

Heart of England Mencap

Heart of England Mencap - 201 Drayton Avenue

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

We visited the offices of Heart of England Mencap - 201 Drayton Avenue on 7 and 13 June 2016. The inspection was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service.

Heart of England Mencap - 201 Drayton Avenue provides accommodation and personal care for up to 5 people with learning disabilities or autistic spectrum disorder. The service provides respite stays of varying lengths. There were three people staying at the service at the time of our inspection. The provider owns the property and is responsible for managing it. The service was last inspected on 9 July 2013 when we found no breaches of the Health and Social Care Act 2008 and associated Regulations.

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

People told us they felt safe using the service and staff understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe in most cases, however one person's care had not been reviewed following an incident. The registered manager assured us that steps would be taken to reduce the risks of a similar incident occurring again.

There were enough suitably trained staff to deliver care and support to people. The provider made checks on staff to ensure their suitability to work with people who used the service. Staff received an induction and a programme of training to support them in meeting people's needs effectively. Staff understood the principles of the Mental Capacity Act (MCA), and staff respected people's decisions and gained people's consent before they provided personal care.

People told us staff were kind and caring and had the right skills and experience to provide the care and support they required. Care plans and risk assessments contained relevant information for staff to help them provide the care people required. Staff treated people in a way that respected their dignity and promoted their independence.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed.

People knew how to complain and were able to share their views and opinions about the service they received. Staff felt well supported by the registered manager and were confident they could raise any concerns or issues, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of

people who used the service. This was through regular communication with people and staff, returned surveys and a programme of other checks and audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe because most risks to people's individual health and wellbeing were identified and staff followed care plans to minimise these risks. One person's care had not been reviewed following an incident, however the registered manager assured us that steps would be taken to reduce the risks of a similar incident occurring again. There were sufficient numbers of suitably skilled staff to meet people's individual needs and staff were trained to protect people from the potential risk of abuse. People received their medicines as prescribed and the registered manager checked staff were suitable to deliver care before they started working with people at the service.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act 2005 and staff gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff provided a level of care that ensured people had a good quality of life. They respected people's privacy and dignity and encouraged people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to complain and

were able to share their views and opinions about the service they received.

Is the service well-led?

The service was well-led.

People were satisfied with the service and felt able to contact the office and speak with the registered manager if they needed to. Staff felt well supported by the registered manager and felt able to raise any concerns. Staff were encouraged to share ideas to make improvements to the service. The registered manager was dedicated to providing quality care to people. There were processes to ensure good standards of care were maintained.

Good ●

Heart of England Mencap - 201 Drayton 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.

The inspection took place on 7 and 13 June 2016 and was announced. We told the registered manager prior to the inspection that we would be coming, so they and the staff were available to speak with us. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection we contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

The provider had not been sent a Provider Information Return (PIR) prior to this inspection. 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. Therefore, we gave the registered manager opportunity to provide relevant information during our inspection.

During our inspection visit we spoke with the registered manager and two support workers. We also spoke with two people who used the service. Following our inspection visit we spoke with two relatives and a health professional. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors.

We reviewed four people's care plans to see how their care and support was planned and delivered. We

looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

We observed that people felt safe because they were comfortable talking to staff about any concerns they had. One person told us, "They [staff] see if I'm alright. When I don't come over [to the main house], they come and see what's up." They explained there was an internal telephone system which they used to contact the main house. They said, "When I press it they come and see what's up." A relative told us, "[Name] is always happy to go there and enjoys their stay and has encountered no problems."

We observed staff made people feel at ease and took steps to protect them and offer advice and support. A member of staff told us how they made sure people felt safe, they said, "I sit down with customers and ask them if they're OK and happy here." They explained people took a feedback form home with them after each stay and they could use this to tell staff of any concerns. They told us, "There are pictures of faces, sad and happy they can fill in and send back for the manager or team leader to look at." People were protected from the risk of abuse because staff knew what to do if concerns were raised. A member of staff told us, "If I had a concern I would raise it with the team leader, manager or a manager at head office, or to an external authority such as a social worker." Records showed concerns about potential abuse had been appropriately reported and action was taken by the registered manager to keep people safe.

There was a procedure to identify and manage risks associated with people's care. When people started using the service, an initial assessment of their care needs was completed that identified any potential risks to them during their care and support. The registered manager told us key workers wrote people's risk assessments and these were reviewed regularly. A key worker is a member of staff who is allocated to support a person on an individual basis. A member of staff told us, "People let us know if they feel unsafe and we sit down and talk with them about what measures we could put in place [to reduce the risk to their safety]." They gave an example of someone who had been administering their own medicines but had forgotten to take them at the right time. The risks to that person were assessed and they agreed with staff that staff would support them to take their medicine in future, in order to prevent future risks of missing a dose.

Risk assessments had been completed for people and care was planned to minimise risks in most cases. However we found one person had experienced a fall whilst mobilising outside the home with specialist equipment. We found that a risk assessment was written following the accident, however it did not include actions staff could take to reduce the risk of the incident happening again. We discussed this with the registered manager who told us they reviewed all accident forms and shared the information with the provider for monitoring purposes. However the registered manager did not know what actions had been taken following this fall, to improve the care for the individual and reduce future risks. We found no evidence of any improvements made to the person's care following the accident and no evidence that learning had taken place because the information had not been shared with staff. The registered manager told us in future they would ensure actions were taken to reduce the risks of a similar accident occurring again. Records showed that risk assessments had been completed for other people and care was planned to minimise their risks. For example, following an incident where one person had demonstrated negative behaviour outside the home, staff had reassessed risks to the person and a new care plan was written with

instructions for staff about how to support the person safely outside the home.

The registered manager explained how they supported people to manage their behaviour safely. They said, "We use a positive approach where we look at triggers and how to avoid behaviours. We use different tactics and positive ways to change the direction of people's behaviour." A member of staff described how they used their training to support one person who found it difficult to recognise people's personal space and how they managed the person's behaviour in a positive way to protect people.

Incidents were recorded and actions were taken to protect people and keep them safe. A relative told us, "There was an issue and the staff rang me and discussed it. We managed it together. It was handled well and it has improved." Staff told us and records showed the matter was documented and actions were taken to ensure any future risk to the person were minimised. We found records of incidents included the actions taken as a result of any incident. A member of staff told us, "If there's an incident I have to fill in a form and let my team leader or manager know. There may be a need to call the police or the hospital."

The provider had completed risk assessments of the home and had arranged for regular checks of the water, gas, electricity, equipment and fire safety by external companies.

There were sufficient numbers of experienced staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. People told us they had regular staff that they knew well. Staffing was worked out using a rota, which identified when planned activities took place and times when people needed more support. A member of staff told us, "If we have two different people and they want to do two different things, it's OK because there's enough staff to make sure they can do different things." They gave an example where one person liked to go on day trips on the train, so the registered manager organised an additional member of staff to provide extra support.

The registered manager had an out of hour's on-call system when the office was closed. Staff told us they felt supported by this system and could always contact a senior member of staff for advice. One member of staff said, "On-call are very good, they are always there to help."

The provider checked staff were suitable to support people before they began working in the service, which minimised risks of potential abuse to people. Records showed the provider's recruitment procedures included obtaining references from previous employers and checking staff's identities with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

Staff administered medicines to people safely and as prescribed. A relative explained to us when their family member came to stay, staff went through all their medicines and they were carefully checked. They said, "We fill in a form for each visit. There have been no issues." One member of staff told us, "People come with their medicines. Families send in a medicine sheet prior to each separate stay and we check their medicine when they arrive with an audit sheet and a MARS [medicine administration record] sheet." Staff had received training to administer medicines safely which included checks on their competence. They recorded in people's records when medicines had been taken and they signed a MAR sheet to confirm this. Staff knew what action to take to protect people if there was a medicine error.

Is the service effective?

Our findings

People we spoke with told us staff had the skills they needed to support them effectively. A relative told us, "They [staff] seem to be well suited to their work."

Staff told us they completed an induction when they first started work, which prepared them for their role before they worked with people in the home. Staff had obtained care qualifications. One member of staff told us, "I am currently doing an NVQ3 [National Vocational Qualification in Health and Social Care level three]. The manager enquired about it for me and pointed me in the right direction." Staff received training considered essential to meet people's care and support needs. This included training in supporting people to move safely, first aid awareness, safeguarding people and positive approach training which helped staff to manage people's behaviours. Staff were happy with the training they received. A member of staff told us, "I am happy with training. I requested some on autism and this was provided as an external course. If I wanted a refresher on something, I could just ask." Staff said they were supported to do training linked to people's needs, such as dementia.

Staff told us their knowledge and learning was monitored through a system of supervision meetings and observational checks of their practice (spot checks). Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. A member of staff told us, "I get feedback and I am told when I need to improve."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the registered manager was working within the principles of the MCA.

Staff we spoke with understood the requirements of the MCA and were able to explain how they supported people to make decisions. The registered manager told us there was no one using the service at the time of our inspection that lacked capacity to make decisions about how they lived their daily lives. We were told some people lacked capacity to make certain complex decisions, for example how they managed their finances, but they all had somebody who could support them to make these decisions in their best interest. For example, one person wished to live in more independent accommodation, so staff involved family members and health professionals to support the person to make a decision in their best interest about their future accommodation.

People told us staff gained their consent before supporting them. Staff told us they knew they could only provide care and support to people who had given their consent. During our inspection visit, we observed staff asked for people's permission before supporting them. A member of staff told us, "I always ask if it's OK

to do things."

People told us they enjoyed the food in the home and they could make choices about what they wanted to eat. One person said, "The food is lovely. I do the menu for them, they ask me what I'd like." A relative told us, "[Name] always seems very satisfied with what they've eaten. [Name] helps with the cooking and is involved in the decision making of what they're going to eat." Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that met their needs. We saw people's dietary requirements, food preferences and any allergies were recorded in their care plans. A relative told us, "[Name] has some dietary issues, they can't eat some foods. [Name] will have something different if they are having food they can't have." The person confirmed this and said, "Last week they made spaghetti bolognese and I couldn't have it, so I had chicken kiev instead."

We observed the evening meal and saw people made their own choices and were supported by staff according to their needs. One person was supported by staff to help prepare the meal, to encourage their independence. The meal time was relaxed and staff ate their meal with people who stayed at the home. We saw other people spent time preparing their packed lunch for the next day. They discussed ingredients with staff and staff supported them to make healthy choices. One person told us, "I've put myself on a diet, I don't eat so many biscuits and crisps. It's going well with staff helping me."

People's healthcare was monitored and where a need was identified, they were referred to the relevant healthcare professional, such as a consultant doctor. One person told us, "If I'm poorly, staff ring the GP and make me an appointment. They came with me to the hospital." People's care plans included details of their health issues, medicines and any health professionals related to their care.

Is the service caring?

Our findings

People told us staff were caring and treated them with kindness. Two people told us, "Staff are friendly and talk to us" and "I love the staff, they are caring. I love it here." When one person arrived to stay at the home, their relative said to staff, "See how happy [Name] is, see that big smile." A health professional we spoke with following our inspection visit told us staff were caring and put the needs of people at the heart of their care. A member of staff explained their caring ethos, they said, "I give everyone the same opportunities. For example if I was doing an activity at the house, I'd try and make sure everyone could contribute and join in."

Staff told us they liked working at the service and they enjoyed helping people to be independent and supporting people according to their individual needs. One member of staff gave an example of how they supported one person to be independent, they said, "[Name] wanted to do some daily household tasks because they're moving to independent accommodation soon. So we added this to their care plans and support them to carry out new tasks." We spoke with the person about the support they received and they were enthusiastic. They said, "I've got my own cleaning rota. Today is ironing, I haven't done it yet."

During our inspection we saw staff supporting people and we saw there was good communication between them. Staff knew people well and we observed them sharing jokes with people and enjoying each other's company. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way. One person told us, "I have anxiety attacks and staff support me, they ask me what the problem is and then we go over it." Another person said staff helped them if they had a problem.

Staff were compassionate and took time to listen to people and supported them to express themselves according to their abilities to communicate. For example staff told us they used different communication methods to meet people's needs. A member of staff told us, "Some people are 'non verbal' and we use picture cards to help them make choices." Communication methods were recorded in people's care plans. Staff sat with people and took time to interact with them on a one to one basis about things they were interested in, such as their hobbies and programmes they watched on television.

People told us they were involved in decisions about their care and support needs and they felt listened to by staff. One person explained how they used the feedback form which they were given at the end of each stay. They told us the form was useful because they shared a concern about their care and they were happy with the way it had been resolved by staff. People told us meetings were held at the weekend for them to discuss issues which were important to them. One person said, "We talk about going out, what we will do and about food."

People told us staff were kind and treated them with dignity and respect. One person told us staff, "Always knock on my door before they come in." A relative told us, "There has never been any issue with privacy, [Name] has their own room." A member of staff gave an example of how they maintained people's dignity whilst supporting them. They said, "We have a shared bathroom so I make sure they're wrapped up in towels when they come out."

Is the service responsive?

Our findings

People told us they were happy with their care and told us their support needs had been discussed and agreed with them. They said staff knew what they liked and gave them choices. One person told us, "I can ask staff what I want to do." They explained how they had asked staff if they could go to the local pub the previous evening to play pool and staff had supported them to do this. Staff told us they read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. Care plans contained detailed information about people's personal history and preferences.

Staff we spoke with had a good understanding of people's care and support needs. We observed one person asked staff for support to fetch their magazine from the local shop. Staff discussed how they would like to do this and then supported them to complete the task. The person clearly enjoyed the task and told us it helped them maintain their independence. A member of staff said, "We let people do as much as they can on their own and support them when they need it." We saw the support staff gave the person, reflected the information in their care plan.

People told us they were engaged in activities that were meaningful to them and they were enthusiastic when they described what they did. One person told us, "It's like coming on holiday. I've got lots of hobbies. I like cooking, I cook here sometimes." One person told us about a disco they were going to the next evening and they were looking forward to it. A relative told us, "[Name] chooses what they want to do before they go [to stay at the service] and they arrange transport to the locations and a packed lunch. Last week's activities included drama, dance, cooking, karaoke, all of which [Name] enjoyed. There are lots of different things on offer." A member of staff explained how they supported people to plan activities. They said, "We may phone relatives in advance and buy tickets, for example, for the local theatre or local events in the community."

The service was actively involved in building links with the local community and people were supported in individual ways that suited their needs. For example people were encouraged to attend local social clubs, events in the community and events held by the provider. The registered manager explained how they worked in partnership with a local school who supported people with learning disabilities. The school used their facilities when the service was empty, to support students to develop life skills, such as household tasks. The registered manager told us, "It's a way of transitioning people, because people will already know the service and can use respite more easily."

We saw people's views about their care had been taken into consideration and included in care plans. The registered manager explained people's needs were initially assessed when they joined the service and everyone was given a key worker. They told us, "People are reviewed by their key workers annually and it is usually a phone call to families. If we were worried about anything we would contact the family sooner." Staff confirmed this and told us, "We have a review and we also have informal sit downs with people and note down their comments in their daily records" and "Key workers review care plans with people. We sit down and talk to people and then send a copy out to the parents [where appropriate]." People told us there was good communication between staff and families. Two relatives told us, "Staff ring me to check if they have any queries" and "[Name] comes home with a sheet to say what they've been doing. So I get feedback

about what [Name]'s been doing in the house."

Communication between staff allowed them to share information and ensured people received care which met their needs. A member of staff told us, "If there's a change in someone needs, we review their care plan and put it in the communication book for all staff to see and would let the team leader know." The registered manager explained it was all staff's responsibility to share information if there were changes to people's needs. Records confirmed this was done and staff shared important information.

People and their relatives said they would raise any concerns with staff. One person told us, "If I had a problem I would speak to the staff." A relative told us, "I have contacted them in the past with issues and they have sorted them out OK." People told us they had the information they needed to make a complaint. The provider's complaints policy was easy to read, it had pictures to help people's understanding and it was accessible to people in the home. Staff knew how to support people if they wanted to complain. Records showed there had been four complaints in the last 12 months and two other concerns recorded and responded to. We saw all issues had been dealt with in a timely way and in accordance with the provider's policy.

People could share their experiences of the service using feedback forms which were given to each person at the end of their stay. One person showed me a form and explained how easy they found it to fill in because of the pictures in the questions. A relative told us, "[Name] fills in their own feedback form and posts it back to them [the service]." The registered manager told us if there was positive feedback, they recorded it and shared it with staff. Records showed issues highlighted on feedback forms were dealt with appropriately by staff.

People told us they could also share their experiences of the service by completing surveys. A relative told us, "Every now and again we get a survey asking about what's been going on, so that's how I feed back to them."

Is the service well-led?

Our findings

Everyone we spoke with told us they were satisfied with the quality of the service. A relative told us, "We are happy with the care, everything seems to run smoothly when [Name] goes." Some staff had worked at the service for several years. A member of staff told us, "This is the best organisation I've worked for. I feel listened to and valued."

Staff told us they felt well supported by the registered manager and senior staff at the head office. Staff understood their roles and responsibilities and what was expected of them. They knew who to report concerns to and were aware of the provider's whistle blowing procedure. One member of staff told us, "I feel fully supported and if I've got any concerns I feel I can air them." Staff were positive about the leadership of the service and about the support and guidance they were offered. A member of staff told us, "I feel listened to, the manager is very approachable." The registered manager told us, "We are quite an open team. Staff ring me up straight away if there's a problem."

People told us they were able to contact staff and raise any issues they wanted to. A relative told us, "The manager is available or will call back." Staff confirmed communication within the service was open and transparent and they were asked for their opinions on how the service could be improved. We saw there were regular staff meetings where staff were asked to contribute and share their ideas for the development of the service. A member of staff told us, "We discuss any difficulties and how we can improve things, for example, communication." They explained how staff had a discussion about how communication could be improved within the service, because some household tasks had been missed. They told us improvements had been made following the discussion and tasks were now completed. The registered manager told us that manager's information sharing meetings had been suspended since April 2016 by the provider, due to an internal staffing restructure. They told us, "Information is being emailed to us instead [by the provider]."

People were encouraged to provide feedback on how things were managed and to share their experiences of the service by completing surveys. The registered manager explained there were questionnaires for people who used the service and people were supported by staff to complete these according to the person's communication needs. The registered manager told us questionnaires had last been sent out in April 2016 and the responses were still being collated by the provider. The questionnaires used pictures to help people understand them. Staff told us if there were any issues in people's responses, they received an action plan from the provider. They told us they liaised with people about their responses, in order to make improvements to their care. We looked at the previous survey results from 2015 and saw the results were very positive.

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. The registered manager was aware of the achievements and the challenges which faced the service. They gave an example of one of their achievements, where one person was being supported by staff to leave the service to live in a different type of accommodation where they could be more independent. We saw staff provided person centred care to

support this person develop the skills they would need to live in the new accommodation. The registered manager told us how they kept up to date with best practice by receiving newsletters from organisations, such as the Health and Safety Executive and the autism society. They kept staff up to date with best practice by sharing information in staff meetings.

The provider had received an Investors in People award, which is an internationally recognised accreditation for good people management. They had signed up to the Social Care Commitment with Skills for Care. The Social Care Commitment is a promise made by people who work in social care to give the best care and support they can. The provider was also a member of the United Kingdom Accreditation Service (UKAS). This meant the service was independently evaluated against recognised standards, to improve the quality of the service and share good practice.

There were systems in place to monitor the quality of service. This included checks made by the registered manager on a three monthly basis, spot checks carried out by the team leader on a monthly basis and additional checks carried out by senior staff from head office on an ad hoc basis. Spot checks looked at issues to do with the safe maintenance of the property such as lighting and water. We saw a service checklist completed by the registered manager in May 2016, which looked at issues such as people's care plans, risk assessments and fire procedures. We saw where actions were required, action plans were followed and improvements were being made. For example, the check identified that cleaning standards in bedrooms required improvement. The registered manager told us they raised this with staff and improvements had been made to the cleanliness of the home. The registered manager also sent a weekly report to the provider, including information about accidents, complaints and other events which may call into question people's safety.