

Royal Mencap Society York Road

Inspection report

14a York Road,
Sutton,
Surrey,
SM2 6HG

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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

This inspection took place on 23 March 2015 and was unannounced.

At the last inspection, which we carried out on 20 January 2014, we found the service was meeting all the regulations that were looked at.

14a York Road is a home that provides accommodation for up to four people with personal care and support needs. The home specialises in supporting adults living with learning disabilities, autistic spectrum disorders and down syndrome. There were four people using the service when we visited.

There was a registered manager in post, although they had not been in day-to-day charge of the service for over a year. In the interim two acting managers supported by an area manager had been in day-to-day charge of the service on two separate occasions. The homes current acting manager, who had been running the home since December 2014, is in the process of applying to the Care Quality Commission (CQC) to become the service's new registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers,

Summary of findings

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 14a York Road was a comfortable place to live and that they felt safe there. They also told us staff looked after them in a kind, caring and respectful manner. Our observations and discussions with people using the service and their relatives supported this.

People's rights to privacy and dignity were respected by staff. People were encouraged to pursue meaningful social, educational and vocational community based activities that interested them. People were also supported to maintain social relationships with people who were important to them, including relatives and advocates.

People had a choice of meals, snacks and drinks throughout the day and staff actively encouraged people to eat healthily. Staff routinely monitored the health and welfare of people using the service. Where any issues had been found appropriate medical advice and care was promptly sought from the relevant healthcare professionals. People received their medicines as prescribed and staff knew how to manage medicines safely.

Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. The provider assessed, monitored and mitigated the risks relating to the health, safety and welfare of people using the service. Staff were given appropriate guidance to mitigate these identified risks and keep people safe. The service also managed accidents and incidents appropriately and suitable arrangements were in place to deal with foreseeable emergencies, such as fire. We saw the premises were well maintained and safe.

Sufficient numbers of suitably competent staff were deployed in the home to meet the needs of the people who lived there. Staff received appropriate training and support and the registered manager ensured their skills and knowledge were kept up to date.

People's consent to care was sought by the service prior to any support being provided. People agreed to the level of support they needed and how they wished to be supported. Where people's needs changed, the provider responded and reviewed the care provided.

The acting manager understood when a Deprivation of Liberty Safeguards (DoLS) application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The acting manager encouraged an open and transparent culture. People and their relatives felt able to share their views and experiences of the service and how it could be improved. People and their relatives also felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately.

There were effective systems in place to monitor the safety and quality of the service and the registered provider/manager took action if any shortfalls or issues with this were identified through routine checks and audits. Where improvements were needed, action was taken.

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 told us they felt safe living at 14a York Road. Staff understood what abuse was and knew how to report it. There were enough staff to care for and support people.

Risks were identified and appropriate steps taken by staff to keep people safe and mitigate the hazards they might face. Management consistently monitored incidents and accidents to make sure people received safe care. The environment was safe and maintenance took place when needed.

People were given their prescribed medicines at times they needed them and these were stored safely.

Good



Is the service effective?

The service was effective. Staff were suitably trained and knowledgeable about the support people required.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The acting manager and staff understood their responsibilities in relation to mental capacity and consent issues.

People received the support they needed to maintain good health. Staff worked well with health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Good



Is the service caring?

The service was caring. People told us that staff were caring and supportive and always respected their privacy and dignity.

People were fully involved in making decisions about their care and support. Care plans provided staff with clear information and guidance about how to meet people's individual needs and preferences. Staff were aware of what mattered to people and ensured their needs were met.

Staff supported people to maintain and develop their independent living skills.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care plans developed and reviewed with their involvement. Care was person centred and focussed on what was important to the individual and how they wanted to be supported.

People were supported to access fulfilling social, educational and vocational activities in their local community which were of interest to them.

There were systems in place to deal with complaints. People felt comfortable talking to the acting manager or other staff if they had a concern and were confident it would be addressed.

Good



Is the service well-led?

The service was well-led. People spoke positively about the new acting manager and how they ran the care home in an inclusive and transparent way.

Good



Summary of findings

The views of people who lived at the home, their relatives and staff were welcomed and valued by the acting manager. The provider regularly monitored the care, facilities and support people using the service received. These on-going audits and feedback from people were used to drive improvement.

York Road

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 was carried out by a single inspector on 23 March 2015 and was unannounced.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR 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 also reviewed other information about the service such as notifications they are required to submit to the CQC.

During our inspection we spoke with all four of the people who live at 14a York Road and contacted one person's relative and another person's friend by telephone. We also talked with the service's acting manager, area manager and three support workers.

We spent time observing care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We also looked at various records that related to people's care, staff and the overall management of the service, including; care plans for four people living at the home and employment files for three staff who worked there.

Is the service safe?

Our findings

The service took appropriate steps to protect people from abuse and neglect. People told us they felt 14a York Road was a safe place to live. One person said, “It’s safe here. There is always lots of staff about to look after us.” Records showed us staff had all received safeguarding vulnerable adults training in the past 12 months. It was clear from discussions we had with the acting manager and staff that they knew what constituted adult abuse, the signs they should be looking out for to indicate someone might be at risk of abuse and how to report it if they witnessed or suspected its occurrence.

The service identified and managed risks appropriately. We saw care plans included a comprehensive set of personalised risk assessments that identified hazards that individuals might face. This included environmental risks and any risks associated with people’s individual personal, social and health care needs, such as travelling independently in the wider community, preparing food and drink and managing their own money. Staff told us care plans provided them with detailed guidance about how they should be supporting people to manage these identified risks of harm. Staff gave us good examples of the risks specific people might encounter, including when a person travelled independently on public transport or made a hot drink at home.

There were arrangements in place to deal with foreseeable emergencies. The service had developed a range of contingency plans to help staff deal with certain events, including; fire, gas leaks and electrical faults. Staff records showed us all staff had completed their basic first aid training, which the acting manager and other staff confirmed. The home was also well maintained which contributed to people’s safety. We saw maintenance and servicing records were kept up to date for the premises and utilities such as gas and electricity. Maintenance records showed us equipment, including fire alarms, extinguishers, emergency lighting, portable electrical equipment and gas appliances had been regularly checked and serviced in accordance with the manufacturer’s guidelines.

We saw evacuation procedures had been developed for each person who lived at the home which identified the support they would need to leave the building safely in an emergency. Fire safety records indicated people using the

service and staff routinely participated in fire evacuation drills, which the acting manager confirmed. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us they received ongoing fire safety training.

There were sufficient numbers of staff deployed in the home at all times to keep people safe. People said there were enough staff available when they needed them. One person said, “There’s always a member of staff in the house.” Another person said, “When I go to the pub the manager will make sure there is enough staff around so someone can come with me if I don’t want to go by myself.” The staff duty rosters revealed staffing levels were determined according to the number and dependency levels and wishes of the people using the service, which the acting manager confirmed. Two members of staff gave us good examples of when changes had been made to staffing levels to ensure there were enough staff on duty to enable people who wanted to participate in community based activities to do so. This included a meal out and a night ten pin bowling.

People told us they received their prescribed medicines on time. One person said, “Staff never forget to help me take my medicines on time.” We saw all medicines were kept safely stored away in a locked medicines cabinet which was securely fixed to a wall. We checked two people’s medicines administration record sheets and saw they were up to date and contained no recording errors. Each person had a profile which explained what their medicines were for and how they were to be administered. It included information about any allergies, the type of medicine, the required dosage and the reasons for prescription.

Training records showed us staff who handled medicines on behalf of people using the service had received training on the safe handling of medicines in a residential care setting. Staff we spoke with demonstrated a good understanding about the safe storage, recording, administration and disposal of medicines. It was clear from medicines records we examined that the acting manager carried out regular checks on the service’s medicines handling practices. This was confirmed by discussions we had with the acting manager and staff. We also saw the results of a quality monitoring audit carried out by the supplying pharmacist in 2014 who said they were satisfied with the service’s medicines handling arrangements.

Is the service effective?

Our findings

People received care from staff who were appropriately trained. People told us they felt staff had the right mix of knowledge, skills and experience to meet their needs. One person said, “The staff are all very nice, and they seem to know what they’re doing.” Relatives were equally complimentary about the staff and comments we received from them included, “[The staff] do a good job”, “I think most of the staff have been here a long time and know what [my relative] likes to do” and, “No complaints whatsoever about any of the staff who work at the home”.

Training records showed us that all new staff had completed a thorough induction before they were allowed to work unsupervised with people using the service. This was confirmed by staff who also told us their induction had included a period of ‘shadowing’ experienced members of staff. Records also showed us staff had completed the provider’s mandatory training programme and had regular opportunities to refresh their existing knowledge and skills. Staff confirmed they had received learning disability awareness training. Staff spoke positively about the training they had received which they said was on-going.

Staff had effective support and supervision. Records showed us all staff attended regular team meetings with their fellow peers and individual meetings with the acting manager. The acting manager told us that in line with the provider’s staff appraisal policy she planned to ensure all staff work performance continued to be appraised annually. Staff we spoke with felt they received all the support they needed from the acting manager and had enough opportunities to review their working practices and discuss their on-going professional development.

People were able to make decisions about their everyday life and were asked for their consent. Throughout our inspection we saw staff always sought people’s consent before carrying out any care or support. Records showed us people using the service had been asked to consent to the care and support they received by signing their care plan.

The acting manager demonstrated a good understanding of their role and responsibility for ensuring the liberty of people using the service was not unduly restricted. For example, we saw there was a keypad device fitted to the front door. It was confirmed by discussions we had with the one person who travelled independently in the wider

community often without any staff support that they had been given the access code to the front door, which we saw them use during our visit. The acting manager told us they were in the process of making a number of Deprivation of Liberty Safeguard (DoLS) applications to the local authority having considered the recent Supreme Court ruling. They gave us an example regarding the kitchen which was being locked at night. The acting manager told us this restriction could not be safely lifted and that was why a referral was being made for DoLS to the local authority.

It was clear from comments we received from the acting manager they were aware that any discussions taking place with people using the service, their relatives and the relevant health and social care professionals about this restriction being in people’s best interests would need to be recorded, if required. Records showed us the acting manager and her staff team had all received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training.

Staff supported people to eat and drink sufficient amounts to meet their needs. We saw staff encouraged people to shop for and prepare some of their own meals and drinks, which were confirmed by discussions we had with people using the service and staff. One person told us, “I made this sandwich for my lunch today”, while another person said, “I sometimes go shopping with staff to buy food”. We saw people could help themselves to food and drink from the fridge and various kitchen cupboards, which remained open throughout our inspection. People’s nutrition and dietary needs had been assessed and reviewed regularly.

Records showed that people were in regular contact with community based health care professionals, such as GPs, district and community psychiatric nurses, podiatrists, opticians and dentists. Care plans set out in detail how people could remain healthy and which health care professionals they needed to be in regular contact with to achieve this. We saw timely referrals had been made to other professionals where necessary and accurate records were kept of these appointments and outcomes.

People were supported to maintain good health and had access to the health care services as and when they needed. We saw care plans contained a health care action which identified people’s health care needs and provided staff with clear guidance on how they should support

Is the service effective?

people to meet these needs. People also had hospital passports. These were documents that could be taken to the hospital or the GP to make sure that all professionals were aware of people's individual needs.

During our tour of the premises we saw people's bedrooms were personalised according to their individual tastes and interests. People told us 14a York Road was a comfortable

place to live. One person said, "My bedroom has everything I need in it and I chose the colour it was painted." We saw people's bedrooms were personalised and contained all manner of people's personal possessions, including; family photographs, pictures and ornaments. Staff told us people were supported to furnish and decorate their rooms how they liked.

Is the service caring?

Our findings

People were supported by caring staff. People spoke positively about the staff and typically described them as kind and caring. Comments we received included, “It’s great here”, “This is my home” and, “Staff are good to me”. Feedback we received from relatives/advocates was equally complimentary about the standard of care and support provided by staff at the home. One relative told us, “I’m very happy with the care [my family member] receives at York Road”, while another said, “Overall the care seems ok to me. The staff are very caring”. Throughout our inspection the atmosphere in the home remained pleasant and relaxed. We saw conversations between staff and people living at the home were characterised by respect, warmth and compassion. People looked at ease and comfortable in the presence of staff. We saw several good examples of staff helping reassure people in a caring and timely way when individuals had become anxious or confused.

People’s privacy and dignity was respected. People told us staff always respected their privacy. One person said, “Staff never come into my room without knocking first.” Another person said, “I’ve got my own bedroom door key so I can lock my room when I go out.” During our inspection we saw people could decide to lock their bedroom door from the inside when they wanted some privacy or from the outside to keep their belongings safe. We also observed staff always knocked on people’s bedrooms doors and waited for the occupant to give their permission to enter before doing so. Staff told us they could not enter people’s bedrooms without the occupants expressed permission.

People were supported to maintain relationships with their families and friends. Relatives told us they felt free to visit the service whenever they wanted and were not aware of any restrictions on visiting times. One relative said, “Staff make sure I’m able to see [my family member] every week

and will bring them over in the car, which is marvellous.” Care plans identified all of the people involved in the individual’s life, both personal and professional, and made it clear how staff should support people to maintain these relationships. The acting manager told us one person has a long term befriender/advocate who continues to play an active role in their life. It was clear from discussions we had with the befriender that the service supported them to maintain their relationship this individual.

People were supported to express their views and to get involved in making decisions about the care they received. Two people told us they had regular talks with the manager and staff. Another person said, “You can talk to the staff here. I have lots of meetings with my key-worker”. Records showed us people regularly attended group meetings with their fellow peers and individually with their key-worker where they could share their views about the home.

Throughout our inspection we saw people used a variety of communication aids and tools to express their wishes and feelings. It was evident from discussions we had with staff, and practices we observed, that they had a good understanding of people’s preferred methods of communication. For example, we observed staff use picture cards and photographs to help people decide what they would like to eat at mealtimes. We also saw staff use Makaton, which is a sign language sometimes used by people with learning disabilities. Staff we spoke with confirmed they had received Makaton training.

People were encouraged and supported to be as independent as they wanted to be. People told us staff helped them maintain their independent living skills as well as learn new ones. One person said, “I made my own lunch today. I can do that by myself now”, while another person commented, “I can go out by myself and go on the bus whenever I want to”. We saw staff actively encouraged and supported people to make hot drinks, prepare their lunch and wash up after they had eaten their meal.

Is the service responsive?

Our findings

People were involved in assessing and planning the care and support they received. People told us staff had asked them how they wanted to be supported at 14a York Road when they first moved in. One person said, “I came for a visit to meet everyone before I came to live here.” Records showed us people using the service and where appropriate their next of kin or advocate had been involved in the initial assessment and care planning process. People also told us they were aware they had a care plan which staff had helped them create.

Care plans we examined were personalised and reflected people’s diverse life histories, abilities, needs, preferences and goals, as well as details about the levels of staff support they each required to remain healthy and safe. Care plans also included detailed information for staff about people’s daily routines, food and drink preferences, social interests and relationships that were important to them. It was clear from discussions we had with staff that they were familiar with people’s life histories and preferences.

The service took account of people’s changing needs. People using the service and their relatives told us staff actively encouraged them to be involved in reviewing the care and support they received at the home. A relative said, “The manager always invites us to [my family members] annual care plan review and staff are pretty good at letting us know if their unwell or there’s a problem.” We saw care plans were regularly reviewed and updated accordingly by staff to reflect any changes in people’s needs and wishes, which ensured they remained accurate and current. This was confirmed by discussions we had with the acting manager and staff.

People could choose how they lived their lives, which we saw staff respected. People told us they could decide what time they got up and went to bed, what they wore each

day, when they had a bath or shower, where they went and who they spend their time with. One person said, “I’ve told the manager that I want to go to the pub later, so she’s asking the staff who wants to come with us.” Another person told us, “I chose what to have in the sandwich I made for my lunch.” We saw people using the service frequently help themselves to numerous food and drink items kept in the fridge or kitchen cupboards throughout our inspection.

People could engage in social activities that interested them. People told us they had the chance to participate in a variety of fulfilling social, education and vocational activities in their local community which they found interesting. People gave examples of things they liked doing each week, which included; going to college, working in an office, attending exercise classes, going to discos ran by a local club for people with learning disabilities, walking in the park and eating out at various local cafes, restaurants and pubs. One person said “I like going to college and I have a job working in an office”, while another person told us, “I go out a lot by myself to the shops. After lunch I might go out with staff to the pub”. People’s wishes about social and leisure activities were detailed in their care plan.

The provider responded to complaints appropriately. People told us they felt able to raise any issues or concerns they might have about the service they received at the home and were confident they would be taken seriously by staff. We received similar comments from relatives. One relative told us, “I’ve never actually made a formal complaint about the home, but I know I can always talk to [my relative’s] key-worker or the manager if I’m not happy about anything.” We saw a copy of the provider’s complaints procedure was displayed on a notice board in a communal area. The procedure clearly outlined how people could make a complaint and the process for dealing with this. The procedure was also written in plain English and illustrated with easy to understand pictures and symbols.

Is the service well-led?

Our findings

Although the service had a registered manager in post, they were no longer in day-to-day charge of the home. The services current acting manager, who has been in operational day-to-day charge of the home since December 2014, told us they were in the process of applying to the Care Quality Commission (CQC) to become the homes new registered manager. This was confirmed by discussions we had with the services area manager.

People told us they felt the service was being well run by the acting manager. They spoke positively about the acting manager's inclusive approach to running the home and about how accessible she was. One person said, "I like the new manager. She is easy to talk too." Relatives we talked with were equally complimentary about the new acting manager's leadership style. One relative said, "It's much better now there's always a manager onsite who knows what's going on every day and is much easier to get hold of." It was clear from discussions we had with staff that they also felt the home had an effective management structure in place. One member of staff told us, "It's good that there's now a manager here almost every day now", while another staff member said, "An area manager from head office visits us here at least once a month".

People using the service and their relatives were asked for their views about the home and felt involved in helping to make 14a York Road a better place for people to live. People told us the staff were "always available to talk with" and were "good listeners". One person said, "I talk with my key-worker almost every day and if they're not about you can speak with the manager." One person gave us an example of changes they had wanted to make to interior design of their bedroom which we saw had been acted upon. Relatives confirmed they also felt able to express their views about the home during regular contact with the acting manager and staff, bi-annual relatives meetings, and the provider's annual satisfaction survey. It was clear from discussions we had with relatives, and the feedback the provider had analysed as part of last year's stakeholder satisfaction survey, that relatives were generally happy with the standard of care and support provided at the home.

Staff were asked for their views about the home. They told us there were regular team meetings where they were able to discuss their opinions openly and receive feedback about any issues or incidents that had adversely affected the service and the people who lived there. Staff also told us they would speak with the manager about any concerns they might have and were confident that they would be listened to. One member staff said, "I think the new manager knows what they are doing and are very good at their job."

The home had good governance systems in place to assess, monitor and improve the quality and safety of the service people received. We saw quality assurance records that indicated the homes area manager carried out internal audits of 14a York Road at least once a quarter and regularly spoke with people using the service, staff and the acting manager. We saw the area manager completed a quality monitoring report each time they audited the home that looked at complaints, staffing, accidents and incidents and finances. Other in-house audits the acting manager and her staff team regularly carried out included checks on people's care plans, risk assessments, medicines, infection control, fire safety, food hygiene, staff training and supervision, and record keeping. We saw that where any issues had been found an action plan was put in place which stated what the service needed to do to improve and progress against these actions. The acting manager told us any accidents, incidents, complaints and allegations of abuse involving the people using the service were always reviewed and what had happened analysed so lessons could be learnt and improvements made to minimise the risk of similar events reoccurring.

The acting manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regards to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, for example, serious injuries, incidents involving the police, applications to deprive someone of their liberty and allegations of abuse. It was evident from CQC records we looked at that the service had notified us in a timely manner about all the incidents and events that had affected the health and welfare of people using the service.