

Royal Mencap Society Worcester Road

Inspection report

38 Worcester Road
Cowley
Uxbridge
Middlesex UB8 3TH
Tel: 01895 430687
Website: www.mencap.org.uk

Date of inspection visit: 11-12 August 2014
Date of publication: 23/01/2015

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

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

This was an unannounced inspection.

The service met all of the regulations we inspected against at our last inspection on 15 July 2013.

Worcester Road provides personal care, support and accommodation for up to seven people with learning disabilities. At the time of our visit there were six people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. People using the service told us they

Summary of findings

felt happy living at Worcester Road and they liked the staff who supported them. We saw that support plans and risk assessments were reviewed every six months by staff and each person using the service.

We saw staff had been trained in the requirements of the Mental Capacity Act 2005 (MCA) and they had a good understanding of the principles of the Act. There were systems and processes in place to protect people from foreseeable harm and act on concerns in order to keep them safe. We found there were no Deprivation of Liberty Safeguards (DoLS) in place at the time of our inspection.

We saw the service had clear and detailed recruitment procedures that involved people using the service as part of the interview process.

The bathroom and shower room were in need of redecoration and deep cleaning. The kitchen was in need of refurbishment as it had damaged drawers and cupboards. The manager informed us a refurbishment was scheduled for September 2014.

Staff completed a range of training defined as mandatory by the provider. The staff we spoke with felt they had the appropriate training and support to carry out their role.

Staff explained how they promoted and maintained people's privacy and dignity through their support they provided. We saw that staff treated people in a caring manner with dignity and respect.

We saw the support plans included information on how to resolve any behaviour that could be challenging and the activities people took part in each week.

People using the service and their relatives were sent annual questionnaires to gain feedback on the care and support provided. Information from incident and accident reports was used to identify any changes in need and ensure the support plans were reviewed to reflect this. People using the service were involved in decisions about how the service was provided and had been consulted on possible major changes to the service.

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. Safeguarding adults' policies and procedures were in place and staff confirmed they had completed and understood the safeguarding training.

People using the service had support plans and risk assessments that were regularly reviewed by staff.

The service had appropriate recruitment and disciplinary procedures in place. Staffing levels were based on the assessed need of each person as well as any activities planned and additional staff were arranged if required.

Staff had been trained and understood the requirements of the Mental Capacity Act 2005 and DoLS.

The bathroom and shower room were in need of deep cleaning and refurbishment. The kitchen required general maintenance. The manager informed us that these areas were scheduled for refurbishment during September 2014.

Good



Is the service effective?

The service was effective. Staff had completed a range of training which had been identified as mandatory by the provider to support the assessed needs of the people using the service.

Staff received regular supervision and annual appraisals with their line manager to ensure they were providing appropriate and effective support to people using the service.

People using the service had annual health checks with their general practitioner (GP) and regular visits with other health professionals to help maintain their general health and wellbeing.

People using the service helped in developing the weekly menu and could choose to be involved in the preparation of meals. People could also easily access food and drink when required.

Good



Is the service caring?

The service was caring. Support plans included information on people's personal history and the people that were important to them.

People using the service and their relatives were involved in the development and review of their support plans.

Staff treated people in a caring and supportive manner. They understood how to promote and maintain people's privacy and dignity.

People using the service had monthly keyworker meetings to discuss what activities they liked, their health and any other issues with notes written in an easy read format using pictures.

Good



Is the service responsive?

The service was responsive. The support plans and risk assessments were reviewed every six months or sooner if any changes to the person's support needs were identified.

The service sent a questionnaire to people using the service and their relatives every year to gain their feedback on the support they received.

Good



Summary of findings

The service had a complaints policy and procedure which was provided in an easy read format using pictures and plain English.

Is the service well-led?

The service was well-led. Any incidents and accidents were recorded and the manager carried out investigations and developed an action plan to improve the care provided.

The manager completed a compliance confirmation tool each month to monitor the quality of the service and make changes where needed.

People using the service were consulted on possible changes to the service.

Good



Worcester Road

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

We visited the service on 11 and 12 August 2014. The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service and information sent to us by the provider (Provider Information Return). 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 this inspection we spoke with the registered manager, two people using the service, a relative and two staff members. We looked at the support folders and personal folders of four people using the service. We also looked at the employment records for two staff members and information relating to how the home was run. We also looked around the home to see how it was cleaned and maintained.

Is the service safe?

Our findings

People told us they felt safe living at the home and one person said “This is my home and I feel safe here.” The provider had effective procedures to ensure the service could provide appropriate care and support for people planning to use the service.

In the support folder we saw a list of the risk assessments with the date they were next due to be reviewed. We saw the risk assessments covered a range of issues including mobility, medication and activities. The assessments described the level of risk, actions staff should take and the expected outcome. Each risk assessment was signed by the staff member and the person using the service to show that they agreed with the plan. Staff signed and dated the risk assessments to show they had read and understood them.

We saw the policies and procedures used by the service in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). At the time of our visit no DoLS were in place. Staff we spoke with confirmed they had completed their MCA and DoLS training and they understood the principles of the act and safeguards. We saw that capacity assessments had been carried out with the people using the service as part of the consultation about making changes to the service.

We saw some people using the service had guidance in their support folders on how staff should respond to any challenging behaviour. Their support plans also included information on how staff could encourage and support positive behaviour. If required referrals would be made to the provider’s challenging behaviour team or a move to a more suitable home could be considered. We saw examples of referrals that had been made in relation to people’s challenging behaviour.

We saw the service had policies and procedures relating to safeguarding adults, abuse prevention, harassment, bullying and discrimination. The staff we spoke with explained their understanding of safeguarding and what action they would take if they suspected possible abuse. They also confirmed they had completed safeguarding training and we saw the training records to support this.

The service had a clear recruitment policy and procedure. When applicants reached the second stage of the recruitment process they were invited to visit the home and meet the people living there. The manager explained that

as part of the recruitment process, people using this service or from other local homes were involved. In the second stage interview people asked the applicants questions and their views were part of the assessment. During our visit we saw two staff files which included completed application forms, two references, Disclosure and Barring Service (DBS) checks and proof of the applicant’s right to work in the United Kingdom. We also saw some of the detailed notes taken during the interview and assessment process.

The manager explained that staffing levels were based on individual needs and any planned activities. Some people’s placements were funded for one-to-one support when in the home or two-to-one support when in the community and we saw this was recorded in their support plan. We saw on the first day of our visit that an additional staff member from another home had been arranged to provide additional support for a person going to a medical appointment. This person had been assessed as requiring support from two staff members while in the community and this was indicated in their care plan. During the morning there was one staff member providing support for the four people remaining at home who were involved with activities of their choice around the home while the staff member was providing personal care for one person so there were no other staff to provide support for ten minutes. The manager explained that this was not usually the case and we saw from the monthly rotas that additional staff had been regularly allocated to provide support at the home.

We saw the shower room and bathroom on the first floor was usable but was in need of redecoration and deep cleaning. There was a build-up of lime scale and dust in the shower cubicle and a section of wall next to the shower had been repaired with filler which had not been finished and painted. In the bathroom there was a broken tile and a build-up of lime scale. Two people invited us into their bedrooms and told us they were happy with their rooms. We saw that people had personalised their rooms but we saw one bedroom was very dusty. We mentioned our observation to the manager and who told us they would ask the staff to encourage and support the person to dust their room. The kitchen required repair as we saw fronts of drawers were missing, curtain rails had fallen down and poor general maintenance. The manager and staff members explained that the service planned for the kitchen, shower room and bathroom to be refurbished during September 2014.

Is the service effective?

Our findings

People we spoke with told us they liked the food and were able to choose what they ate. We saw people were involved in the preparation of lunch. Staff told us that people could choose to be involved in the preparation of meals. We saw that people could access food whenever they wished and a staff member confirmed that people could tell the staff what food they liked and what they wanted to have on the weekly menu. The weekly menu was displayed in the kitchen identifying each evening meal. The support plans we looked at included information on any nutritional issues which might need monitoring and what the person's favourite foods were. In one care plan there was information about supporting the person to limit the level of high sugar content drinks the person had to reduce damage to their teeth. The support plans also identified what the person's favourite foods were. We saw weight records for each person which were up to date.

We asked the staff if they felt they had the support and training to do their job and meet the needs of the people using the service. Staff told us they felt supported and had received appropriate training for their role. One staff member told us, "I feel very comfortable with my manager and I can sit down and talk to her."

New staff completed a two week induction programme which included all the training identified as mandatory by the provider. Over a twelve week period new staff completed a work book based on the Skills for Care common induction standards. They also completed a six

month probationary period during which they received support with their personal development and to identify and develop competencies in their role. During our visit we saw two sets of records which confirmed this.

A staff member told us, "Training has helped with my role and you can learn a lot from colleagues as well as practical experience in the role." The provider had identified a number of training courses as mandatory including first aid, fire safety, safeguarding adults and medicines management. Staff had to complete annual refresher sessions for the mandatory courses. We saw that all the staff had completed their mandatory training and any annual refresher courses.

Staff had supervision sessions with their manager quarterly to identify development and training opportunities, support needs and personal goals. Staff also had annual appraisals with their manager to review their performance based upon the discussions during their supervision sessions.

People's health was regularly monitored and they had access to a range of services to receive appropriate care. In each person's support folder we saw a detailed health action plan identifying regular health checks as well as any medical issues and how these should be managed. Health appointments were recorded in the personal folder. People using the service had annual health checks and saw their General Practitioner (GP) when required. The service had access to a wide range of health and social care professionals including psychiatrists, positive behaviour team, occupational therapy and dentists.

Is the service caring?

Our findings

The people we spoke with told us they were happy living at Worcester Road and were very positive about the staff who supported them. One person said, "The staff are really nice. I am going out soon and the staff are taking me" and another person told us, "I really like the staff and I can go out whenever I want to." A relative told us, "I am really comfortable with my relative being here. I usually get here early to have a catch up with the staff."

Staff provided support that was focused on the needs of the people using the service and developing their independence. Staff encouraged people to take an active role around the home whenever possible and provided them support when required. We saw people washing their clothes, making their own lunch and tidying their bedrooms with staff available to help them if needed. Staff spoke to people in a caring and supportive manner, listened to them and enabled them to make choices. We saw that people were comfortable with the staff and if the person became upset the staff knew how to provide appropriate support to help them become calm.

We saw that files included personal history information relating to the person using the service. This enabled care support staff to understand the background of the people they were supporting and how this may influence their behaviour and support needs. During our visit we met a

relative who was visiting a person using the service. They told us the staff knew about their relative's background and life experiences. The relative told us they were encouraged to visit and were made to feel welcome.

Each person was allocated a keyworker and they had monthly meetings with them. The manager explained the keyworker sessions enabled the staff member and the person to discuss what activities they wanted to do, their health and if there was anything they wanted to buy. We saw the records of these meetings for the three months before our visit for all the people using the service. These were produced in an easy to read format with pictures and were signed by the person using the service and their keyworker.

We asked the staff how they promoted and maintained the privacy and dignity of the people using the service. Staff members told us they would ensure the doors were closed during personal care, always knock before entering someone's room and explain to people what was happening when care was provided. During our visit we saw staff treat people with dignity and respect.

During our visit we saw there was a list of house rules in the front of each person's support folder. The rules included knocking on people's doors before entering, respecting people and their belongings and being polite. These rules had been agreed by the people using the service and staff.

Is the service responsive?

Our findings

People we spoke with told us that staff knew about the things they liked, disliked, their favourite activities and who was special to them. We saw that each person using the service had a personal folder and a support folder which were kept in the office. The support folders contained the person's support plan, risk assessments and any other information relating to the person's daily support needs. The personal folder contained records of any medical appointments the person attended and copies of support reviews carried out by the social workers or other social care professionals. Information relating to any specialist equipment such as beds or mobility aids was also kept in the personal file.

The manager explained that most people using the service had lived at Worcester Road for around 20 years with the most recent moving in over four years ago. Each person had developed a range of links in the local community accessing leisure facilities and organisations. People we spoke with told us about what activities they did and said "I am going out to the shops and the staff are taking me", and "I can go and visit steam fairs and go to do things I like." We saw a schedule displayed on the office wall identifying the activities planned for each person for the coming week. There was also a copy of each person's activities schedule in their support folder. People were able to choose what activity they wanted to do that day and did not have to stick with what was on their planner. During our visit we saw staff discussing with people what they wanted to do and ensuring they had appropriate support.

We saw that when a person was referred by social services the manager visited them to carry out a needs assessment to ensure the service could meet their specific support needs. If their needs could be met the person would start visiting the service for the day progressing to overnight and weekend stays until they felt comfortable. They could also take part in any activities. The manager explained that if the person's relatives were local to the service they could also visit.

The support plans described the level of independence the person had and how the staff needed to support them. Staff were aware of people's needs, could describe the support they provided and when each person required prompting in certain daily areas of their life.

The support plans were reviewed every six months or sooner if the person's support needs changed. The plans were also reviewed by the person's social worker every year. We looked at the support plans and risk assessments for four people using the service. The support plans had been recently reviewed with the person or their relatives to ensure the plans reflected the needs and wishes of the person using the service.

We saw that each person had a diary where staff completed daily records detailing the care and support provided. Staff also recorded what activities people were involved in, if they went out and any issues identified relating to the person's behaviour. This enabled the staff to be aware of each person's experiences when they started their shift. We looked at the diaries for three people using the service and saw the information was clearly written, describing each person's experiences during the day. There was also a message book used by staff to record information relating to people's appointments, any incidents and if maintenance was required around the home.

The provider sent an annual questionnaire to the people using the service and to their relatives to get their feedback about the services provided, however the questionnaires had not been sent out during 2014 due to consultation about the planned change to the service. The manager told us the feedback from previous questionnaires had been positive but we were unable to look at these results during our visit. The manager told us if people using the service needed support in completing the questionnaire staff could support them. Relatives could also help them with the questionnaire and people could access an advocacy service.

People we spoke with told us they could talk to the staff if they were unhappy about their care but they were unable to tell us in detail about the complaints process. We looked at the complaints policy and procedure and there was an easy to read version of the policy which was available to people using the service. The manager explained that if a person using the service raised a complaint they would try to resolve it informally and discuss any concerns during the keyworker meeting. Staff we spoke with knew what to do if someone had a concern or complaint.

Is the service well-led?

Our findings

People using the service were involved in decisions about how the service was provided. We saw records from the consultation being carried out with the people using the service and their relatives about making changes to the way the service was provided. Staff encouraged people to be involved in the planning and implementation of the service to ensure their needs and wishes were met. The manager told us that people using the service, relatives and staff could easily discuss any suggestions, issues or concerns they may have.

Staff we spoke with felt the service was well led and one staff member told us, "There is good communication between staff even though we don't see each other regularly". We observed that staff could approach the manager with any questions regarding care. There were regular staff meetings held with the manager with the date of the next meeting displayed in the office. We saw copies of the minutes from recent staff meetings which included discussions about the service, any planned activities, any changes in people's support needs and future training opportunities.

The service had a registered manager in place. During our visit we saw that the manager was aware of the care needs of all the people using the service.

The manager explained a 'compliance confirmation tool' was completed each month to assess and audit the quality of service being provided. This tool monitored information relating to a range of areas including the support provided to people using the service, the staff team and the

environment and safety. The system identified when people's support plans and risk assessments were due to be reviewed as well as when equipment and health and safety checks were due. The manager also recorded dates of staff meetings, supervision sessions and appraisals. Actions and tasks were colour coded to indicate if they were up to date or overdue. We looked at examples of recent compliance confirmation tools and saw they were up to date and actions had been completed. The area manager reviewed the compliance confirmation tool and carried out random checks on support plans to ensure they were up to date and provided accurate information about people's care needs.

During our visit we looked at incident and accident reports on the computerised recording system. We saw examples of completed incident and accident reports which were detailed, describing the actions taken to reduce the risk of the incident or accident occurring again and any outcomes including changes to the person's support plan. The manager explained that when any investigation was completed the information was saved on the system. This was automatically sent to the area manager to be reviewed and monitored. A report could be produced for the service as well as for specific people using the service and if any trends in incidents or changes in support needs were identified the support plan was altered.

The manager told us they identified examples of ways to improve the service provided and good practice through a range of sources. These included attending training and events organised by Skills for Care, monthly manager's meetings, regular emails and information provided by the provider's quality team.