

Royal Mencap Society

Royal Mencap Society - 25 Barossa Road

Inspection report

25 Barossa Road
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was carried out on the 4 and 5 November 2015 and was unannounced. Royal Mencap Society – 25 Barossa Road provides accommodation and personal care for up to seven adults with learning disabilities. On the day of our visit five people lived at the service.

On the first day of the inspection the registered manager was on leave however they did support us on the 5 November 2015. A registered manager is a person who

has registered with the Care Quality Commission (CQC) 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 regional manager supported us on the first day of the inspection.

Summary of findings

People's human rights could be affected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were not always followed. There was not enough evidence of mental capacity assessments specific to particular decisions that needed to be made.

People's needs were met safely because there were enough staff at the service. Accidents and incidents with people were recorded on the service computer with a written copy kept in a file. Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff had undergone recruitment checks before they started work.

People's medicines were administered and stored safely. Risks had been assessed and managed appropriately to keep people safe which included the environment. The risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm. In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

People were supported by staff that were knowledgeable and supported in their role. Staff had received all the appropriate training for their role and their competencies were regularly assessed.

People told us that they enjoyed the meals at the service. People at risk of dehydration or malnutrition had effective systems in place to support them. People had access to a range of health care professionals, such as the GP and diabetic nurse.

People told us that the staff were caring. Comments included, "Staff are very nice, this is a nice home" and, "Staff are nice to me, my bedroom is nice too" and, "I like living here, I'm happy." We saw that staff were caring and respectful to people.

People told us they were involved in planning their care. We saw that care plans had detail around people's backgrounds and personal history and included people's views on what they wanted. Staff knew and understood what was important to the person and supported them to maintain their interests.

People were supported by staff that were given appropriate information to enable them to respond to people effectively. Where it had been identified that a person's needs had changed staff were providing the most up to date care. People were able to take part in activities which they enjoyed. One person told us that they were always busy.

People told us that they knew what to do if they were unhappy about something. There was a complaints procedure in place for people to access if they needed to and this was in a pictorial format for people to understand. We saw that complaints were investigated appropriately.

Staff said that they felt supported, valued and listened to. Systems were in place to monitor the quality of the service that people received. This included audits, surveys and meetings with people and staff.

During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

There were enough staff to meet the needs of people.

Medicines were being managed appropriately and people were receiving the medicines when they should. Medicines were stored and disposed of safely.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff.

Staff understood and recognised what abuse was and knew how to report it. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Good



Is the service effective?

The service was not always effective.

Mental Capacity Assessments had not always been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had received appropriate up to date clinical and service mandatory training. They had regular supervision meetings with their manager.

Staff understood people's nutritional needs and provided them with appropriate assistance. People's weight, food and fluid intakes had been monitored and effectively managed.

People's health needs were monitored.

Requires improvement



Is the service caring?

People were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a respectful or positive way.

People told us most staff were caring and we observed that people were consulted about their care and the daily life in the service. Family and friends of people were able to visit whenever they wanted.

Good



Is the service responsive?

The service was responsive.

Staff knew the needs of people they were supporting. We saw there were activities and events which people took part in that people enjoyed.

Good



Summary of findings

There was a complaints policy and people understood what they needed to do if they were not happy about something.

Is the service well-led?

The service was well-led

People said they liked the registered manager.

There were effective procedures in place to monitor the quality of the service. Where issues were identified and actions plans were in place these had been addressed.

Staff said that they felt supported, valued and listened to in the service.

Good



Royal Mencap Society - 25 Barossa 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 was an unannounced inspection which took place on the 4 November 2015. We returned on the 5 November 2015 to speak with people who used the service and to observe care being provided. The inspection team consisted of three inspectors. Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service and a Provider

Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit, we spoke with four people, the registered manager, the regional manager and two members of staff. We spent time observing care and support in communal areas.

We looked at a sample of two care records of people, medicine administration records, two staff recruitment files, supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records

that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection of this home was in 3 September 2013 where we found our standards were being met and no concerns were identified.

Is the service safe?

Our findings

People told us that they felt safe. One person when asked said, “I feel very safe living here.”

There were enough staff at the service to meet people’s needs. The registered manager told us that there was always one member of staff on duty with additional staff brought in to support people when they wanted to go out. Most people in the service were independent and didn’t require one to one support from staff. No agency staff were used and most staff had worked there for a long time. One member of staff said, “The care is very consistent as the staff have worked here for a number of years.” On the day of the inspection staff were supporting people when they needed it.

Staff had knowledge of safeguarding adult’s procedures and what to do if they suspected any type of abuse. One member of staff said, “I would look for changes in people’s behaviour to see if they were withdrawn.” They said that they would also keep an eye on other indicators like physical marks or if they didn’t look right. They said, “I would make sure the person was okay and then report it to the manager.” They told us that they expected their concerns to be reported to the local authority. There was a Safeguarding Adults policy and staff had received training regarding this which we confirmed from the training records. There was additional information available to staff in the office if they needed to refer any concerns about abuse. A poster was on the wall in an easy read format to explain to people what they needed to do if they were not feeling safe.

People’s medicines were administered and stored safely. The medicine cupboard was locked and only appropriate staff had the key to the cupboard. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medicine had been signed for. All medicine was stored and disposed of safely. There were photos of people in the front of each chart to identify who the medicine had been prescribed to. Medicines to be used ‘as required’, had guidance relating to their administration although people living there were able to verbally communicate to staff if they felt unwell. The registered manager told us that staff’s medicine competencies were checked each year and this was

confirmed with the training records. People understood the medicines that had been prescribed to them and the reasons for this. One person managed their own medicine in relation to their medical condition with the support from staff.

Risks to people had been assessed and managed appropriately to keep people safe. People were aware of the risks to themselves. There were photos of the person showing the safest way of reducing the risk of things happening for example, in relation to using the kitchen equipment and electrical equipment. The risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm. This included management of bathing, travelling in vehicles, fire evacuation and opening their bedroom windows.

Accidents and incidents with people were recorded on the service computer with a written copy kept in their file. The information included detail of what happened, who was involved, who had been informed and what actions were taken. The regional manager told us that they would look at the information and analyse trends to see if action needed to be taken. For example, they told us they had noticed that incidents with one person were increasing. They said this indicated that the person’s care needed to be reviewed and as a result the person moved to another service which was more appropriate to their needs.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person in their care plans. One person was able to explain to us what the procedures were in the event that there was a fire. They explained that they would need to leave the building and where they needed to go to ensure their safety.

People were safe because appropriate checks were carried out on staff to ensure they were suitable to support the people that lived at the service. Staff recruitment included records of any cautions or conviction, references, evidence of the person’s identity and full employment history. Staff told us that before they started work at the service they went through a recruitment process.

Is the service effective?

Our findings

People's human rights could be affected because the requirements of the MCA and DoLS were not always followed. Staff didn't always understand their responsibilities under the Mental Capacity Act 2005 (MCA), or the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

People were at risk of having decisions made for them without their consent, as appropriate assessments of their mental capacity were not completed. There was not enough evidence of mental capacity assessments or best interest meetings specific to particular decisions that needed to be made. There was not always enough detail about why it was in someone's best interest to restrict them of their liberty. The registered manager told us that they understood what MCA assessments were but didn't realise that they had to record evidence of best interest meetings.

As the requirements of the MCA were not being met this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they would ask people's consent before they provided care. One told us, "I would ask a person if they wanted to engage with personal care" whilst another told us, "We don't have the right to deal with people's finances (if people have capacity)."

People were supported by staff that were knowledgeable and supported in their role. We saw that staff's

competencies were assessed regularly in one to one meetings with their manager. Discussions included any additional training the member of staff may need. One member of staff said, "I see my manager regularly and discuss things." Whilst another told us that they had regular supervisions. Staff were kept up to date with the required service mandatory training which was centred on the needs of the people. Training included moving and handling, diabetes, and emergency first aid. The registered manager told us that when one person moved in who had a particular need staff requested additional training around this need which was provided. This meant that the person was supported by staff who understood their requirements.

People told us they enjoyed the meals and that they got involved in making their own meals. One person said, "I make my own breakfast, the food is alright" and another told us, "I make my own sandwiches." We saw that people were able to help themselves to food and drink during the inspection. We saw that people ate their meals where they wanted to and chose what they wanted to eat. Staff supported people to eat healthily if they chose to and there was information around the kitchen to guide people on healthy meal choices. People were weighed regularly and if there were any concerns people would be supported to get advice from health care professionals.

People were supported to remain healthy. People had access to a range of health care professionals, such as the GP and diabetic nurse. One person told us, "I went to the GP a couple of weeks ago for a blood test, they (the GP) checked me and I'm alright now." We saw that another person regularly visited the diabetic nurse to ensure that they were managing their diabetes appropriately.

Is the service caring?

Our findings

People told us that staff were caring. Comments included, “Staff are very nice, this is a nice home” and, “Staff are nice to me, my bedroom is nice too” and, “I like living here, I’m happy.”

The service had a relaxed, friendly and homely feel. Staff interacted with people in a kind and respectful way. We heard staff speak to people in a friendly and encouraging way. We heard conversations between staff and people that were age appropriate and respectful. One person had returned from a shopping trip and wanted to show other staff what they had bought. Staff showed interest and enthusiasm which the person responded to positively. We heard people ask staff to help support them with specific activities and staff did this with patience and compassion.

One person told us they were involved in planning their care. They told us that they were asked what was important to them. We saw that care plans had detail around people’s backgrounds and personal history. Staff were able to explain the needs of people they supported. They understood about people’s life history and family. One member of staff said, “One person wanted to have towels placed over the floor whilst showering and we made sure we did this.”

Staff communicated with people in an individualised way and according to their needs. One person had a specific way of communicating and staff understood this and acted on this. There were pictorial guides and information available for people around the home for example, in relation to the ‘Guidelines for a happy house’.

People’s bedrooms were personalised with photos of family and decorated with personal items important to the individual. One person showed us their room and told us what was important to them and what their interests were. Staff knew and understood what was important to the person and supported them to maintain their interests. It was clear from looking at the people’s bedrooms what their hobbies and specific interests were. One person told us, “I’m going to have my room painted in the spring and I will choose the colour.”

People’s privacy and dignity was maintained. Where people were being supported with personal care the doors were always shut. One member of staff said, “We support people’s privacy and dignity by ensuring that bathing and personal care and medication administration is always done in private, behind closed doors, in a room they (people) choose.”

Where possible people were given the opportunity to be involved in the running of the service. The staff actively sought the views of people in a variety of ways. Residents meetings were held and the minutes showed discussions about ways to respect each other. For example, around taking their belongings back to their own rooms and talking nicely with each other. People were given an opportunity to make suggestions about things they would like to do improve and change. These included how they wanted the home to be decorated.

We were aware of one person being involved with an advocate where a specific decision needed to be made. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. Family and friends of people were able to visit whenever they wanted.

Is the service responsive?

Our findings

People were supported by staff that were given appropriate information to enable them to respond to people effectively. Care plans were detailed and covered activities of daily living and had relevant information with personal preferences noted. Care plans also contained information on people's medical history, mobility, communication, and essential care needs including: sleep routines, continence, care in the mornings, and care at night, diet and nutrition, mobility and socialisation. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred. For example, there were sections that detailed 'What matters most' which included photos of the person describing what mattered to them. One person liked to ring the doorbell when they came home because they liked staff to 'welcome them home'.

Staff had a handover between shifts with the team leaders. They discussed any particular concerns about people to ensure that staff coming on duty had the most current information.

Daily records were written by staff throughout the day which included detail about the support people received throughout the day. Each person had a 'significant events' book where important information for staff was passed on. This included where the person may have had a visit to the GP surgery or had been particularly anxious about something or there had been a change to the person's medicine.

Care plans were reviewed regularly to help ensure they were kept up to date and reflected each individual's current needs. Where a change to someone's needs had been

identified this was updated on the care plan as soon as possible and staff were informed of the changes. In addition staff discussed people's care in team meetings. Where it had been identified that a person's needs had changed staff were providing the most up to date care. One person had a change in their medicine and we saw that this information had been shared with staff.

People told us that they enjoyed going out and spending time in the service. One person told us that they enjoyed making bookmarks and that staff supported them with this. They told us that they could choose what they wanted to do each week and that they were going out shopping that day. One person said, "I've got enough to do, I'm always busy." There was a detailed list of what people's weekly routines were which included attending day centres, shopping, attending church and clubs. Everyone had very different routines and were encouraged to take part in things that were of interest to them and that were age appropriate. Care plans for people detailed with they liked to be involved in and these were updated on each care review. One member of staff told us that people had their own interests in the service and that they tried to encourage people to participate in the daily chores.

One person said if they wanted to make a complaint they would speak to their 'key worker'. There was a complaints procedure in place for people to access if they needed to and this was in a pictorial format for people to understand. We saw that there had been a complaint from one person about the noise from another person who lived there. This was investigated by the registered manager and resolved. Staff also said that if people had concerns with each other they would encourage them to sit down together to try and resolve their issues through communication.

Is the service well-led?

Our findings

The registered manager was present on the second day of the inspection. One person told us that they thought the registered manager was supportive. They said, “The manager is very nice; she helped me move downstairs into another room.” The registered manager told us that they wanted to be accessible to people and staff. They said, “We want to think outside of the box to achieve things.”

Staff also felt supported by the registered manager. One told us, “We see the (registered) manager regularly and I can go to her about anything.” Staff meetings took place regularly and there were discussions around training, updates from the organisation, new style paperwork and any plans for the future. Staff were encouraged to contribute to changes to the service. For example, a meeting took place with staff around the ‘importance of relationships’ between people using the service. Contributions from staff were fed back to the managements teams on what steps could be taken to overcome the barriers of forming relationships.

Staff understood the values of the service. One member of staff said we are here to, “Hopefully make people happy; to help them achieve what they want to do.” Staff said that they felt valued in the service. One told us, “In bad weather, when staff manage to get to work, the organisation sends us a certificate of commitment and thanks to the staff member for coming into work at a difficult time.” Another member of staff told us that the registered manager purchased Christmas presents for them as a ‘thank you’. The regional manager told us that managers were asked to put forward the name of a member of staff to receive a gift to recognise their good work.

Systems were in place to monitor the quality of the service that people received. The regional manager visited the service to complete audits every other month. These audits looked at various aspects of the service including the environment, care plans, policies, paperwork, equipment and staffing. Where a concern had been identified there were measures in place to set out who was responsible to address them and when this needed to be done. For example, it had been identified that one of the care plans had not been signed by the registered manager and we saw that this had now been done. In addition to this staff undertook internal audits which included infection control, fire safety, food hygiene and supporting people with their finances.

There was a ‘continuous improvement plan’ in place where improvements to the service were constantly being reviewed. It had been identified that the carpets in the communal areas needed to be replaced. The regional manager told us that this was on the list for the new year. One person’s bedroom required updating and we saw that this had been done. The management team used a comprehensive audit tool with a traffic light system which would indicate when things needed to be done or were out of date for example, in relation to staff training or people’s health care checks. We saw that these were all within date.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. We saw that the registered manager had informed us of events in good time.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered provider had not ensured that people's human rights were protected.