

Royal Mencap Society

Arbor Way

Inspection report

78a Arbor Way
Chelmsley Wood
Birmingham
West Midlands
B37 7LD

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22 March 2019

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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

About the service: This service supported people with learning disabilities. It was registered for the support of up to five people. Three people were using the service at the time of the inspection.

People's experience of using this service:

People enjoyed living at Arbor Way and felt comfortable and at ease with staff that understood how to keep them safe. Staff recruitment processes included a check of their background to review staff suitability to work at the home. The home was clean and odour free and staff understood how to minimise the spread of infection. Staff understood the risks to people's health and best to support people. When a new risk to people developed, the registered manager understood how to support staff to understand the risks and support people accordingly. Accidents and incidents were recorded for the registered manager to monitor.

The registered manager ensured people's care was based on best practice standards and staff had the correct training to meet people's needs. Guidance on people's needs was also shared through supervision and staff meetings. People were offered choices at mealtimes and supported with a specialist diet were appropriate. People were supported to attend healthcare appointments and advice from healthcare professionals was incorporated into people's care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

People were treated with dignity and respect and their independence was promoted. People and their families were involved in planning their care with support from staff. Staff supported people to enjoy a range of activities which reflected people's individual interests. People were supported to feedback what they thought about the care. Systems were in place to take any learning from any complaints made.

Staff enjoyed working at the home enjoyed working with the registered manager. Staff supported the registered manager to ensure people's care was continually monitored, reviewed and reflected changing needs. The registered provider undertook their own checks to ensure they were assured about the care people received.

Rating at last inspection: Good. The last report for Arbor was published on February 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Arbor Way

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 22 March 2019.

Inspection team:

There was one inspector in the inspection

Service and service type: The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced

What we did:

We used different methods to gather other people's experiences of what it was like to live at the service, such as observations of staff interaction with people living at the home. We spoke with the registered manager as well as two care staff.

We looked at records relating to the management of the service such as the care plans for two people, incident records, medicine management, staff meeting minutes and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People looked relaxed and comfortable around staff that knew them well.
- Staff understood what it meant to keep people safe through training they had received and the process for reporting their concerns. The registered manager understood their obligations for submitting notifications to the CQC where necessary.
- The registered provider had a centralised system for monitoring staff recruitment and systems. The registered provider completed background checks of potential employees in order to assure themselves of the suitability of staff to work at the home. Background checks included a DBS (Disclosure Barring Service) check to ensure potential staff did not have a criminal background.

Assessing risk, safety monitoring and management

- Risk assessments were reviewed and updated regularly. Risk assessments clearly detailed the risks to people's health and wellbeing.
- Staff had a detailed knowledge of people's health and the risks people lived with. Staff also explained they had known the people living at the home a long time and understood the action take to reduce the risks to people's health.
- As new risks developed, risks were recorded and staff made aware of how to minimise risks to people. For example, we saw plastic gloves were kept out of people's reach where there was a known risk associated with a person.

Staffing and recruitment

- People had access to support from staff when needed.
- Staff described staffing levels as good and that staffing levels at the home were stable because many of the staff had worked at the home for a number of years.

Using medicines safely

- Regular checks were undertaken to ensure people received their medicines as they should. Staff competency was also reviewed to ensure it was safe to support people with their medicines. Where appropriate, protocols were in place to guide staff on safe levels of support when administering medicines

Preventing and controlling infection

- We saw the home was clean and tidy and the risk of infection was kept to a minimum. The home was free of odours and clear of clutter.

Learning lessons when things go wrong

- Staff understood incidents and accidents needed to be recorded and shared with the registered manager for their review.
- The registered manager explained how accidents and incidents were useful in understanding if people's needs had changed. Any changes required to people's care was shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: □ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were shaped following input from health and social care professionals.
- People and their families were invited to participate in the assessment process and contribute their ideas to enable staff to understand people's needs.

Staff support: induction, training, skills and experience

- Staff told us they had access to supervision to training and support. Staff received regular supervisions and were offered opportunities to raise any issues they had through team meetings.
- Where appropriate staff had received specialist training to support people. For example, when a person required end of life care, the registered manager arranged for staff to have the training. Epilepsy training was also arranged because staff needed this to support people at the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered choices in the meals. Where people needed additional support or supervision this was provided.
- Staff understood which people required a special diet such as a low sugar diet for diabetes and ensured they received this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend a number of healthcare appointments. When people became unwell, people were supported to attend the GP. Where appropriate, advice from specialist health professionals was incorporated into people's care and guidance shared with staff. For example, one person had developed a new behaviour and advice was sought on managing it.

Adapting service, design, decoration to meet people's needs

- Arbor Way reflected items that were personal to people. Where people required privacy, staff respected this and understood their need not to be disturbed.

Ensuring consent to care and treatment in line with law and guidance

- 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 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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were able to describe each person's personality and how each person preferred to be cared for. We saw people supported in a way that demonstrated kindness and compassion. People responded warmly to staff interaction and responded positively. We saw people were able to anticipate people's behaviour and understood if they were becoming anxious or upset and took action to reassure them.
- Staff understood the importance of supporting people and celebrating diversity. Where appropriate people were supported to express their sexuality.

Supporting people to express their views and be involved in making decisions about their care

- Staff were involved in discussions about their day to day care. We saw staff include people in discussions and chat to them about what they were doing and what they should like to do next.
- Each person had a key worker whose responsibility it was to build a relationship with the person and understand their preferences and incorporate this into their care planning.

Respecting and promoting people's privacy, dignity and independence

- Staff understood people's care needs and how to care for people in a way that helped to maintain their dignity and independence.
- Staff were able to describe each person's specific preferences and what people preferred to do for themselves.
- We saw people were supported in a way that allowed them privacy when needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff understood people's individual care needs by supporting people to try different things. When people expressed displeasure, this was not offered again. Regular meetings for people living in the house also took place that offered staff the opportunity to speak with people about their care.
- Staff supported people to do things they enjoyed and that interested them.
- People's care was continually reviewed and updated in line with any changing need. For example, when a person's mobility needs changed, the care plan was updated and staff advised accordingly.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include choice, promotion of independence and inclusion. People living with learning disabilities at Arbor Way were supported to live as ordinary a life as any citizen.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such as information showing people's preferred communication methods.

Improving care quality in response to complaints or concerns

- People were encouraged to express their feelings about their care.
- A complaints process was in place that ensured complaints were investigated and responded to. No complaints had been raised at the time of the inspection.

End of life care and support

- Where appropriate discussions had taken place and people's end of life wishes were known. Staff had recently supported a person fulfil some of their wishes before their passed away. Staff had received training on end of life care and understood how to support people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- The registered provider understood that each person living at the home had very specific care needs and took steps to ensure guidance was available to staff to support people.
- Staff described their working environment as very open and staff felt supported by both the deputy manager as well as the registered manager. Staff described open and approachable relationship with the registered manager. The registered manager was supported by a team that enjoyed their work and working with the registered manager. One staff member told, "It's a really nice team. Very supportive."
- Accidents and incidents were analysed by the registered manager to understand whether people's care was appropriate for their needs. Where changes were required, people's care was amended and learning shared with staff at the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood the importance of sharing key information with the registered manager so that people's care was continually reviewed and updated. Staff also understood which information was needed by the registered manager for reporting purposes, such as any safeguarding concerns.
- Staff meetings were used to remind staff about the registered manager's expectations for providing care and for staff to seek guidance. We saw during the inspection, a team meeting took place where important information was shared with staff.
- The registered manager worked on a continuous improvement plan and regularly reviewed care at the home in order to report to the registered provider.
- The registered provider's quality assurance team also visited the home to review people's experience of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to be involved in their care planning. The registered manager understood the barriers that some people lived with and worked with people to ensure they were engaged. For example, by using easy to read pictorial formats and speaking with people to understand their needs.

Working in partnership with others

- The registered manager understood the need to work collaboratively to improve people's experience of care. The registered manager explained how they benefitted from sharing best practice with other manager from the registers provider's other homes.