practice to supplement the main MCA 2005 code of practice. Providers are required to submit applications to a 'Supervisory Body' for authority to make decisions about depriving people of their liberty, so that they get the care and treatment they need. We found the staff were knowledgeable about these and safeguards were appropriately in place where needed. Staff gained consent from people whenever they could and where people lacked capacity in some areas we saw that arrangements were in place for staff to act in their best interests.

We saw that people had appropriate food and drink and staff supported them individually, so that their health needs were met.

Staff were kind to people and cared about them. We saw that choices were given to people at all times. We found people's privacy and dignity were respected and all confidential information was respectfully held securely.

Staff understood how to manage people's individual needs and assisted people to take part in appropriate daily individual activities at home and in the community.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff understood what action they needed to take to keep people safe and new staff were thoroughly checked to make sure they could safely work with people at the service.

Action was taken to minimise all risks to people's safety and there were enough staff employed to keep people safe.

Medicines were well managed to ensure people received them safely.

Good

Is the service effective?
The service was effective.

The staff knew the people they were supporting and the care that they needed. The staff were trained and competent to provide the support individuals required.

People received sufficient to eat and drink and they had the support they needed to see their doctor and other health professionals as needed.

People's rights were protected and the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good

Is the service caring?
The service was caring.

People felt they were well cared for and staff showed compassion in the way they spoke with people.

Advocates were involved to speak on behalf of people and represent their views if needed.

People were treated with respect at all times and their independence, privacy and dignity were promoted.

Good

Is the service responsive?
The service was responsive.

Care was personalised and responsive to people's needs. People's individual preferences and interests were given priority and there were sufficient staff, so that people could engage in their chosen individual activities.

There was a robust system to receive and handle complaints or concerns.

Good

Is the service well-led?
The service was well led.

There was a registered manager employed in the home. The staff were well supported and there were robust systems in place for staff to discuss their practice and to report any concerns.

People who lived in the home, their relatives and staff were asked for their opinions of the service and their comments were acted on. The quality of the service was well monitored.

Good

Royal Mencap Society - Ashfield Court Care Home

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 12 November 2014 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience on this occasion had expertise in supporting people with needs relating to their behaviour.

Before we visited we reviewed the information we held about the home including notifications. Notifications are events that the provider is required to inform us about by law. The registered manager had completed 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.

During our visit we spoke with five people living at home, six care staff and the registered manager.

We looked at the care plans for four people, the staff training and induction records for staff, five people's medicine records and the quality assurance audits that the registered manager completed

We observed care and support in shared areas and we also used the Short Observational Framework for Inspection (SOFI) in one area. SOFI is a specific way of observing care to help us understand the experience of people who cannot fully express their views by talking with us.

We invited commissioners of the service to give their views about the care provided in the home and they did not express any concerns.

Good

Is the service safe?

Our findings

One person told us that they felt safe and knew who to tell if they were not happy about their care or had concerns about safety. One person said they would "Tell [name of a staff member] or Paul (registered manager), because he's the proper boss."

Staff told us that they had been trained in how to safeguard people and they knew how to use the whistle blowing policy. There were records to show that all staff had completed this training. Staff gave us examples of how they used their training and this showed us that they understood what action they needed to take in reporting concerns as well as in managing situations where people may become at risk of abuse from others.

Staff described how some people's behaviour was an expression of their needs. They explained the plans in place to minimise and manage risks to people. One of the staff told us, "We might talk and reassure the person and take the others out of the way to make sure everyone is safe". Staff told us there were words that, for some people, may trigger certain behaviours. Some of the people we spoke with were also aware of the needs and triggers of others around them and said that staff knew how to keep everyone safe. One person said, "Some other clients get upset and really show it, but nobody gets hurt". Another told us, "[Name of person] doesn't like change, staff tell them in advance, [Name of person] has trigger words." They were aware of how staff worked in order to protect everyone and this helped them to feel safe.

There was a personal emergency evacuation plan for each person, so they would receive the right support if they needed to leave their building in an emergency. There were assessments of a range of other risks within the care plans that we looked at and staff were aware of action they needed to take to support people in various activities safely. The guidance and direction to staff was detailed to cover all potential risks, especially when out in the community. It was clear that more staff were provided in the community to ensure people could take part in activities safely.

People told us there were always enough staff to help them when they needed it. We saw staff working individually with people for much of the time. Staff told us they worked in the same bungalow most times and usually with the same individual people. They said that at night there was always at least one staff in each bungalow at all times. Two staff were allocated where there was a need, which meant that one bungalow always had two staff at night and an additional staff member was based in another bungalow to assist wherever there was a need during the night. The registered manager confirmed these arrangements were based on individual needs and overall there were always enough staff in the bungalows to attend to people's needs.

There were safe recruitment and selection processes in place. The staff we spoke with told us they had supplied references and undergone checks relating to criminal records before they started work at the service. The registered manager showed us some records which confirmed the recruitment process ensured all the required checks were completed before staff began work. People who used the service were involved in interviewing new staff so they could give their views about who provided their care.

One person told us that staff looked after their prescribed medicines and gave them to them at specific times, but they looked after their own creams and some pain killers in their room. Staff confirmed that these items were stored safely and there were assessments to show it was appropriate for the person to have them in their room. This was an example of how staff respected people's choice and independence, but kept people safe at the same time.

Other medicines were stored securely and we checked the arrangements in two of the four bungalows. We saw the medicine administration record (MAR) sheets that were used to record when people had or had not taken their medicines and these were initialled by two members of staff for each medicine taken. All staff had been trained to administer medicines and arrangements were made to prevent staff involved with medicines from being interrupted, so that they could concentrate on the task and avoid errors.

We saw written plans to clarify the reasons and arrangements for people to receive medicines when they were needed. We heard staff giving medicines to one person and they reminded the person why they needed to take the medicines. Staff stayed with the person until they had finished taking the medicines and told us this was their normal practice to ensure all people received the medicines safely and as prescribed by a doctor.

Good

Is the service effective?

Our findings

People told us staff knew how to support them and one person said, “They understand we’re all different and they know what to do. Some people need more help with things.”

We spoke with staff who gave us examples that showed they were knowledgeable about people’s medical and social history as well as how to meet people’s current needs.

Two members of staff told us they had completed 12 weeks of induction training. They felt they received sufficient initial training and support from other staff to enable them to carry out their roles and meet people’s individual needs. They described subsequent training as “Regular and well organised.” They had a mixture of workbook, computer based and classroom training and the registered manager had a colour coded list of training that showed training requirements for all staff. With this system it was clear all staff received the training they needed. The registered manager told us that that all staff received specific training to meet the needs of people at the service and this included training in autism, Asperger Syndrome and positive behaviour management. This training was provided through the National Autistic Society, which was regularly consulted for guidance and support. The National Autistic Society is a specialist organisation and also provides information and support for individual people with autism (including Asperger syndrome) and their families.

Staff told us that they were given detailed information about how to structure people’s daily activities, so that their anxieties were decreased. They also explained that they used non-physical de-escalation techniques if people were distressed and that these were effective in redirecting people to alternative activities. We saw an example of an individual behaviour support plan that described the type of behaviour care staff might see and what action to take to support the person. These showed that the training was effective. Staff recorded the triggers and patterns of behaviour for analysis later, so that all staff would learn from the experiences and any changes needed could be put into practice.

Staff were regularly supervised by the team managers, based in the bungalows. They had an appraisal meeting to discuss their progress and review their knowledge and training needs every 12 months. There were records of these and a system to remind the managers when the next supervision and appraisal meetings were needed for each of the staff. This system gave assurance that staff had the knowledge and skills they needed to carry out their roles and responsibilities.

The staff we spoke with also understood how best interest decisions were made using the Mental Capacity Act (MCA). We saw examples of how team managers had completed a two stage test to determine if a plan was needed for staff to make some decisions in people’s best interests. Staff also understood the importance of not illegally depriving someone of their liberty, though they did not have full awareness of the law concerning Deprivation of Liberty Safeguards (DoLS). A team manager said they were seeking further training so they could better understand when an application for assessment under DoLS was needed. The registered manager had made an application for DoLS for one person. This had been assessed by the relevant authority and agreed, but there were no conditions. This person had a member of staff with them throughout the day and night to keep them safe. The registered manager was aware that staff were in need of further guidance and training about DoLS and this was being arranged.

People were supported and offered choices to eat and drink enough. One person told us, “The food is nice, Sunday is menu planning day”. They met with staff on duty and other people in their bungalow to plan what meals everyone would like and what they would need to buy. People told us they took turns to choose the menu and staff said that they made sure there were always alternatives available if someone did not like the main meal chosen.

Some people had more involvement in preparing meals and drinks than others, dependent on their abilities. Staff told us that all people were encouraged to prepare their own breakfasts with support as needed. We saw that one person was cooking their own main meal of the day and had planned this using a menu planner. People described being able to access drinks for themselves when they wanted and we saw how staff offered and supported a person to drink where support was needed.

One person was using a healthy eating book that a dietician had provided and had worked with staff to

Good

Is the service effective?

understand the importance of portion sizes. This person told us how the staff had been very encouraging. A relative of another person commented, "My [relative] enjoys a healthy diet and gets a variety of suitable exercise."

People were supported to maintain good health. One person told us they were independent for most things, but used a health action plan and always chose to have assistance from staff when attending hospital appointments. A health action plan is a specific personal plan about what a person needs to stay healthy. We saw there were health action plans for each person and they had opportunities to discuss these regularly with staff. We saw records of health appointments and the involvement of various health and social care professionals. Staff described how they helped people prepare for a visit to the doctor, making sure people knew why they were going. They also talked about how they had followed advice from psychiatrists, psychologists and dieticians to support people with behaviour such as self-harm, anxiety and weight loss.

Good

Is the service caring?

Our findings

People told us they thought the staff were kind and caring. Two people said, “It’s lovely here”. Another person told us, “They care about you here. It’s a good place to live, you go out and do things, not all of the time, sometimes you go out in the evening, you have a programme so you’re not stuck in the bungalow.”

Staff were allocated to a specific bungalow and they told us they usually worked with the same people. This allowed them to develop trust and an understanding of people’s individual needs. We observed staff speaking respectfully with people and offering choices at all times. We saw that staff used alternative communication methods as needed and we saw a lot of friendly interactions and laughing. Staff showed kindness and compassion in the way they spoke with people. One person said, “I like them all. I get on with them.”

When one person became upset whilst looking at a photograph, a staff member asked “Are you alright? Are you looking at your photos?” Staff then reminded the person they had planted a tree in the garden to remember their parents. The person showed us the tree and told us about the apples on it. They found this very comforting and appreciated the help and understanding from the staff.

Another person was planning to move to more independent living and told us that staff had been very supportive. They said, “I’m moving, they helped me, I’ve got a life story, it’s dead nice”. This showed the staff gave caring support.

In the care plans, we saw examples of signed agreements to the way staff were to support people. We also observed staff gaining consent with the support they were giving in assisting people and we saw that staff understood the different ways people communicated their agreement. There was information about advocacy services and the registered manager confirmed that three people currently used an advocate to speak on their behalf and represent their views.

Parents, carers or other advocates were involved in meetings to review people’s care, along with the person concerned. Staff told us how they supported people to attend part or the whole of these meetings as people preferred. There were also weekly individual meetings for people to discuss their care plans with a member of staff. One person told us about their planned programme and how they had changed it. When one work experience placement no longer met their needs, staff supported them to give that one up, but continue with their other placements.

All our observations demonstrated staff talking to people and treating them with dignity and respect at all times. We saw staff asking people and waiting for their agreement before entering their rooms. One person told us that staff always knocked on their door every morning. Two staff told us about their training that included respecting people’s dignity in every way they could. One staff said, “It’s always important to keep things private and we make sure we close doors so other people don’t walk in when we are helping someone with personal care.” We heard staff using people’s preferred names and we saw that all confidential and personal information was held securely.

Good

Is the service responsive?

Our findings

During our visit several people went out with staff for their various activities. Transport was arranged to meet individual needs. For some this was a minibus. For others a taxi was used or a person's own car. The use of vehicles distressed one person, so staff accompanied them to all of their activities on foot. Holidays away from the service were also arranged to meet individual needs and people told us about their experiences.

When people had first arrived, their needs were assessed and they had stated their preferences and interests. We saw examples of the written assessments. This information was used to write care plans that were personalised and responsive to people's needs.

Staff told us that new staff had access to the care plans during their induction and were given time to read them. They also shadowed existing staff so they could increase their knowledge and understand how to meet each person's needs. Any important changes in people's needs were passed on to all staff when they started their shifts, so that they all knew the up to date information.

People were supported to follow a range of activities and most of these were on an individual basis. People gave us examples of "Swimming at water meadows", "I go to the gym", "I do voluntary work in the hospital café", "I work in a charity shop". People told us of other activities including shopping, gardening, matchstick model making, cooking and going to the library and out for meals. They had parties and other events in their bungalows and there was also a separate activity room for using a computer and for other events. Two people told us they had season tickets to see their favourite football team and others spoke of going to watch films and to the theatre.

Some people showed us their bedrooms and we saw how these differed to reflect individual preferences and interests, for example collections, games and music.

Staff told us how some people needed more support than others with their daily activities and had developed strict routines. There were activity plans to clarify these routines and when a new event was planned staff were aware of how to provide a social story to explain what was going to happen. In this way they could help to prepare people for changes in their usual routine.

Each person had been given information about making complaints when they first moved into the home. We saw one person's information folder in their own room containing the clear complaints procedure. There were also photographs of staff and the registered manager so that people knew who to speak to if they had any concerns. People we spoke with were able to tell us the name of the manager for their bungalow and the registered manager, but no one said they had made any complaint and one person said, "I don't need to complain. I like it all."

We looked at the management file of complaints received and found the full complaints policy and procedure was there. Staff were aware their role in the procedure. The one complaint we found had been addressed with appropriate action taken and there were records to show that the complainant was satisfied with the outcome.

Good

Is the service well-led?

Our findings

People described having meetings in their bungalow, when they had the opportunity to sort out their food choices and talk about what activities they were going to do. One person told us that they frequently went to see the registered manager to have a chat and were always welcomed.

In addition to regular bungalow meetings for the people that lived there, an annual satisfaction survey was carried out and we saw forms had been completed by relatives and health and social care professionals. One person told us they remembered completing a form themselves. We looked at some completed forms and saw that family members and professionals were complimentary about the service. One relative had described the service as providing, "The best care [name of person] has ever had." A professional had stated, "I am satisfied with the service and cannot think of any improvements."

We found the staff culture was open and honest. One experienced care staff member told us they could approach the registered manager or team manager of their bungalow easily, whenever they wanted to discuss anything. Two staff who had started their employment during the last 12 months told us that all the staff had been very supportive and helpful. One of them said, "If I've not been sure about something, I found the other staff have always been happy to help new staff." One of the staff in one bungalow told us, "We have an amazing team and staff morale is good." Staff in another bungalow said, "We always work together as a team."

The staff were made aware of the provider's values through their induction, training and staff meetings. This was confirmed by staff we spoke with and records we looked at. The staff told us their development needs were thoroughly assessed and monitored through regular supervision and annual appraisals.

The registered manager told us staff morale had improved during the previous 12 months and they wanted to continue to keep morale high by keeping communication channels open. There had been a survey carried out to establish the views of staff about the service and management earlier in the year. This gave all staff the opportunity to give their views and receive a response. A newsletter had been used to keep staff informed and the registered manager had plans to use other methods such as a twitter account for staff. The registered manager visited each bungalow regularly and we saw that people called him by his first name. There were regular team manager meetings each week and the provider's area operations manager was also based at the service and available to meet with staff when needed.

The staff described team meetings within their bungalow staff teams and these took place each month. Any of the staff could put things on the agenda and there was a regular update of people's care and support needs. Staff received a written report of the clear action points from these meetings, so they all knew what action was taken following on from their discussions. In addition to these meetings, they had daily handover meetings, so that all staff had the latest information to help them meet people's needs.

Staff leadership was provided by the registered manager and team manager in each bungalow. At least one of these was available at all times and they led by example whenever possible. The registered manager and the bungalow managers completed risk assessments with staff and encouraged them to analyse the risks to individual people and what actions they could take.

The registered manager was able to demonstrate a good understanding of management and regulatory responsibilities. We found from our own records that the registered manager had notified us appropriately of the incidents that they were required by law to tell us about, such as accidents, injuries and other concerns. We were able to see, from people's records, that positive actions were taken to learn from incidents. We saw that when accidents had occurred, action had been taken to reduce the risks of these happening. We saw care plans had been updated to reduce the potential for similar incidents reoccurring. The registered manager had notified us of previous allegations and described appropriate management of the incidents. They had cooperated with investigations, taken action and made improvements where needed.

There were specific systems to monitor and improve the quality of the care provided. The registered manager told us they carried out random checks and showed us the computerised systems they used when auditing the service. These systems included audits of care records, infection control, health and safety and incidents, staffing

Good

Is the service well-led?

records and training. The provider's area operations manager also reviewed the service on a monthly basis and targeted certain areas, such as the quality of care plans and the use of the Mental Capacity Act. An action plan was completed and the registered manager ensured any improvements or changes were made.