

# Royal Mencap Society

# Manor Road

## Inspection report

30 Manor Road  
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31 July 2017

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 31 July 2017 and was unannounced.

Mencap provide accommodation and personal care at 30 Manor Road for up to six people who have a learning disability. There were six people living at 30 Manor Road when we inspected.

At the last inspection in June 2015 the service was rated Good. At this inspection we found the service remained Good. However, during the course of the inspection we identified some shortfalls in record keeping. The registered manager acknowledged the shortfalls and had already requested support from the provider to address these issues.

People felt safe living at 30 Manor Road. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received one to one supervision from a member of the management team which made them feel supported and valued. People received the support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals as needed.

People's relatives complimented the staff team for being kind and caring. Staff members were knowledgeable about individuals' support needs and preferences and people had been involved in the planning of their support where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

During the course of the inspection we identified some shortfalls in record keeping.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

A range of routine audits were undertaken to help ensure the safety and well-being of people who used the service and the staff team.

An annual independent satisfaction survey was undertaken to provide the management team with re-assurance that the service they provided was safe and that people were happy with the care and support they received.

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

This inspection took place on 31 July 2017 by one inspector and was unannounced.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us on 02 June 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we briefly spoke with two people who used the service, two staff members and the registered manager. We received feedback from relatives of two people who used the service about how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services and health professionals involved with the support of people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed records relating to the support of two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

# Is the service safe?

## Our findings

People and their relatives told us that people were safe living at 30 Manor Road. A relative of a person who used the service told us, "We couldn't ask for better care, [person] is always happy and always smiling." The relative went on to say that they were confident the person would not react in such a way if they did not receive good and safe care and support.

People were supported by staff who demonstrated that they understood how to keep people in their care safe. This included how to recognise and report abuse.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

People's relatives and staff told us that there were enough staff available to meet people's needs. Throughout the course of the inspection we noted that there was a calm atmosphere and that people received their care and support when they needed it and wanted it.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of a new staff member and found that all the required documentation was in place including two written references and criminal record checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. We checked a random sample of boxed medicines and controlled medicines and found that stocks agreed with the records maintained.

## Is the service effective?

### Our findings

People's relatives told us that the care and support provided at 30 Manor Road was appropriate to meet people's needs. One relative said, "It is perfect, I can't believe how good they [staff] are." Another relative told us, "My [relative] quickly settled and their individual needs, both medical and social, have been very well met."

Staff received training to support them to be able to care for people safely. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as end of life care and continence awareness. Staff said they received support as and when needed and were fully confident to approach the registered manager for additional support at any time.

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 demonstrated a clear understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful.

People were provided with a good choice of food and their individual likes, dislikes and food intolerances were well known and respected. Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. For example, GP, neurology clinic, podiatrist, Parkinson's clinic and diabetes nurse.

## Is the service caring?

### Our findings

People's relatives told us they were satisfied with the staff that provided people's care and support. One relative told us, "[Person] is very happy there, the staff are all so caring." A professional involved with the support of people who used the service told us, "We have always seen a caring attitude from the staff and have no concerns."

Staff were calm and gentle in their approach towards people and we observed them interact with people in a warm and caring manner listening to what they had to say and taking action where appropriate. For example, early in the day a person who used the service became agitated and emotionally distressed. Staff members spent time gently re-assuring the person and providing them comfort by gently stroking their hand and talking with them kindly. Later in the day we noted the person had brightened up and happily went about their day.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. There was good communication between staff and the people who used the service and they offered people choices. For example a staff member offered a person a cold drink. They encouraged the person to access the cupboard where the drinks were stored and to choose which one they wanted. Another person who used the service chose which staff member supported them with a shower each evening.

The environment was homely and welcoming. People's individual bedrooms were personalised to reflect them as individuals. People's records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service.

Relatives and friends of people who used the service were encouraged to visit at any time.

## Is the service responsive?

### Our findings

People and their relatives where appropriate had been involved in developing people's support plans. The support plans were sufficiently detailed to be able to guide staff to provide people's individual support needs and kept under regular review to help ensure they continued to meet people's needs.

One support plan we viewed stated, "I like to be independent and bath by myself, so staff will wait outside the bathroom door for me. I will call them if I need support to wash my back or wash and rinse my hair." This showed that people's individual preferences were included within guidance for staff.

A relative of a person who used the service told us, "My [relative] has quickly settled and clearly likes their new home. They are happy and staff have engaged them in a number of activities which support [person] and give them opportunities to both engage socially and learn."

Throughout the inspection we observed several examples of staff being proactive in assisting people and responding to their needs in a timely manner and in a way that confirmed they knew people well.

People were supported to participate in a variety of activities outside the home. For example, going on shopping trips, attending dog shows, outings to the local theatre and visiting a local wildlife park. Within the home people were supported to engage in activities according to their individual choices. For example, one person liked to knit, another enjoyed table tennis and a further person liked to play dominoes.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People's relatives told us that they would be confident to raise any concerns with the registered manager. A 'grumbles' book was maintained to capture day to day issues where people had not been satisfied with the service they had received. For example, in March 2017 a person's light had not been turned off as early as they would have liked. This was recorded and all staff were made aware to help reduce the chance of a recurrence.



## Is the service well-led?

### Our findings

During the course of the inspection we identified some shortfalls in relation to record keeping. This related to areas such as training records not updated to reflect the current training provided, the information included in people's daily records was sparse, there was a lack of recorded staff supervision and meetings held with people who used the service were not routinely recorded. The registered manager was aware of this shortfall and had requested support from their line management to assist with achieving compliance with this. However, this was an area that required improvement.

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

The registered manager had an active role within the home and demonstrated a good knowledge of the people who used the service and the staff team. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service and the staff team in a positive, warm and professional manner. Staff spoke highly of the support they received from the registered manager.

There were regular meetings held between the registered manager and the provider's area operations manager to discuss such issues as recruitment, the performance of the service and any matters arising.

The provider had an on-line monitoring tool which covered all areas of the service provision. For example, when support plans needed to be updated, finance matters, the health and well-being of people who used the service, when safety risk assessments needed to be completed and social inclusion. The monitoring tool was kept under review by the registered manager and was used by the area operations manager as part of their routine monitoring of the service.

The registered manager had commissioned an annual independent satisfaction survey. They told us that this gave them the re-assurance that the service they provided was safe and that people were happy with the care and support they received. We reviewed the survey responses and noted that there had been a positive response across all areas from people who used the service, their relatives and external professionals.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.