

Royal Mencap Society

Goddard Avenue

Inspection report

153 Goddard Avenue
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Ratings

Overall rating for this service	Good	
Is the service safe?	Requires improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

Goddard Avenue offers care and accommodation for up to six people with a learning disability. It is run by Royal Mencap Society which is a national charity providing services for people with a learning disability. At the time of our inspection there were three people living in the home.

The inspection took place on 12 September 2015. This was an announced inspection. As we were visiting the service on a Saturday we rang the day before the

inspection to ensure that there would be someone at home on the day of our visit. During our last inspection in August 2013 we found the provider satisfied the legal requirements in the areas that we looked at.

A registered manager was employed by the service who had been in post for three months and was currently going through induction. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

Whilst people's medicines were managed appropriately so people received them safely, on the day of our inspection we found bottles of medicines which had not been labelled when opened. Staff we spoke with were also not aware of the procedure for ordering people's medicines.

When asked if they liked living at Goddard Avenue people said "Yes". People told us they felt supported by staff and could ask for help when needed. We observed staff interacting with people in a kind and friendly manner, involving people in choices around their daily living.

People were supported to eat a balanced diet. People had access to the kitchen where they could make drinks throughout the day.

People were supported to access healthcare services to maintain and support good health.

There were systems in place to protect people from the risk of abuse and potential harm. Staff were aware of their responsibility to report any concerns they had about people's safety and welfare. People told us they felt safe living in the home.

Staff told us they felt supported. Staff received training to enable them to meet people's needs.

There were enough staff deployed to fully meet people's health and social care needs. The registered manager and provider had systems in place to ensure safe recruitment practices were followed.

Arrangements were in place for keeping the home clean and hygienic and to ensure people were protected from the risk of infections.

The registered manager and staff had knowledge of the Mental Capacity Act 2005. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

This service was not always safe.

Whilst people's medicines were managed appropriately so people received them safely, on the day of our inspection we found bottles of medicines which had not been labelled when opened. Staff we spoke with were also not aware of the procedure for ordering people's medicines.

People told us they felt safe living at Goddard Avenue.

Suitable numbers of staff were employed to meet people's needs. Safe recruitment practices were in place.

Arrangements were in place for keeping the home clean and hygienic and to ensure people were protected from the risk of infections.

Requires improvement



Is the service effective?

This service was effective.

People had access to healthcare services and received on-going healthcare support.

People were supported to have sufficient to eat and drink. People were encouraged to maintain a balanced diet.

We found the service met the requirements of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards.

Good



Is the service caring?

This service was caring.

We saw staff were caring and spoke with people using the service in a dignified and respectful manner.

People's preferences for the way they preferred to be supported by staff were clearly recorded.

People were supported to maintain their independence as appropriate. There were opportunities for people to make day to day choices which included what meals they would like and what activities they wanted to participate in.

Good



Is the service responsive?

This service was responsive.

People had access to activities both within the home and their local community.

People received care which was individual and responsive to their needs. Support plans recorded people's likes, dislikes and preferences.

Good



Summary of findings

There were systems in place to support people to make complaints. People told us they would speak with staff if they were unhappy or worried.

Is the service well-led?

This service was well-led.

There was a registered manager in post.

People living in the home and staff were supported to share their views.

There were systems in place for monitoring the quality of the service to ensure people received a good standard of care and support.

Emergency plans were in place which included a 24 hour on-call system for staff to be able to seek management support.

Good



Goddard Avenue

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 September 2015 and was announced. One inspector carried out this inspection. During our last inspection in August 2013 we found the provider satisfied the legal requirements in the areas that we looked at.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with three people about their views on the quality of the care and support being provided. We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices for part of the day.

During our inspection we observed how staff supported and interacted with people who use the service. We spoke with the registered manager and three support workers.

Is the service safe?

Our findings

Whilst people's medicines were managed appropriately so people received them safely, on the day of our inspection we found bottles of medicines which had not been labelled when opened. This meant that staff would not be aware of when medicines would expire. Staff we spoke with were also not aware of the procedure for ordering people's medicines. The registered manager explained that certain members of staff were responsible for ordering people's regular prescriptions. However, this procedure was not documented so that other staff would be able to ensure people received their medicines should these staff members be absent.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Only staff who had completed a medicines administration course were able to administer people's medicines. Safe practices for the administering and storing of medicines were followed. All medicines were stored safely and in a locked cupboard. Medicines that were no longer required were disposed of safely. Systems were in place for auditing and controlling stock of medicines.

We reviewed the Medicines Administration Records (MAR) for one person using the service. We saw these had been correctly completed and initialled by a staff member. Each person had a separate file for recording their medicine administration. These contained information on the medicines, the reasons for them being prescribed and potential side effects for staff information.

People told us they felt safe living at Goddard Avenue. One person told us "There is always staff around to help us."

There were processes in place to protect people from abuse and keep them free from harm. Staff were knowledgeable in recognising signs of potential abuse and felt confident with reporting any concerns they may have. Any concerns about the safety or welfare of a person were reported to the registered manager who investigated the concerns and reported them to the local authority safeguarding team as required.

People were supported to understand what keeping safe meant. Assessments were undertaken to identify risks to people who used the service. When risks were identified appropriate guidance was in place to minimise potential

risks. For example one person had an assessment in place to support them to keep safe whilst out in the community. Staff had spoken with this person regarding possible dangers, how to avoid them and what actions the person should take if they felt at risk. This included the person carrying a mobile phone. They had also discussed issues around being bullied and supported the person to watch videos on being bullied and what actions they could take.

There were systems in place to support people to safely manage their finances. There was clear guidance for staff to follow. Two people required support with their finances with one person managing their finances independently. When people who were supported made any purchases this was logged and signed for by the person and staff member. Staff told us monies were checked by staff each time they came on shift as part of the handover.

There were procedures in place to guide people and staff on what to do in the event of a fire. We saw specific guidance for one person who might not respond to the need to evacuate the building as quickly as they might need to and how staff could support them.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. All staff were subject to a formal interview in line with the provider's recruitment policy. We looked at four staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. Staff were subject to a Disclosure and Barring Service (DBS) check before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

People living in the home were involved in the recruitment of staff. Staff explained that candidates would be invited to meet the people living at Goddard Avenue and staff members. They would take part in an activity such as a discussion group. Candidates' interactions would be observed and the people living in the home and staff could also feedback about how they felt about the candidate.

There was enough qualified, skilled and experienced staff to meet people's needs. Staff explained there was always a minimum of two staff on duty during the day. Timings for

Is the service safe?

staff being on duty would be flexible depending on what activities people were taking part in. For example when people recently wanted to go to the circus staff worked flexibly to support people to access this activity. We looked at the home's roster which indicated there was a consistent level of staff each day.

Staff explained what measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which all staff followed to ensure all areas of the home were

appropriately cleaned. People living at Goddard Avenue were also involved in maintaining the cleanliness of the home. An infection control audit was carried out as part of the overall management monitoring system. Staff could explain the procedures they would follow to minimise the spread of infection. We found bedrooms and communal areas were clean and tidy. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection.

Is the service effective?

Our findings

We observed that people made choices about their daily living and nutrition. People made drinks independently throughout our visit. One person who could not make their own drinks was supported to access drinks whenever they requested. People could also choose when they wanted to eat their meals. Staff explained people were not required to eat their meals at the same time. One person cooked their meals independently and would therefore frequently have their meals at different times to the other people living in the home. People chose what they wanted to eat daily. Whilst there was a weekly menu plan in place staff said people could choose to have something different if they wanted.

We observed people accessing the kitchen area independently to make their breakfast and lunch at different times of the day. One person was supported to go out for lunch as this was something they liked to do. There were snacks available for people which included fresh fruit and yoghurts. One person told us "I go shopping with staff and pick my own food." Another person said "The food is very nice."

People's healthcare needs were regularly monitored. Health care plans were detailed and recorded people's specific needs, such as epilepsy. There was evidence of regular consultations with health care professionals where needed, such as dentists, doctors and specialists. Concerns about people's health had been followed up and there was evidence of this in people's care plans.

Newly appointed care staff went through an induction period which included shadowing an experienced member of staff. All staff we spoke with and observed demonstrated they had the necessary knowledge and skills to meet the needs of the people using the service. They were able to describe people as individuals. Staff knew about people's likes, dislikes and preferences.

Staff were aware of their roles and responsibilities. Training records confirmed staff had received the core training required by the provider, such as safeguarding, infection control, manual handling and health and safety. We reviewed four staff members' personnel files. They contained inconsistent information regarding the frequency of meetings held between staff and their previous line manager. However the new registered

manager was aware of this and had completed an exercise with all staff to look at what was working well for them and what was not working so well. They were in the process of ensuring that all staff received a supervision to discuss the progress in their work; training and development opportunities and other matters relating to the provision of care for people living in the home. They said that following on from this they would ensure that staff then received regular supervision of at least four a year. Work based observations had also been carried out for areas such as the safe management of medicines. Staff we spoke with said they felt supported and could approach the manager at any time.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

The registered manager and staff had knowledge of the Mental Capacity Act 2005. The registered manager explained that capacity assessments had not been undertaken as people were able to make decisions and choices based on their daily living. They said if decisions needed to be made regarding such things as medical interventions, and they were not confident the person understood the choices, then a mental capacity assessment would be carried out with the person. They would then look at holding a best interest meeting involving people involved with the person to support the decision making process.

We saw in one person's care plan that a capacity assessment had been carried out with speech and language therapy around their risk of choking and them lacking capacity to understand the consequences of eating unsafe textures. Based on this a best interest decision was undertaken to make 'risky' foods inaccessible. These were

Is the service effective?

kept in a locked cupboard which other people living in the home had access to. Appropriate snacks which were soft in texture were available for this person to have at any time during the day.

People were not restricted on when they could leave the home. Whilst the door was kept locked people living in the home were able to unlock it. On the day of our visit we observed people answering the door to visitors.

Is the service caring?

Our findings

People spoke positively of the care they received and the relationships they have with staff. Comments included “I go out with staff. They are very kind”; “staff are friendly and helpful” and “Staff understand me I can talk to them.”

People’s needs in respect of their age, gender and disability were understood by staff. People were supported to maintain relationships which were important to them. One person told us how their family regularly visited their home and how they would come and stay for tea.

It was noted in one person’s care plan that they liked a particular style of music. This person had been supported by staff to attend various musical concerts and festivals. We heard staff discussing with the person a concert they wanted to attend next and when they would be able to purchase their ticket.

People looked relaxed and comfortable in the company of staff. They had good relationships with staff members and did not hesitate to ask for assistance when required. Staff showed respect and consideration for individual need when talking with people. The atmosphere of the home was enhanced by humour from both staff and people.

One person was experiencing some stomach pains. Staff asked if they would like their wheat bag heating up so they

could place it on their “tummy” to relieve their symptoms. The staff member sought permission to enter the person’s room to get the wheat bag. They asked if the person would like a drink, which might also help.

We observed one person chatting to a member of staff and showing them some information on trains. The staff member chatted in a way that showed they were genuinely interested in what the person was saying. They afforded the person time to show them the information they needed and asked questions about the person’s upcoming holiday.

People using the service were able to make daily decisions about their own care and support and we saw people chose how they wanted to spend their time. During our visit we noted that people moved freely around the home choosing which area they wanted to be in. This included helping staff in the kitchen, spending time in their bedroom or relaxing in front of the television.

There were three people home during our visit and staff asked two people who were up when we arrived whether they were willing for us to see their bedroom. People had been encouraged to make their rooms at the home their own personal space. There were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls.

People had access to local advocacy services although staff told us that no one was currently using this service. Where needed family members had been involved to speak on behalf of people or assist them to share their views.

Is the service responsive?

Our findings

People's care plans reflected how they would like to receive care and support. They included people's individual preferences, interests, and goals to ensure they had as much control over their lives as possible. Care plans included people's preferred routines, for example what time they liked to get up, how often they liked to shower, what support the person required and what they were able to do independently. Care plans were detailed and person centred. For example in one person's records we saw how they wanted staff to respect their privacy. This included always knocking on their door, ensuring the person introduced themselves and asking permission before entering the person's bedroom. We saw that staff did this when introducing us to the person, who was in their bedroom when we arrived.

We saw in one person's care plan there was some guidance regarding the person's consumption of alcohol. We spoke with staff about what this meant. They explained it related to the amount of alcohol the person consumed and whilst it was their choice, discussions had taken place with the person to try and reduce this. The plan said the person had agreed to this but we could not find any documentation of discussions with the person and evidence they had agreed. We spoke to the manager who said they would address this immediately.

There was evidence people had been involved in writing their care plans and people had signed to say they agreed with what was written. Care plans had been regularly reviewed with the person and both staff and the person had signed to say if there had been none or some changes.

People were supported to follow their interests and take part in social activities. People were supported to access their local community which included the local shops and facilities. Staff explained that for two people who did not have a structured week they chose each day what they wanted to do. One person said "I go out every day. I go anywhere I want." Another person said they liked animals and staff had supported them to visit various zoos and farms.

One person worked at the post office and a local gardening project. They told us how they walked into town to catch the bus to get to their post office job. They said "I like working there. I do the letters and the packets." They also said they enjoyed going with staff for a coffee and to buy their newspaper.

People were consulted about the care and support they received. Residents meetings were held with staff support every month. Minutes we reviewed included discussions about activities within the home which included Christmas and what to in the event of a fire. The complaints process was also a regular agenda item.

Staff we spoke with were knowledgeable about the needs and preferences of the people they were supporting. Throughout the inspection we saw staff spent time with people to make sure they received care that was centred on them. For example one person said they had a sore back after a recent fall. Staff offered the person some pain relief.

There was a clear complaints procedure. Individuals were encouraged to make complaints using a postcard system. People told us if they posted this card then someone from the organisation would come and speak with them. People we spoke with told us they would speak to staff if they were unhappy or had any concerns.

Is the service well-led?

Our findings

There was a registered manager in post. Staff were aware of the organisations visions and values. They told us their role was to provide people with safe care and support and to encourage them to be as independent as possible. Regular staff meetings were held to make sure staff were kept up to date and they were given the opportunity to raise any issues that may be of a concern to them. All staff spoken with provided positive feedback about the provider and the support they received. Comments included “I really enjoy working here” and “I feel very satisfied with my work.”

Staff members’ training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training. Staff told us they received the correct training to assist them to carry out their roles.

Staff were supported to question the practice of other staff members. Staff had access to the company’s Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff’s care practice. Staff we spoke with confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

The provider had systems in place to monitor the quality of the service. This included an audit carried out by the

registered manager. This audit covered the Key Lines Of Enquiries (KLOES) as identified by the Care Quality Commission (CQC) and included areas such as infection control, care plans, people’s finances, the safe management of medicines and health and safety. Where required actions had been identified and an improvement plan completed to address them. This action plan was shared with senior management who monitored the outcomes of actions identified alongside the registered manager.

There was evidence learning from incidents / investigations took place and appropriate changes were implemented. An electronic web form was used to record all accidents and incidents. We saw after a recent incident one person’s care plan had been updated with information to guide staff on what to do when the person is anxious or upset. Any issues would be discussed at a team meeting and where required a referral to the relevant health and social care organisation would be made for support.

The service had appropriate arrangements in place for managing emergencies. There was an up to date risk assessment which contained information about what to do should an unexpected event occur, for example a flood or loss of utilities. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of a fire.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found whilst people's medicines were managed appropriately so people received them safely, on the day of our inspection we found bottles of medicines which had not been labelled when opened. Staff we spoke with were also not aware of the procedure for ordering people's medicines. (g)