Royal Mencap Society

Royal Mencap Society - Church Road

Inspection report

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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: Royal Mencap Society – Church Road is a residential care home that was providing personal care to four people with a learning disability at the time of the inspection.

People's experience of using this service:
•□People told us they liked living at the service; it felt like their home and staff were caring to them.
•□There were care plans and risk assessments in place to provide guidance to staff in how to support people.
•□People were encouraged to be independent, to work and to take part in activities and hobbies they were interested in.
•□Staff were supported in their role through induction, supervision and training and told us they enjoyed working at the service.
•□The registered manager and area manager knew the people and their care needs well.
•□There were systems in place to monitor the quality of the service at a local and provider level. •□The service benefitted from being part of a large organisation that supports people with a learning disability as the provider employed specialist staff to support services working with people with behaviours that can challenge. The provider also campaigned at a national level to improve the health outcomes for people with a learning disability and encouraged the service to take this work forward with local health professionals.
•□The service met the characteristics of Good in all five areas and so the rating of the service is Good overall.

•□More information is in the full report.

Rating at last inspection:
The last inspection took place on 10 August 2016 and was rated Good. The report was published on 5 September 2016.

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 remained safe.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring.	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service remained well-led.	Good

Royal Mencap Society - Church Road

Detailed findings

Background to this 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.

Inspection team:
The inspection team consisted of one adult social care inspector.

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:
We gave the service 12 hours' notice of the inspection visit because it is small and we wanted to make sure we visited at a time when some of the people who lived there and staff who support them would be in.

What we did:
Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

As part of the inspection we:

•Talked with three out of the four people who lived at the service

- Talked with two support staff, the registered manager and area manager
- Looked at three people's care records
- Looked at the recruitment records for two staff members employed in the last 12 months
- Looked at supervision and training records for staff
- Reviewed medicine administration records for people and checked stocks against records
- Reviewed records of accidents, incidents and complaints
- Looked at audits and quality assurance reports.

After the inspection visit we received feedback from two relatives of people who used the service.

Good

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 told us "Yes I feel safe" and "Yes, I feel safe living with the other people here."
Staff were trained in safeguarding adults. Staff were able to talk about the different types of abuse and understood their responsibilities to keep people safe and protect them from harm. Staff knew how to whistleblow. The provider had systems and policies in place.

Assessing risk, safety monitoring and management
● There were current risk assessments in place to provide guidance to staff in supporting people safely. They covered areas such as personal care, finances, using public transport and going outside. The registered manager was drawing on additional provider resources to assist the service in supporting one person's anxious behaviours. These risk assessments were being developed at the time of the inspection.
●The registered manager could show that essential services such as gas, electricity and fire safety equipment had been maintained in the last 12 months. Safety checks of fire equipment took place weekly and fire drills were carried out. Individual risk assessments for people in the event of fire were in place and had been updated recently.

Staffing and recruitment
● Safe staff recruitment processes were in place with appropriate criminal and reference checks taking place prior to staff starting work with vulnerable people.
● We saw there were enough staff to meet people's needs. The three shift patterns showed two staff were on duty 7am-2.30pm and 2.30pm – 10pm. An additional staff member covered 9-4.30 depending on people's activities and more recently the service had sought additional funding for a waking night person at the service.
● The area manager showed us the dependency level tool, and how staffing hours were calculated over a month period to allow the service to respond in a person centred way meeting people's needs.

Using medicines safely
●Medicines were managed safely. They were stored in people's rooms and MAR were completed appropriately. We checked stocks against records for boxed medicines for two people and these tallied.
●Audits of medicines took place, and staff were trained and competency checked to ensure they were safe to administer medicines.

Preventing and controlling infection
●The service had processes in place to minimise the spread of infection. The service was clean and staff worked to a daily and weekly schedule of cleaning specific areas. Food was safely stored and there were

different chopping boards and mops for people to use in different areas to minimise the spread of infection. Hygiene was checked as part of the auditing process.

Learning lessons when things go wrong

●Accidents and incidents were logged and we could see the service learnt when things went wrong. For example, one person had repeatedly gone into another's room without permission. To avoid further dispute the service obtained an accessible lock for one person to use so they could retain their privacy. The registered manager and staff team shared other information about what worked with people; this was particularly important as there had been two new people admitted to the service in the last 12 months.

Good

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
- Prior to people moving into the service the management team reviewed the referral and met the person. If it appeared they could meet the person's needs they were invited to a short visit to the service, followed by an overnight stay. The existing people were asked their view of the person before they were offered a place as the management team realised the importance of integration of people into a small group home setting.
- This process formed part of the initial assessment including risk management documents so staff had guidance in supporting the person.

Staff support: induction, training, skills and experience
- People told us staff were able to look after them well.
- Feedback from relatives included "I believe that staff at Church road are very well informed about learning disabilities and that they employ good strategies and skills." And "[Register manager] has a small team of full-time staff who are knowledgeable" and the "staff are very able at dealing with [family member] who requires, on occasions, careful persuasion and support."
- Staff received a comprehensive induction of shadowing and training, including completing the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. A staff member told us as part of their induction they had "Spent a lot of time with experienced staff and met with the registered manager lot, so that's been helpful."
- Training courses covered key areas such as safeguarding, health and safety, medicines management, fire safety, food hygiene and finance training. Some were taken on line at the service, whilst others were face to face offered by the provider.
- Competency checks in key areas such as medicines management took place as well as supervision and appraisal for staff. Staff told us there were opportunities for progression within the organisation and this was confirmed by the area manager.

Supporting people to eat and drink enough to maintain a balanced diet
- People told us "Yes I like the food" and "Yes, I like chicken and I get to eat it." The menu was set by people sitting with staff once a week prior to the shopping taking place. People told us they liked to help with cooking and care plans reflected this.
- One person was at risk of choking if they did not eat soft food. They were encouraged to eat a soft diet and documentation from a speech and language therapist outlined how to prepare this and the most suitable foods to eat.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
●We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. DoLS applications had been made for three out of the four people who lived there.
●The local management team and staff were fully aware of the importance of working within the principles of the MCA. Staff could explain what it meant to make choices and staff were fully aware of, and acknowledged the right of the person at risk of choking to make their food choices. We could also see that for another person currently expressing behaviours that can challenge staff, a least restrictive approach was being sought; an independent mental capacity advocate had been involved in a recent DoLS assessment to ensure their rights were respected.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●There was evidence that staff worked with health and social care professionals to provide high quality care to people.
●Speech and language therapists; psychologists and positive behaviour support professionals were actively involved at the service to ensure people received consistent, effective and timely care. Documentation showed the range of people involved with one person who was struggling with certain behaviours that placed them at risk.
●On the day of the inspection one person was going to the dentist and a relative told us "In the very short time that [their family member] has been at Church Road staff have worked very well with health professionals to address his health issues and he was recently treated as a day patient in hospital."

Adapting service, design, decoration to meet people's needs
●The service was provided in a house in two floors in a residential street. The service met the needs of the people living there; it is not wheelchair accessible. There was a garden for use by people.

Good

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; equality and diversity

●We asked people if staff were kind and caring to them. They told us "Yes" and "Yes they are." "Yes, I am treated well." A relative told us "The staff are extremely respectful and caring… I find that the staff involved with his care, like, respect and enjoy their time with him, which is lovely and very reassuring for his family." Another relative told us "The staff at Church Road are very patient."

●We saw staff being kind and there was a very calm, homely atmosphere at the service. People told us the place was "like home" and some people had lived there for many years.

●People were supported with their spiritual needs; two people were routinely supported to church. On the day of the inspection, one person was supported to visit the grave of their parents; this was a regular occurrence as this was important to them.

●People had friends and family to visit them at the service. One person had a partner. This showed us the service was providing a welcoming homely environment.

●Staff told us that they were due to have additional training to ensure staff felt confident supporting people to have intimate relationships with others if they chose. Staff were able to speak confidently regarding equality and diversity matters.

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

● People were able to tell their keyworker what they wanted to do in the coming month and we saw records that these meetings took place with people. People were encouraged to choose how they spent their time and we saw people signed records and gave consent to documentation being shared.

●The service also held meetings for people at the service to express their views. There had only been two meetings in the previous 12 months, but as the service now had four people living there, they were going to increase these meetings. One person told us "Nothing could be better. I am asked what I think of things here."

Respecting and promoting people's privacy, dignity and independence

●The service promoted people's independence. Staff told us "I always assume people can do things independently and wait to see if they ask for help."

● We saw care records emphasised what people could do. For example, "[Person] is able to dry himself; does not need reminding to use the toilet; and is able to make drinks and sandwiches."

One person enjoyed being very active in doing household tasks and recycling for the household; this was clearly outlined in their care records.

●Staff were able to tell us in detail how they showed dignity and respect to people. For example, by knocking on doors; asking people what they wanted; respecting people's wishes and being mindful of people's dignity if either supporting or prompting with personal care.

Good

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

● By looking at documentation, talking with people and staff we could see the service was providing a personalised service that meet people's needs, and catered for their preferences to enable them to have maximum choice and control over their lives.

● People told us they could choose when they got up, went to bed and the activities they wanted to do. One person was working; another was volunteering and went out to a number of places on his own to take part in activities and see friends.

●People were supported to go on holiday and two people were planning a trip this summer to the Isle of Wight. The service had access to a car to take people out.

●A number of people had been brought up in the local area they were familiar with the surroundings and members of the local community knew them.

●Care records were up to date, person centred and gave a complete picture of people's needs. A one page profile was particularly useful for agency staff. This gave a helpful summary of 'Who is important to me, What is important to me, What I am great at, What I find difficult and What I need support with.' There was a more detailed support plan in place covering a wide range of support needs from personal care, finance management, keeping well and being out in the community.

●People's preferences, likes and dislikes were clearly set out. Useful information like What makes me sad and how people liked to spend their time meant staff were able to tell us how they supported people in a person centred way.

●For people who could on occasion become agitated or anxious the provider had introduced a document which the staff completed to help them share information across the staff team toe ensure they supported people most effectively. This was completed for the following areas: What have we tried? What have we learned? What are we pleased about? What are we concerned about? What's working? And What's not working?

Improving care quality in response to complaints or concerns

●The provider had a complaints policy, there had been no complaints in the last 12 months. A relative told us "Yes, the manager is very responsive when issues arise and always keeps me and my family informed by telephone regularly." They had had no cause for complaint.

●We asked the registered manager how they managed the day to day issues that arose in shared living services. They told us people talked with their key workers and during these sessions staff asked people 'What's made me happy/sad?' Issues were dealt with as they arose and solutions found and shared across the staff team. However, this information was not captured in the same way it was in other provider services via a 'Grumbles Book' so the area manager decided on the day of the inspection to immediately introduce one at this service.

End of life care and support

●The provider was committed to supporting people to have a home for life as far as was practicable. There was an end of life policy in place with a key principle set out. For a person to have as much control as possible over how they die. It stated the provider will support a person to make their wishes known, put their affairs in order and they will support a person to involve the people who are important to them.

●One person had been supported up until they were hospitalised prior to their death in April 2018. The service worked with local health and social care professionals, including palliative care nurses to facilitate this.

●One out of the four people had completed a 'when I die' document which set out their wishes for their end of life care. The registered manager told us they would find an appropriate time in the coming 12 months to ask other people if they would like to complete the document.

Good

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; and how the provider understands and acts on duty of candour responsibility

- There was documentary evidence, and people and their relatives told us the service provided high quality care and support that was person-centred.
- The provider had an effective management structure in place to support the registered manager and specialist provider services provided valuable back up support in key areas such as the management of people's behaviours. This helped the service feel confident in their approach so they continued to support people in flexible person-centred ways.
- The provider's IT system supported senior managers in their role. They could check registered the registered manager had completed key management tasks and the area manager offered a 'hands on' approach to support the registered manager.

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

- It was clear that the registered and area managers understood their role, understood the importance of quality performance, managed risk and were aware of the regulatory requirements. They worked together as an effective team.
- Quality performance was checked through a range of local and provider audits. The provider system IT captured all types of management information. The registered manager audited medicines, the environment and ensured all management tasks took place. The area manager audited quarterly looking all documentation and talking with people covering four areas to ensure people were happy, their money was safely managed, they had an active social life and they were supported to be healthy. ● The provider incentivised and motivated their staff to offer good quality care by acknowledging high performing individuals with a small prize as part of their 'You Rock' quarterly staff reward scheme. "This is a way to say thanks and well done to colleagues and volunteers who have done a fantastic piece of work and for staff that go beyond their role." They also offered leadership and development opportunities for high performing staff to be involved in innovative projects. Both the registered manager and area manager were long standing members of staff.

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

- People told us they could say what they wanted to happen at the service and were happy living there.
- Staff told us the "Management team are supportive; [area manager] covers if the registered manager on leave." Staff meetings took place regularly and staff told us they had an opportunity to influence how the

service was run.
●The provider and local management team welcomed feedback on the service. They commissioned a survey to be undertaken by a local organisation. Feedback was positive for the previous 12 months. People were asked at monthly key worker meetings and at residents' meetings for their view on how the service was operating.
●Relatives told us the service "is well led and managed by [registered manager]" and "Yes, I believe that the service is very well led and that the current manger works very hard to make sure that the needs of the service users are met."
●The provider currently had two projects to get feedback and involve key people. The 'Big Plan' asked how the organisation was working with family and friends, in particular looking at communication and involvement. The 'Big Listen' asked staff across the organisation what could be done better to support them. The provider was working through an action plan to address issues raised including reviewing pay and conditions.
●The provider understood the need for adjustments some people with a learning disability needed to access good quality healthcare and was working with both national and local health services to improve the health outcomes for people with a learning disability.

Continuous learning and improving care
● There was a service improvement plan which the area manager reviewed every three months to ensure there was continuous improvement at the service. The area manager, the registered manager and the provider's quality advisor had a weekly call to check progress on the improvement plan.
● Managers across the provider's services met regularly to share information and learning. For example, when a critical incident took place this was discussed and any learning shared across the services.

Working in partnership with others
●The service worked in partnership with local authorities, the mental health crisis liaison nurse team when people were admitted to hospital. We saw regular SALT and community nurse interventions as evidence of partnership working to improve the lives of people at the service.
●A relative told us the service had "an effective partnership with [voluntary organisation]" to support their family member to have opportunities in the community.