

Royal Mencap Society

Royal Mencap Society - 30 Foster Court

Inspection report

30 Foster Court
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Blurton
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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 

Overall summary

We inspected 30 Foster Court on 23 October 2014 which was unannounced. At the last inspection on 24 July 2013, we asked the provider to take action to make improvements to the way staff responded to an emergency, the management of medicines and how records were stored, and we found that these actions had been completed.

30 Foster Court is registered to provide accommodation and personal care for up to eight people. People who use the service predominately had a learning disability. At the time of our inspection there were eight people who used the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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 who used the service received their medicines safely. Systems were in place that ensured people were protected from the risks associated with medicine management.

People's risks were assessed. We saw that staff carried out support in a safe way whilst promoting and maintaining their independence.

We saw that there were sufficient qualified and experienced staff available to meet people's assessed needs. The registered manager had made changes to the staffing levels which ensured people were kept safe.

People who used the service and their relatives told us the staff treated them with compassion, dignity and respect. We saw that staff listened to people and encouraged them to make choices and decisions about their care.

Staff received regular training which ensured they had the knowledge and skills required to meet people's needs. Staff were supported to carry out their role effectively.

We found that some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests when they are unable to do this for themselves.

People were supported at mealtimes and had regular access to other health professionals that ensured their health and wellbeing needs were met.

We saw that the provider promoted an open culture. People and staff told us that the management were approachable and that they listened to them.

The registered manager regularly monitored the quality of the service provided and action plans were in place where improvements were needed.

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.

People who used the service told us they felt safe. Staff understood their actions to safeguard people from harm.

Risk assessments were in place that ensured people received support that was safe whilst promoting their independence.

There were enough suitably skilled and experienced staff available to keep people safe. The provider had effective recruitment procedures in place.

We found that medicines were managed safely and were monitored regularly which meant people received their medicines safely.

Good



Is the service effective?

The service was effective.

Staff received training and support that enabled them to provide effective support to people who used the service.

Where people did not have the ability to make decisions about their own care the staff followed the legal requirements which ensured decisions were made in people's best interests.

People were supported to eat and drink sufficient amounts. Referrals to health professionals had been made that ensured people were supported appropriately.

Good



Is the service caring?

The service was caring.

People who used the service told us they were treated with care and compassion.

Staff gave choices to people and they listened to their wishes when they provided support.

People who used the service were treated with dignity and respect by staff.

Good



Is the service responsive?

The service was responsive.

People who used the service received personalised care that met their health and social care needs.

Care plans were regularly reviewed and people and their relatives were involved in the way their care was carried out.

The provider had a complaints policy in place and people knew how to complain if they needed to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Staff felt supported by the manager and there were systems in place to enable staff to provide feedback about the quality of the service.

People and their relatives were asked for feedback on the service and suggested improvements were acted on.

Quality assurance systems were in place and the registered manager carried out regular audits. Action plans were in place where concerns had been identified.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.’

This inspection took place on 23 October 2014 and was unannounced.

The inspection team consisted of an inspector.

Before the inspection the provider 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. We reviewed the information included in the PIR along with information we held about the home.

We spoke with four people living at 30 Foster Court, two relatives, three care staff and the registered manager. We observed care and support in communal areas and also looked around the service.

We viewed three records about people’s care and records that showed how the home was managed which included staff training and induction records for staff employed at the home and audits completed by the registered manager. We also viewed three people’s medication records.

Is the service safe?

Our findings

At the last inspection we found that there was a breach in Regulation 20 and improvements were needed to the way that records were stored. At this inspection we found that improvements had been made to meet the legal requirements. We found that people's personal care records were stored securely in their own bedrooms and other records that related to people's care were stored in locked cupboards in the office. Staff personal files and medication records were also stored securely. This meant that people were protected against the risks of unsafe use of personal information.

At the last inspection we found that there was a breach in Regulation 9 and improvements were needed to the way staff responded in an emergency situation. At this inspection we found that improvements had been made to meet the legal requirements. We spoke with staff who explained what actions they would take in the event of an emergency. Staff told us that they had clear guidance and the manager ensured that staff understood the procedures in staff meetings and formal supervisions. We saw that the emergency procedures were accessible and were displayed on walls around the service.

At the last inspection we found that there was a breach in Regulation 13 and improvements were needed to the way that medicines were managed. At this inspection we found that improvements had been made to meet the legal requirements. People we spoke with told us that they had their medicines when they needed them. We saw that medicines were administered, stored, recorded and disposed of safely. Staff we spoke with told us that they had received medicines training and the records we viewed confirmed this. The registered manager completed a monthly audit that ensured people were receiving their medicines as prescribed and these had been recorded appropriately by staff. Where the manager had found discrepancies these were investigated and actions taken were clearly recorded.

People we spoke with told us that they felt safe. One person told us, "Staff help me and treat me in a nice way. I would tell staff if I wasn't happy with the care". A relative we spoke with told us, "I am happy with how the staff treat my relative and I am confident that they are treated well". The provider had a safeguarding policy in place. Staff we spoke with had a good understanding of the procedures they

needed to follow when they had concerns about the safety of people who used the service. The records we viewed showed that staff had received training annually in safeguarding and their knowledge was kept up to date. The risk of financial abuse was reduced because the provider had a system in place to monitor the use of people's finances on a monthly basis.

Staff we spoke with explained the individual needs and risks for people who used the service and how they made sure they were kept safe. We saw that manual handling risk assessments were in place where people had limited mobility. Staff told us how they managed these risks and the equipment required to ensure that people were transferred safely. Risk assessments were in place to keep people safe when they went out. We saw that risk management plans contained details of the actions required to lower any risks whilst staff supported people to be as independent as possible. The records we viewed confirmed what staff told us and what we observed on the day of the inspection.

People we spoke with told us that they knew what to do in the event of a fire and that they took part in the fire drills. The registered manager told us that they had identified that people needed a different approach to help them understand the actions they needed to take if there was a fire. Scenarios were created within the service and people were involved in role plays of fire drills that met their needs. Fire risk assessments had been completed and plans were in place which ensured people were kept safe in the event of a fire within the service. People who used the service had been involved in the completion of the plans. This meant people's diverse needs were considered when risks were assessed.

Accidents and incidents that had taken place at the service had been recorded appropriately and contained a clear detailed account of the accident/incident and how this had been managed. We saw that risk assessments and care plans had been updated after an accident that ensured further accidents were reduced. We saw that incidents were reported to the provider on a monthly basis and these were analysed for any trends, for example; time of accident/incident and area that the accident/incident took place. This meant that the provider took actions to protect people from harm.

People who used the service and relatives told us there were enough staff available. One relative said, "There are

Is the service safe?

always plenty of staff about and my relative goes out with staff and takes part in things they like to do, they are never told no because of staffing". The staffing levels had been assessed against people's individual dependency needs. We saw that on the day of the inspection the registered manager had assessed the amount of staff required to support people on a trip out and had changed the staff levels to ensure that people were supported safely.

People told us that they were involved in the recruitment of new staff. One person told us, "I help out and sit in the interview. I talk to people and ask questions". We saw that references were sought from previous employers and criminal record checks had been undertaken that ensured staff were safe to provide support to people who used the service. This meant that the provider had a suitable recruitment procedure in place and people were involved in recruiting suitable staff.

Is the service effective?

Our findings

Staff told us they regularly had updates in training and they felt confident that they had sufficient training which enabled them to support people effectively. One member of staff told us, “The training is really good. We have recently had training in dementia care and how to use a suction machine to keep people comfortable. We asked for this training to be provided and we got it”. The staff training records we viewed confirmed this. We saw that the registered manager had staff learning and development plans in place which ensured that staffs’ knowledge and skills were monitored and updated.

We spoke with staff who understood their responsibilities under the Mental Capacity Act 2005 and explained how they supported people to make decisions. One staff member said, “I speak to people slowly to help them understand decisions to be made and why they need to be made. It is important to gain people’s trust”. We viewed records that showed staff had received training. We saw that where people lacked capacity, assessments had been carried out. Care plans contained guidance for staff to follow that ensured decisions were made in people’s best interests. This meant that the provider followed guidance which ensured that the human rights of people who may lack capacity to make specific decisions were protected.

The registered manager had a good understanding of their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS). We saw that an application had been submitted to the Local Authority where they considered that a person’s liberty may be restricted. The Deprivation of Liberty Safeguards (DoLS) ensures that when people have their liberty restricted this is done in a manner that protects their human rights. This meant that this person was protected because the provider followed guidance effectively.

We saw that Do Not Attempt Cardio Pulmonary Resuscitation orders (DNACPR’s) were in place for some

people, which had been reviewed regularly with the G.P and with the consent of the person or their relative. We saw that best interest assessments had been carried out where people lacked capacity to make an informed decision with regards to the DNACPR’s. Staff were aware of which people had a DNACPR in place and what actions they needed to take if a person was in cardiac arrest.

People told us and we saw that mealtimes were a pleasurable experience. People told us the food was good and they helped with the preparation of meals which helped them to maintain their independence. One person told us, “We get to choose what we want to eat. We talk about the meals at the meetings and choose something that we all like”. We observed people being supported to make drinks throughout the day which ensured that they had sufficient amounts to drink. The records we viewed showed that people who had difficulties swallowing were referred to a Speech and Language Therapist (SALT) for an assessment. We saw that advice received from SALT was written into the care plans which provided staff guidance when preparing and assisting people with eating. We observed staff supporting people and found that the guidance was followed by staff.

People who used the service told us that they received care from health professionals when they needed to. One person told us how they had recently been to the G.P’s for their hearing problems and they had started to use hearing aids. One person said, “I go to hospital when I need to or if I feel poorly”. Another person told us, “I see the doctor if I’m not well”. We saw that people had a ‘Health Action Plan’ which contained details of appointments such as; G.P, Dentists, Opticians, Consultant, CPN’s and Speech and Language Therapists. We saw that people were involved in their health action plans which included lifestyle choices and annual health screening written in an easy read format. Staff we spoke with knew the individual health needs of the people who used the service.

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person told us, “Staff are nice and help me”. A relative said, “Staff are great and are very caring”. Staff gave people time when they were providing support and showed care and compassion. We saw that people were comfortable with staff and spoke with staff easily. Staff we spoke with were enthusiastic about their role and told us that they ensured people received a good standard of care. The atmosphere within the service was very relaxed and calm and staff told us it was ‘home from home’ for people who used the service.

A relative we spoke with told us, “Staff treat my relative with dignity and respect. We observed staff treating people with dignity and respect. We saw staff knocking on doors before entering and staff spoke with people in a dignified way. Staff talked to people in a way that promoted their understanding and that made people feel that they mattered. We saw that one person had an appointment with a visiting health professional and this was carried out in private away from other people who used the service to ensure that the person’s privacy was maintained.

People we spoke with told us that they were happy with the care provided and they were given support to make

choices. One person said, “Staff help me but I choose what to wear and what I want to eat. I have made my own breakfast. I like living here the staff are all nice to me”. A relative told us, “My relative is always happy and they choose what they wear, their meals and what they want to do. They have a really good social life and are always going out”.

We saw that staff gave people choices throughout the day. People were given time to speak and staff listened to people’s wishes and acted upon them. One person felt uneasy as we were in the service and staff explained to this person our role in a way that made them feel more comfortable. This person was initially anxious but after talking with staff they felt more comfortable with our presence and why we were there.

We saw evidence that advocacy services were available to people if they needed advice. One person told us that they had spoken with an advocate to help them with a decision that affected their personal and emotional wellbeing. Staff told us that this person had benefitted from the independent advice from the advocate and advice given. This had been documented in the care plans to enable staff to support this person with their needs.

Is the service responsive?

Our findings

People we spoke with told us that they regularly went out and were supported to undertake hobbies and interests that were important to them. One person told us, “I get to choose where I go, I have just been on holiday it was fun and I am going to Blackpool today” and “I go to college and I am part of a group who talk to people to help make things easier for people with disabilities such as toilets in the town”.

We saw that people’s preferences and interests were detailed throughout the support plans. People had set goals and how these would be achieved for people such as; cooking, trips out, improving daily living skills and holidays. Support plans showed the person’s lifestyle history and current health and emotional wellbeing needs. We saw scrap books that had been completed with people who used the service that contained photos of outings and holidays. One person we spoke with told us and showed us the scrap books which were used so that people remembered the places that they had visited and were able to show relatives when they visited.

People who used the service and relatives told us that they were involved in reviews of their/or their relative’s care. We saw evidence of reviews that had been undertaken every six months which showed involvement of people and contained details of any changes to their health and wellbeing. We also saw a monthly key worker report which contained details of goals that had been met, health needs and whether the person was happy with the support provided.

We found that the provider was responsive to people’s changing needs. One person had a physical disability and found it difficult to prepare vegetables and maintain their independence. We spoke with this person who told us that they enjoyed being involved at mealtimes. The service had purchased a specialist chopping board which meant this person could retain some independence and take part in daily living skills. We saw that people had been provided with specialist chairs and equipment as their health needs had deteriorated.

People who used the service and relatives we spoke with told us that they knew the procedure to complain and they would inform the manager if they needed to. One person told us, “I would tell the staff, they help me with anything”. A relative said, “I have no complaints I am very happy but I would talk to the manager if I needed to”. The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to an easy read version of the complaints procedure in their personal files and people we spoke with understood this format. The provider had not received any formal complaints that needed investigation since the last inspection, but we viewed a file that showed how complaints were logged if any were received. The registered manager explained that day to day issues were dealt with at the time which meant that any concerns did not escalate into formal complaints.

Is the service well-led?

Our findings

There was a registered manager in place at the service who understood their responsibilities and role. The manager told us that they had made improvements to the service since we last inspected and we saw that they had completed the actions on the action plan they had submitted to us. The registered manager told us that they were fully supported by the provider and they were able to raise any issues which were considered and implemented where appropriate. The provider had a 'staff award' scheme in place that recognised staff performance and the registered manager told us that staff were given praise regularly for "a job well done".

One relative we spoke with told us that they were kept informed of any issues and asked their opinion about the service. One relative said, "We have a monthly newsletter which tells us what is happening in the service and we are asked to complete feedback forms yearly. I feel involved and the staff and manager listen to what I say". We spoke with people who used the service who told us that they had meetings and discussed what changes they felt were needed to make improvements to the service. One person showed us the minutes of the meeting and told us what had changed and what had been completed. This meant that people were encouraged to provide feedback and this was acted on.

Staff we spoke with were positive about their role and how they made a positive impact to people's lives. One staff member said, "I love my job, it's very homely here and it is very satisfying to know that I make a difference to people's lives". Another staff member said, "People are promoted to live the life they want to and to be independent. People choose when they want care and how. We can all achieve something meaningful within positive risk taking".

Staff told us that the manager was approachable and took action if any concerns had been raised. One staff member told us, "The manager is always about in the home asking and checking if everything is okay". We saw that issues were discussed in supervision and staff told us that they found supervisions helpful and gave them the opportunity to make suggestions about the service. Supervision provides staff with the opportunity to speak with a senior staff member about their role, their training and about people's care. Staff told us that the manager was proactive and listened to them and made changes to make improvements to the quality of care provided.

Staff meetings were held monthly and recorded in a book, which showed that actions had been recorded and updated when they were completed. The registered manager told us that where mistakes had been identified learning had been gained from this at the meetings. One staff member told us, "The staff meetings are good and the manager goes through any issues and reminds us of the actions we need to take".

We saw that the registered manager had completed audits which showed how they monitored the quality of the service provided to people who used the service. Action plans were implemented where improvements were needed at the service and then forwarded to the provider on a monthly basis. We viewed the medication audit and saw that actions had been taken to improve the management of medicines and a new system for administration was due to be implemented. There was a clear quality assurance process in place throughout the organisation and the provider had also implemented improvement plans where concerns had been identified.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.