

Royal Mencap Society South Street

Inspection report

17 South Street
Coldmore
Walsall
West Midlands
WS1 4HE

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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

This inspection took place on 30 October 2018 and was unannounced. At the last inspection completed on 12 May 2016 we rated the service Good. At this inspection we found the service continued to be Good.

South Street is a Residential Care Home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

South Street accommodates up to nine people in one adapted building. At the time of the inspection there were seven people using the service. Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was meeting the principles of this policy.

There was a registered manager in post at the time of our inspection. 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.

People were safeguarded from abuse and risks to people were assessed and planned for to keep people safe. People were supported by sufficient safely recruited staff. Peoples medicines were administered as prescribed. People were protected from the risk of cross infection. The provider learned when things went wrong.

People had their needs assessed and plans were in place to meet them. Staff were supported in their role and had access to an induction and training. People were supported to live in an environment which was suitable to meet their needs.

People received consistent support. People could choose their meals and were supported to eat and drink. People were supported to maintain their health and well-being.

People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People were supported by staff that were caring. People were supported to make choices and staff promoted people's independence. People were supported with their communication needs. People had their privacy and dignity protected.

Peoples preferences were understood by staff. People were supported to engage in activities of their choice. People and their relatives understood how to make a complaint. Nobody was receiving end of life care so this was not considered.

Notifications were submitted as required and the registered manager understood their responsibilities. People and their relatives were engaged in the service. Staff felt supported in their role and were involved in the service. Quality audits were in place and were used to drive improvement.

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 continued to be good.

Good ●

Is the service effective?

The service continued to be good.

Good ●

Is the service caring?

The service continued to be good.

Good ●

Is the service responsive?

The service continued to be good.

Good ●

Is the service well-led?

The service continued to be good.

Good ●

South Street

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 unannounced inspection visit took place on 30 October 2018. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). This is 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.

During the inspection, we spoke with five people who used the service. We also spoke with the registered manager and three staff.

We observed the delivery of care and support provided to people living at the service and their interactions with staff. We reviewed the care records of three people. We looked at other records relating to the management of the service including rotas, accident reports, monthly audits, and medicine administration records.

Is the service safe?

Our findings

At our last inspection on 12 May 2016, we rated Safe as Good. At this inspection Safe remains rated as Good.

People were safeguarded from abuse. People were happy and content with the staff and told us they felt safe. One person said, "I do like it here, I like the staff and I feel safe with them." Staff were able to describe how to recognise abuse and what action they would take to keep people safe. We saw where incidents had been reported these were investigated and reported to the local safeguarding authority as required.

People were supported to manage risks to their safety. One person told us, "I can walk ok in the home but I could fall when we go out so I use a wheelchair and staff push me." Staff told us there was clear information to help them manage risks to people's safety. One staff member said, "[Person's name] can become upset and anxious. This can be triggered by noise and if others are upset. We guide the person to a quiet place and close the door and they calm down, then record what has happened." We saw people had risk assessments in place and guidance for staff on how to minimise the risks to safety and any incidents were recorded and monitored with regular reviews and updates in place.

Relatives confirmed there were systems in place to manage risks to their safety. One relative told us, "[Person's name] has not had any falls, they have settled well here and are mobilising much better than before." Risk assessments were in place to guide staff with providing safe care and support. For example, one person was assessed as being at risk of choking. Staff could tell us what actions they took to keep the person safe and we saw this information was detailed in the person's care plan. There was clear guidance from the Speech and Language Therapy (SALT) team about how staff should support the person with their meals and drinks and we saw staff followed this during the inspection. In another example, we saw there was one person who may be at risk due to behaviours that challenge. We saw this was clearly described for staff and guidance was in place on the steps to take to keep the person safe and help them become calm. Staff understood these plans and were observed following them during the inspection.

People were supported by sufficient staff. One person told us, "the staff are good, they always help me with things." Another person told us, "There are always staff here, I did the interviews for staff, I get to decide who works here." The rota had photographs on to enable people to know on a daily basis which staff were on duty. Staff told us there were always enough staff to make sure people did not wait for their care and they had time to go out and spend time with people in the community. The registered manager told us staff provided cover mainly for any absence or vacancy and if needed they had access to agency staff that were in regular attendance so familiar with the people living using the service. Our observations during the inspection supported what we were told. The registered manager confirmed the recruitment practice was the same as when we previously inspected and they were confident staff had been recruited safely.

Medicines were administered safely. People told us staff helped them to take their medicines every day. One person said, "I can ask staff for some tablets if I am in pain." There was a policy in place which staff had received training in. We observed staff followed the policy when administering medicines. We saw staff followed people's individual care plans to ensure they had their medicines safely and as they preferred.

Peoples medicines were recorded accurately on their Medicine administration record (MAR) charts. We found medicines were stored safely and there were checks in place to ensure staff followed peoples individual medicine risk assessments and plans.

People were protected from the risk of cross infection. People told us they helped to clean the home with staff. People were involved in cleaning communal areas and their own bedrooms. Staff were trained to minimise the risk of cross infection. Staff wore appropriate personal protective clothing and checks were in place to ensure the home remained clean and well maintained.

There was a system in place to learn when things went wrong. Staff told us they were updated when incidents had happened and given instructions on any changes that had occurred as a result. Incidents were discussed in team meetings to consider any learning. The registered manager confirmed all incidents were reviewed and the records we saw supported this.

Is the service effective?

Our findings

At our last inspection on 12 May 2016, we rated Effective as Good. At this inspection Effective remains rated as Good.

People had their needs assessed and plans put in place to meet them. The registered manager told us in the PIR they undertook assessments and planning based on the needs assessment of the local authority and were completed with people, relatives and other people around the individual. We were told reviews were completed to ensure the care met people's needs. Staff confirmed there was detailed information to help guide them to provide people's support. One staff member said, "I had time to read people's plans and get to know them well in my induction, they are kept up to date and we are told about any changes." The records supported what we were told.

People were supported by trained staff. One staff member told us, "The induction was really good, informative and loads of support to put the theory into practice." The provider told us in the PIR the induction included formal training, observations and checks on competency which had to be in place before staff worked alone, staff confirmed this was in place. Staff confirmed they received ongoing training updates to ensure they had the skills to support people. Our observations and conversations with staff support that staff understood their role and had the skills to support people effectively.

People had a choice of meals and drinks and had their nutrition and hydration needs met by staff. One person told us, "We have a menu to look at with pictures so we can choose what to eat." The person added, "I can make my own drinks and get my breakfast myself." Staff could describe how to support people with risk associated with their meals. We saw plans were in place which guided staff and we saw staff followed these during the inspection. Where needed people had their intake of food and fluid monitored and checks were done on people's weight. Other professionals were involved in planning people's care where needed, for example the Speech and Language Therapy Team (SALT) had been involved in one person's care plan development.

People received consistent care. Staff told us there were systems in place to ensure they provided consistent care to people. One staff member said, "We have allocated people that we are keyworker to, we have monthly meetings with them and check they are happy, and go through their care plan." Another staff member told us, "There is a communication book we use of one person that uses another service so we are all up to date about the person's needs." The registered manager told us they were currently reviewing how they recorded information as part of the shift change over about people, to improve how staff communicated. We saw different records were in place giving staff information about people.

People had access to support with their health and wellbeing. One person told us they were supported by staff with their health. Staff told us most people could let them know if they were not feeling well and they would support to access the relevant health professional. We saw people had access to referrals to health professionals when they needed it. Where advice had been given we could confirm this was followed. Staff were knowledgeable about people's specific health needs and the support they needed to maintain their

health and wellbeing. We were told everyone had a health action plan which detailed specific medical conditions and how to manage them and we confirmed these were in place.

People were supported in an environment that had been designed to meet their needs. The home was adapted to meet people's individual needs. For example, there were adapted bathrooms and toilets in place. There were easy read and picture signs in place to help people navigate around the home and to facilitate choice and understanding. For example, there were talking tins in place on food items in the kitchen to help people make independent choices.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were.

Is the service caring?

Our findings

At our last inspection on 12 May 2016, we rated Caring as Good. At this inspection Caring remains rated as Good.

People were supported by caring staff. One person told us, "The staff are nice here." Another person told us, "I get on well with all the staff they are nice." Another person told us, "I am happy here, it took me a while to settle in but I love it here." Staff knew people well and when we spoke to staff they could tell us about people and the way they liked to be supported. The registered manager told us in the PIR there was a strong emphasis on ensuring the right staff were recruited and that people formed part of this process to ensure they were comfortable with the staff employed. Staff understood they were working in people's homes, we saw them checking things out with people. For example, on arrival, people were asked if they were happy for me to speak with them and to be shown around the home. Staff knew people well and were observed using the knowledge of people to have conversations and offer people encouragement. For example, one staff member was observed speaking with a person about their shared interest.

People were in control of their support, making choices about their care and were supported to maintain their independence. One person told us, "I can choose what to do, I chose to attend a club on one day and go shopping on another day." Another person told us they had chosen their meals with staff, using the picture menus available. Staff told us people were supported to make choices and retain their independence. Our observations supported this, for example, one person had spent time cleaning their room, staff were supporting the person to be involved in the process maintaining their independence, whilst ensuring the room was cleaned effectively. We saw people chose how to spend their time, what to eat, where to go and where they wanted to be in the home.

People had their communication needs assessed and plans were in place to meet them. Staff understood how to communicate with people and adjusted their approach to ensure people understood information and made informed choices. People had access to information in ways they could understand. For example, when people were spending their money there were pictures used of what the person had spent money on so they could understand the records staff were keeping about their money.

People had their privacy and dignity maintained. One person told us, "I have a key to my room, I lock my door and the room is mine." Staff understood the importance of ensuring people were treated with respect and had their privacy maintained. We saw people had discussed when they preferred time to themselves and this was documented in care plans and followed by staff. People told us they were supported to maintain relationships that were important to them. We saw friends visiting during the inspection and people going out with their friends. One person told us about how staff supported them to spend time with someone they had known since being at school together. We saw staff supported people to make calls to relatives and were helping people to buy cards for a friends forthcoming birthday.

Is the service responsive?

Our findings

At our last inspection on 12 May 2016, we rated Responsive as Good. At this inspection Responsive remains rated as Good.

People and relatives were involved in their care and support. One person told us, "This is my plan for today, I am going to clean my room and then go out shopping with staff, I can choose when I do things and where I go." The person showed us a plan which used simple language and pictures to show what they had planned for the day. A staff member showed us there was a picture based list of things which they were going to support the person to do in their room before going out to keep it clean. People's preferences were understood by staff and documented in their care plans. Staff knew about people's preferences, including information about their religion, culture and support they made need with sexual relationships. The information was documented in care plans and staff used this to ensure people had their preferences met.

People were happy with how they spent their time. One person told us, "I have been out for the day and I am going to a party tonight." The person told us staff were going to help them get ready. Another person told us they liked a particular singer, staff had discussed with the person if they would like to take a trip to see where the singer had lived. The person had declined this, so staff had taken them to see a tribute to the singer instead, which they had enjoyed. We saw people's bedrooms had been personalised and there were items of interest in there which were individual to the person. People were supported to access the community and do different activities. We also saw people were encouraged to follow individual interests. One person told us how staff helped them to buy wool to make pompoms and another person showed us the art work they had created which was on display in the home. The registered manager told us they were proud of how well the staff supported people to develop new interests and access the community.

People understood how to raise concerns and complaints. One person told us, "I have a keyworker I would probably talk with them." Another person told us, "I would speak to the Boss [the registered manager]. We found there was a picture based complaints policy which people understood. We found there had been no complaints since our last inspection, however there was a process in place to investigate concerns and respond.

There was nobody at the service being supported with end of life care so this was not considered as part of the inspection.

Is the service well-led?

Our findings

At our last inspection on 12 May 2016, we rated Well Led as Good. At this inspection Well Led remains rated as Good.

The provider told us in the PIR there were policies in place which were designed to protect the rights of the people they support and ensure people had choice and control over their lives and were supported to maintain their independence. The registered manager told us there was an emphasis on ensuring people had person centred support. Our conversations with people and staff along with our observations supported what we were told that staff worked to engage people in all aspects of their care.

The provider had systems in place to check the quality of the service. The registered manager had a system in place to check on aspects of peoples care and support. For example, they had oversight of people's medical appointments and could monitor if people had received the checks on their health they needed. The registered manager told us in addition they did visual spot checks on peoples care records to ensure they were accurately completed. We found peoples care delivery was accurately recorded. Other checks included ensuring care plans were up to date, and had been reviewed. Accidents and incidents were monitored and reviewed to prevent reoccurrence and checks were in place to ensure people had their medicines as prescribed.

The provider and registered manager understood their responsibilities. We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the home. These may include incidents such as alleged abuse and serious injuries. A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate.

People were involved in reviewing the quality of the service. The registered manager told us in the PIR annual stakeholder surveys, staff engagement surveys and feedback from people was sought to help identify any areas for improvement and find out what was working well. People and staff confirmed they were involved in sharing their views about the service and felt these were used to drive change. We found the information was used to make changes to the service and these were communicated with people, relatives and staff. For example, staff had been involved in reviewing the handover paperwork and were considering how to avoid duplication of information.

The provider sought ways to continuously improve the service. In the PIR we were told reviews were carried out of all aspects of the service for example, staff files, training compliance and health and safety. Any required actions were placed into an improvement plan and delivery was monitored. Records supported what we were told. There was support from a national quality team available to undertake independent service reviews including specific areas of focus, such as health, communication or finances, the process aimed to ensure delivery of best practice. The registered manager told us there was regular updates for staff on changes to policy, including updates from other bodies such as CQC.

The provider worked in partnership with other agencies. The provider told us in the PIR there was a good working relationship with other professionals. We were able to confirm this through our conversations with staff and review of records. For example, the service worked in partnership with the learning disability team seeking advice about people when needed. The provider also had good links with community groups and resources and we saw people accessed these on a regular basis.