

Royal Mencap Society

Royal Mencap Society - 9-10 Jutland Place

Inspection report

9-10 Jutland Place
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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

9-10 Jutland Place provides accommodation, care and support for a maximum of eight adults with learning disabilities. There were seven people using the service at the time of our inspection.

The inspection took place on 8 and 15 January 2016. The first visit was unannounced. Due to the small size of this service, the inspection was carried out by one inspector.

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 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.

People were kept safe because staff understood their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had. Risks to people's safety had been assessed and measures had been put in place to mitigate these risks. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

There were enough staff on duty to keep people safe and meet their needs. The provider's recruitment procedures helped ensure that only suitable staff were employed. People's medicines were managed safely.

People received their care from a consistent staff team who knew their needs well. Staff were well supported through supervision and appraisal and had opportunities to discuss their professional development. All staff had attended a comprehensive induction and had access to relevant, ongoing training. Staff were motivated and had a commitment to providing high quality care and support. They said morale was good and they worked well together as a team.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Applications for DoLS authorisations had been submitted where restrictions were imposed to keep people safe. Staff understood the importance of gaining people's consent to their care and people's best interests had been considered when they needed support to make decisions.

Staff enabled people to make informed choices about what they ate and supported them to maintain a balanced diet. People were supported to maintain good health and to obtain treatment when they needed it. The service had effective relationships with healthcare professionals which ensured that people received the care and treatment they needed.

Staff were kind and caring. They treated people with respect and supported them in a way that maintained their privacy and dignity. Staff made sure people had the information they needed to make informed choices and to understand information that was important to them. Relatives told us their family members

received high quality care from caring staff. Staff promoted people's involvement in their local community. People had opportunities to take part in social events and activities and were supported to maintain relationships with their friends and families.

People received personalised care and support based on their individual needs. Staff shared information about people's needs effectively to ensure that care was being provided in a consistent way. People's needs and wishes were reviewed regularly and relatives' contributions to reviews were encouraged and valued.

The registered manager provided good leadership for the service and led by example in their approach to supporting people. The registered manager encouraged the input of people, their relatives, staff and other stakeholders in developing and improving the service. Staff told us the registered manager encouraged staff to think creatively about how support could be provided in a way that best met people's needs. The provider had effective systems of quality monitoring, which helped ensure that all areas of the service were working well and records were up to date.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff were aware of safeguarding procedures and understood their responsibilities if they suspected abuse was taking place.

Staff understood people's needs and how to support them safely. Staff understood the risks people faced and how to manage these.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

There were enough staff deployed to provide people's care and support safely and there were robust recruitment procedures which helped ensure that only suitable staff worked at the service.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

Staff had access to the training and supervision they needed to provide effective care and support.

Staff worked well together as a team to ensure people received the care and support they needed.

People's best interests had been considered when they needed support to make decisions. Applications for DoLS authorisations had been made where restrictions were imposed to keep people safe.

People were supported to have a balanced diet and to choose what to eat

People were supported to maintain good health and to obtain treatment when they needed it.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with the staff who supported them.

Staff were kind, caring and committed to providing high quality care and support. Staff treated people with respect and supported them in a way that maintained their privacy and dignity.

Staff supported people in a way that promoted their independence. Staff ensured that people had access to the information they needed to make informed choices.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Support plans were person-centred and reflected people's individual needs, preferences and ambitions.

People were supported to enjoy fulfilling lives and to be as active as they wished. Staff promoted people's involvement in their local community.

People were supported to pursue their interests and to maintain relationships with their families.

There were appropriate procedures for managing complaints.

Is the service well-led?

Good ●

The service was well led.

Staff received good support from the registered manager and there was an open culture in which staff felt able to raise any concerns they had.

Staff had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

There was an effective system of quality checks to ensure that people received safe and appropriate care and support.

Records relating to people's health and care were accurate, up to date and stored appropriately.

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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 was 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 8 and 15 January 2016. The first visit was unannounced. Due to the small size of this service, the inspection was carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider 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 the inspection we spoke with all the people who lived at the service, a visiting relative and three staff, including the registered manager. Some people were not able to tell us directly about the care they received. We observed the care and support they received and the interactions they had with staff.

We looked at the care records of three people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at three staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

We spoke with four relatives by telephone after the inspection to hear their views about the care people received. We also spoke with a healthcare professional who visited the service regularly to hear their feedback about the care provided to people.

We last inspected this service on 25 April 2014 where there were no concerns identified.

Is the service safe?

Our findings

People told us they felt safe at the service and relatives said they were confident that their family members were kept safe by the registered manager and staff. They said this was because staff understood the people's needs and any risks involved in their care. One relative told us, "It's a safe environment. The staff make sure people are safe and well looked after" and another relative said, "I'm confident she's safe there. All the staff know her really well."

Staff had received safeguarding training and were aware of their responsibilities in relation to protecting people from harm and abuse. Staff were able to tell us about the signs of abuse and how they could report any concerns they had about people's safety. A copy of the local multi-agency safeguarding procedures was available in the service and staff had been given information about the provider's whistle-blowing policy. The minutes of team meetings demonstrated that staff talked about safeguarding as a group and the registered manager told us that safeguarding was also discussed at individual supervisions.

People were supported to exercise control over their lives in a safe way. Risk assessments and support plans were in place to keep people safe while supporting their independence and strategies were in place to minimise risks. Risk assessments included a description of the risk, the severity and likelihood of the risk occurring. There were clear action plans for the staff to follow to minimise the risks and to prevent harm. Risk assessments were up to date and reviewed regularly. Staff understood the importance of supporting people to take risks and were aware of the risk assessments in place to support each person.

People lived in a safe, well maintained environment. Staff carried out regular health and safety checks and the service had an appropriate fire detection system, which was checked and serviced regularly. A fire risk assessment had been carried out and there were clear procedures to follow in the event of a fire. Staff attended fire safety training in their induction and regular refresher training. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as shortage of staff, loss of utilities or adverse weather conditions.

There were enough staff deployed to meet people's needs and keep them safe. Staff were on duty 24-hours a day and had access to on-call management support at all times. The rota was planned to ensure that staff were available to support people to take part in activities and access their community. Due to people's complex needs, staff always provided one-to-one support when people left the service. Staff told us that there were always enough staff available to ensure that people were supported in line with their care plans. We observed during our inspection that staff were available whenever people needed support.

The provider had robust recruitment procedures which helped ensure that only suitable staff worked at the service. Staff were appointed following submission of an application form and a face-to-face interview. The staff files we checked demonstrated that the provider had obtained references, a full employment history, proof of identity, proof of address and a criminal record check certificate before staff started work.

People's medicines were managed in a safe way. All staff responsible for administering medicines had all been trained to do so and their competency had been assessed. The registered manager told us that staff competency in medicines management was reassessed each year. Medicines were stored securely and there were appropriate arrangements for the ordering and disposal of medicines. Records relating to medicines were accurate and up to date. Each person had an individual profile that detailed their medical needs, allergies, the purpose of the medicine, the dose and any special instructions for administration. Medicine administration records showed that people had received their medicines as prescribed. Regular audits of medicines management were carried out to ensure that people were receiving their medicines safely.

Is the service effective?

Our findings

Staff had the skills and knowledge they needed to support people effectively. All staff had an induction when they started work, which included shadowing an experienced colleague and reading people's support plans to understand their needs. Staff also attended core training in their induction, including safeguarding, health and safety, infection control, fire safety, first aid, medicines management and, moving and handling. Staff told us that they attended refresher training in core areas to keep their skills and knowledge up to date. The service had systems in place to ensure that all aspects of refresher training were up to date. Staff told us the provider had supported them to work towards relevant vocational qualifications, such as the Qualifications and Credit Framework (QCF) in health and social care.

All the staff we spoke with had worked at the service for some time and knew the people who lived there well. There were vacancies on the permanent staff team at the time of our inspection but this did not impact upon people as the vacancies were covered by bank staff with whom people were familiar. The registered manager said that the provider was actively recruiting to the vacancies and that interviews were scheduled in the week following our inspection. The registered manager told us that bank staff had the same induction and training as permanent staff and were subject to the same recruitment procedures.

Staff told us they had access to the support they needed to do their jobs. They said they had a one-to-one supervision with the registered manager every month and that they valued these opportunities for advice and support. There was a system of annual appraisal in place and staff said appraisals were used to evaluate their performance and identify any further training needs. Team meetings were held each month and these were used to ensure that staff were working consistently and in line with best practice. Staff said they worked well together as a team and that they supported one another. One member of staff told us, 'Our team works well together' and another member of staff said, 'Everyone is always willing to help one another.'

Staff communicated information about people's needs effectively to ensure they received the care they needed. Handovers took place between shifts to ensure that staff beginning work were up to date with any changes in people's needs. All staff were expected to read the communication book at the beginning of each shift to make themselves aware of any updates or changes to people's care. There was a plan in place for each shift, which ensured accountability for the completion of all tasks.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be 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).

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. There was evidence that people's best interests had been considered when decisions that affected them were made. Where possible, the provider involved people's families to support them in making decisions. The registered manager told us that applications for DoLS authorisations had been submitted for all the people at the service due to restrictions involved in their care, such as being unable to leave the service independently and constant supervision by staff, which were necessary to keep them safe.

People were supported to have a balanced diet and were involved in choosing the menu. One person told us, "I enjoy the food. I get choices; I enjoy the roast on a Sunday." Relatives told us their family members were supported to eat foods they enjoyed whilst maintaining a balanced diet. One relative said, "They promote a healthy and varied diet." Staff were aware of people's likes and dislikes and used residents' meetings to seek people's preferences about what they ate. People's nutritional needs had been assessed and were kept under review. Risk assessments had been carried out to identify any risks to people in eating and drinking. The service had access to healthcare professionals, such as a speech and language therapist and a dietitian, if people developed needs that required specialist input.

Relatives told us staff monitored their family members' healthcare needs closely and made sure that they had access to treatment when they needed it. One relative told us, "They are always on top of things health-wise. Staff make sure she sees a doctor straightaway if she needs to. They have her best interests at heart." Another relative said of their family member, "She gets good support to stay healthy. She has regular health checks, she's had her 'flu jab, she went to the dentist for a check-up recently. I have no worries about her health."

The service had developed effective relationships with healthcare professionals, including GPs, specialist nurses and mental health professionals from the community team for people with learning disabilities, which ensured that people received the care and treatment they needed.

The registered manager provided examples of healthcare needs that had been addressed through treatment from specialist healthcare professionals, such as a cardiologist, dermatologist and psychiatrist. A health action plan had been developed for each person, which recorded their individual health needs and any guidance from healthcare professionals about the delivery of their care. Health action plans also recorded the outcomes of any healthcare appointments.

The layout and design of the premises met the needs of the people who lived there. People had access to appropriate private and communal spaces, including a well maintained garden. Bedrooms were personalised and reflected the interests of their occupants. The service had a comfortable lounge, separate dining area and communal kitchen. Adaptations and specialist equipment had been installed where necessary to ensure that the service could meet people's needs.

Is the service caring?

Our findings

People received good care from staff who were caring and knew their needs well. People told us they liked the staff who supported them and that staff were kind. One person told us, "I love it here. The staff are lovely." Another person described the service as, "Brilliant."

Relatives told us that their family members received high quality care from caring staff. They said their family members received consistent care because the service had a stable staff team. One relative told us, "She's perfectly happy there, we have no worries about that. The staff are brilliant, they're all so kind and caring." Another relative said, "Without exception, the staff are very friendly and nice." The healthcare professional we spoke with said people had positive relationships with the staff who supported them and that staff had a good understanding of people's needs. The healthcare professional told us, "People have good relationships with the staff. The staff know them very well and understand their likes and dislikes."

Relatives told us that the registered manager and staff ensured that the service was run as a family environment, which was important to them and their family members. One relative said, "We're very happy with the way she's looked after. It really feels like a family home. We go and visit her there every week. And the manager is exceptionally good. She's very professional but she makes it a real family atmosphere." Another relative told us, "We're very happy with it. They make a real effort to involve families. We're regularly invited to events and I can pop in any time. The manager is brilliant and the staff are always friendly." A third relative said, "We're very happy with everything. He's very settled and happy. It's very much a family home. The staff do a good job. All the staff are good. They understand him and the way he communicates."

The registered manager and staff supported people to maintain relationships with their friends and families. Staff told us that one person was supported to visit their relative who now lived in a nursing home and a relative told us, "They support her to visit me every other weekend. It works out really well for both of us." Relatives told us that their family members thought of the service as their home. One relative said, "He's very happy there, we can tell that. He comes to visit us but he always wants to go back after a while, which tells me he thinks of it as his home. The staff are very nice, they all know him very well. And the manager is very good, she keeps in touch with us regularly."

Staff demonstrated the provider's organisational values in their work, including providing person-centred care and treating people with respect. Support with personal care was provided in private and staff respected people's privacy at all times. People were able to meet with their friends and families in private or spend time alone whenever they wished. Staff were committed to supporting people in a way that promoted their rights and reflected their preferences about their lives.

Staff supported people in a way that promoted their independence. For example, staff encouraged people to participate in the routines of the service, such as cleaning their rooms, managing their laundry and helping at mealtimes. A relative told us that staff encouraged their family member to do things for themselves to develop their skills. The relative said, "They've tried hard to increase her level of independence."

The provider had produced important information about the service, such as the complaints procedure and Service User Guide, in a range of formats to ensure that it was accessible to people. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. Staff had received training in this policy and understood the importance of maintaining confidentiality.

Is the service responsive?

Our findings

People received personalised care and support based on their individual needs. People's needs had been assessed before they began to use the service to ensure their needs could be met. Support plans were person-centred and reflected people's individual needs, preferences and ambitions. They recorded what people could do for themselves and in which areas they required assistance and contained guidance for staff about how people preferred their support to be provided.

When people's needs changed, the support they received was adapted to reflect these changes. For example, one person had developed dementia since moving to the service and staff had sought the input of a specialist dementia nurse to ensure they were providing appropriate support. The registered manager had attended a conference concerning the needs of people with learning disabilities who were living with dementia. The registered manager had made adaptations following the conference to ensure that the good practice guidelines were implemented in the service. For example colour schemes had been changed to support this person to orientate themselves within the service. The person had also been supported to move to a ground floor bedroom, which eliminated the risk of them using the stairs.

The healthcare professional we spoke with told us the service adapted well to people's changing needs. The healthcare professional said, "It's a very good home. They have a consistent staff team and the manager has been there for a long time. They're very person-centred. They're brilliant, they support him [the person with dementia] really well. They've responded as his needs have changed. They always do what we suggest. They always accompany him to appointments and have a good knowledge of his needs. They're very reliable."

The registered manager and staff encouraged people to be involved in how the service was run. For example people had contributed to a house agreement, which set out expectations in terms of behaviour to others. The house agreement stated that people should not enter other people's rooms without permission and keep noise levels low after 10pm. One member of staff told us, "We involve them in decisions as much as possible. It's their home after all." Residents' meetings took place regularly and were supported by staff. The notes of residents' meetings demonstrated that people were encouraged to give their views about the menu, activities and events and the redecoration of the home. People were also encouraged to speak up if they had any complaints or where concerned about how they were being treated.

Staff promoted people's involvement in their local community. People made regular use of local shops, pubs and restaurants and attended social clubs and resource centres. People had access to activities that they enjoyed, including swimming, bowling and badminton. During our inspection people visited the local library, a garden centre, a park, a drama workshop and went out for lunch. People had opportunities to take holidays based on their individual interests and preferences. For example, one person enjoyed active holidays and had attended an activity holiday in 2015. A relative told us, ""She's had lots of opportunities to try new things. She really enjoyed the activity holiday, that was right up her street."

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. The complaints

procedure was available in the service and an easy-read version had been developed, which aimed to provide people who lived at the service with an accessible means of registering any concerns they had. We checked the complaints record and found that no complaints had been received.

Is the service well-led?

Our findings

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to. Relatives told us the registered manager provided good leadership for the service and was always available if they had a problem or a concern. One relative told us, "The manager is fantastic. I can go to her if I have a problem and she sorts it out, no problem. She's always available and willing to help." Another relative said, "[Manager] is brilliant. If I've ever been worried about something, she's always been there to reassure me. Any concerns I have are always resolved straight away." A third relative told us, "The manager is excellent; you couldn't get a better manager. She knows all the residents very well and really cares about them. She's very welcoming to families and I know the staff think a lot of her."

Staff were positive about their roles and told us the registered manager was always willing to provide advice and guidance. One member of staff told us, "If you feel you need to discuss something, she will be there for you. You can request additional supervision if you need to seek advice." Another member of staff said, "It's a good place to work. It's a really open atmosphere. The manager is very supportive." Staff said the registered manager was approachable and led by example in their approach to supporting people. Staff told us the registered manager encouraged them to think creatively about how people's quality of life could be improved with their support and how people could be supported to achieve their goals and aspirations. Staff said they always had access to management support or advice when they needed it. There was an on-call system that meant staff had access to management support at all times. One member of staff told us, "There's always a manager available if we need advice."

Staff told us the registered manager encouraged them to give their views about how the service could improve or to raise any concerns they had. Staff said that team meetings were used to discuss all aspects of people's lives and how the support they received could be improved. One member of staff said, "We have team meetings where we're encouraged to contribute ideas about how the service can improve." Another member of staff told us, "Team meetings are important. Our input is always encouraged."

The registered manager told us that they were well supported in their role by the provider. The registered manager said they had regular supervision with their line manager and attended meetings with other registered managers to keep up to date with developments in legislation and best practice.

The provider had an effective quality assurance system which ensured that all aspects of the service were monitored regularly. The registered manager completed a monthly checklist to monitor compliance with relevant legislation and the provider's agreed quality standards. The service was regularly audited and rated by the provider's quality team. Any shortfalls or areas identified for improvement were included in the service improvement plan. The plan outlined the actions needed to achieve the improvements and a timescale within which this should be completed.

Where accidents or incidents occurred, there was evidence that these events were reviewed and changes made to practice or guidance where necessary. The registered manager told us that when changes were made to care guidelines, these were shared with all staff to ensure care was provided consistently. Staff said

that they were encouraged to use incidents as opportunities for learning and improvement. One member of staff told us, "If a mistake is made we aim to learn from it and use it to improve our practice."

Records relating to people's health and care were accurate, up to date and stored appropriately. Staff kept daily records for each person, which detailed the care they received, the activities they took part in and any issues related to their health or well-being. The outcomes of medical appointments were recorded and any guidance received from health and social care professionals was incorporated in people's care plans. The service notified the Commission and other agencies of incidents and events when required. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.