

Royal Mencap Society

Royal Mencap Society - 4 The Stables

Inspection report

4 The Stables

Millcroft

Crosby

Liverpool

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 & 8 May 2015 when three breaches of legal requirements were found. The breaches of regulations were because there was a lack of maintenance and management of risks associated with health and safety; procedures were not in place to obtain valid consent to care and to adhere to the principles of the Mental Capacity Act 2005 and effective systems or processes to assess and monitor the service were not in place.

We asked the provider to take action to address these concerns. After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breaches.

We undertook a focused inspection on 22 September 2015 to check they now met legal requirements. This report only covers our findings in relation to these specific areas / breaches of regulations. They cover three of the domains we normally inspect; 'Safe', 'Effective' and 'Well led'. The domains, 'Caring' and 'Responsive' were

Summary of findings

not assessed at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Royal Mencap Society - 4 The Stables on our website at www.cqc.org.uk.

We announced this focused inspection to ensure someone was in, as people who live at the care home, and the staff, go out from the home most days.

Royal Mencap Society - 4 The Stables is registered to provide care and support for four people who have a learning disability. It is owned by Royal Mencap Society, a national organisation who provide a variety of support services to people who have a learning disability. The house has been adapted to accommodate people who have restricted mobility and is situated in a residential area of Crosby.

At the time of the inspection the home had a new registered manager in post. '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 and associated Regulations about how the service is run.'

At the last inspection on 7 & 8 May 2015 we found a lack of maintenance of the environment and poor management of risks associated with health and safety. At this inspection we found that action had been taken to improve the maintenance and management of risks associated with areas such as, legionella compliance and fire safety. Work was on-going to improve the standard and décor of accommodation and upkeep of the grounds.

At the last inspection we found a lack of staff knowledge around the principles of the Mental Capacity Act (MCA) 2005. In particular this was around decisions being made for people in the home and whether restrictions to people's freedom might amount to a deprivation of liberty. At this inspection we found improvements had been made and staff were adhering to the principles of the MCA to help protect people who may not be able to make their own decisions, particularly around their health care. The manager agreed to undertake further work around monitoring this process to ensure areas such as, consent and assessing people's mental capacity was recorded, to fully protect people.

At the last inspection we found systems and processes were not effective to assure the quality of the service. At this inspection we found improvements had been made as internal systems and checks on the service were in place to monitor the quality of the care and standards were in place to help improve practice.

A new registered manager was in post and feedback from staff about the management of the service was positive. The new manager and the changes being made would suggest the provider was actively addressing the concerns we found at the last inspection and on-going improvements found now need time to embed.

Feedback was now sought by the manager from relatives regarding how the service was operating and discussions were being held with relatives around the support needs of their family member.

People who lived at the care home appeared comfortable and relaxed in the presence of the staff.

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.

We found that action had been taken to improve the maintenance and management of risks associated with health and safety in the home. Work was on-going to improve the standard and décor of accommodation and upkeep of the grounds.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

Requires improvement



Is the service effective?

The service was effective

We found that action had been taken in respect of staff adhering to the principles of the Mental Capacity Act 2005 to help protect people who may not be able to make their own decisions, particularly around their health care. The manager agreed to undertake further work around monitoring this process to ensure areas such as, consent and assessing people's mental capacity was recorded to protect people.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'good' would require a longer term track record of consistent good practice. We will review our rating for 'effective' at the next comprehensive inspection.

Requires improvement



Is the service well-led?

The service was well led.

We found that action had been taken to improve to management of the service.

A new registered manager was in post and feedback from staff about the management of the service was positive. Staff told us they were supported in their work.

Feedback was sought from relatives regarding how the service was operating.

Internal audits and safety checks to monitor the quality of the care and standards were in place to help improve practice.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'good' would require a longer term track record of consistent good practice. We will review our rating for 'well led' at the next comprehensive inspection.

Requires improvement



Royal Mencap Society - 4 The Stables

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook this focused inspection on 22 September 2015. The inspection was completed to check that improvements to meet legal requirements identified after our comprehensive inspection on 7 & May 2015 had been made. We inspected the service against three of the five

questions we ask about services; Is the service safe? is the service effective? and Is the service well led? This is because the service was not meeting legal requirements in relation to these questions.

The inspection was undertaken by an adult social care inspector. Before our inspection we reviewed the information we held about the care home and reviewed the provider's action plan, which aims to set out the action they would take to meet legal requirements.

At the visit to the care home we spoke with the registered manager, an area operations manager and two members of the staff team. We inspected staff training and support, maintenance and health and safety documents for the premises and systems and processes to monitor and develop the service.

Is the service safe?

Our findings

We carried out an unannounced comprehensive inspection of this service on 7 & 8 May 2015 when a breach of legal requirements was found. The breach of regulation was because we found a lack of maintenance of the environment and poor management of risks associated with health and safety.

During this inspection we looked at a number of maintenance documents and health and safety checks of the environment. We also viewed the premises and external grounds. We found improvements had been made to meet the requirement.

At the inspection in May 2015 there was no legionella risk assessment in place to identify possible risks from exposure to legionella. Following our inspection in May 2015 we made a referral to environmental health regarding our concerns. They provided the service with a report recommending the actions to ensure legionella compliance.

At this inspection a legionella risk assessment had been completed and hot water checks were being undertaken and recorded in accordance with the risk assessment. This was to minimise the risk of exposure to legionella bacteria. The hot water checks were carried out as part of the health and safety checks for the home and the findings monitored by the manager.

At the inspection in May 2015 staff were unable to confirm when the last fire drill was undertaken, the fire risk assessment for the home had not been reviewed since 2008 and three personal emergency evacuation plans (PEEPS) (for people who lived at the home) had not reviewed since 2011. At the inspection in May 2015 we also found one person did not have a PEEP and the manager completed this during our visit. Following the inspection

in May 2015 we made a referral to the fire authority regarding our concerns around fire safety. A fire officer conducted a visit and provided a report of their findings for the manager to consider.

At this inspection staff had attended a fire drill and this was recorded. Staff told us fire drills were taking place and fire safety training was on-going. The fire risk assessment for the premises had been reviewed and updated.

Work place risk assessments were in place to monitor health and safety and staff told us cleaning records had been implemented to help maintain good standards of cleanliness in the care home. These we saw during the inspection.

The manager informed us that maintenance work was on-going so that the care home was kept in good order. Maintenance jobs were recorded and actioned in a timely manner. An action plan recorded pending work to improve the environment and grounds; this included repair of the garage doors which had been identified as in need of repair. A lock had been applied to the door to keep the garage secure.

At the inspection in May 2015 we found the rear garden in a neglected state. At this inspection we saw the garden was better maintained and work was on-going to clear the area of rubbish and remove a shed which was no longer in use. New fence panels were in place so the garden was now secure. The garden had hanging baskets and a flower and vegetable bed thus providing a more attractive and stimulating area for people to enjoy.

People who were present at the home during our visit appeared comfortable and relaxed with the staff.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

Is the service effective?

Our findings

We carried out an unannounced comprehensive inspection of this service on 7 & 8 May 2015 when a breach of legal requirements was found. The breach of regulation was because we found a lack of staff knowledge around the principles of the Mental Capacity Act (MCA) 2005. In particular this was around decisions being made for and on behalf of people in the home and whether restrictions to people's freedom might amount to a deprivation of liberty.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. At this inspection we discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Following the inspection in May 2015 the manager had informed us that three DoLS applications had been made to the Supervisory Body (Local Authority) for people who lived at the home. The manager also notified us of these applications in accordance with our statutory notifications.

At this inspection we saw documentation in respect of people's DoLS was available in their care files. A DoLS application had recently been authorised and the manager informed us they were complying with the conditions to ensure the person's wellbeing and safety. Following the inspection the manager informed us the person's plan of care had been updated to reflect the authorisation.

Communication books had been set up to record discussions with relatives around people's care and support. These records held detailed information and the manager informed us that any change to a person's plan of care was discussed with relatives who were legally empowered to obtain their agreement and consent. We saw improvements had been made around adherence to the MCA however we discussed with the manager the need for further work. This was around ways of recording people's or relative's inclusion and agreement to the plan of care and how people's mental capacity was assessed for decisions around daily living and support. The manager said this would be undertaken to improve their practice. Following the inspection the manager told us about a new profile they were introducing. They told us this will be used to identify areas where people need support to make decisions regarding their health and social care needs. The manager told us this would be linked to people's support plans.

Staff had received training around the principles of the MCA and DoLS to support their knowledge. Staff files showed course certificates for this training.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'good' would require a longer term track record of consistent good practice. We will review our rating for 'effective' at the next comprehensive inspection.

We recommend that the service continued to improve their knowledge and understanding of the principles of the MCA 2005 and how it is applied in a care setting.

Is the service well-led?

Our findings

We carried out an unannounced comprehensive inspection of this service on 7 & 8 May 2015 when a breach of legal requirements was found. The breach of regulation was a lack of effective systems or processes to assess and monitor the service.

At this inspection we spent time with the manager and area operations manager to look at whether the provider's action plan submitted to us following the inspection in May 2015 had been met. On the back of this inspection an internal action plan had also been drawn up and this included areas for improvement identified within our report. We could see that changes had been implemented and improvements made to meet the breaches in regulation, thus providing assurance and driving forward improvements.

The care home had a new manager in post and they were registered with us (CQC). The manager told us they were committed to the continuous development of the service and that the staff team worked well together. Staff spoke positively about the manager's leadership and also the improvements with the way in which the care home was now operating. Staff comments included, "There have been some good changes, there is a buzz about the place" and "The manager is very good and always willing to listen. Staff morale has improved." The registered manager was supported by an assistant service manager who worked alongside them and who took charge in their absence. Staff told us this new appointment provided good management cover and a member of the management team was always available should they require support.

On this inspection we saw health and safety and maintenance in the care home was being monitored effectively. Work was on-going to improve the overall environment and external areas to ensure people lived in comfortable, safe and well maintained accommodation. Any actions or recommendations made from environmental health and fire authority had been implemented in a timely manner.

At the inspection in May 2015 the manager informed us that health reviews were needed for people who lived at the home. At this inspection the manager showed us examples of health checks and medicine reviews undertaken to monitor people's health and wellbeing. As

part of assuring good record keeping, a new care record had been introduced for recording people's support needs and day to day care. We saw the new care record which was structured and enabled staff to record detailed information to help assure the care provision. Staff told us the new document was working well and helped staff to monitor people's support.

The manager had reviewed the staff training programme and they confirmed staff training was up to date in subjects such as, moving and handling, MCA 2005, DoLS and safeguarding. Specific training had also been provided to support staff with their clinical expertise. Certificates for course attendance were seen.

Staff were now receiving regular supervisions and performance reviews; staff told us they were fully supported in their job role and attended regular staff meetings. These systems had been set up to provide management support for staff.

Relatives had previously told us they had not attended any meetings however we could see that these were now being held by the manager and staff when they needed or requested. These meetings included discussions around people's support needs and also how the home was operating. The area operations manager informed us that relatives were able to provide feedback about the service via satisfaction surveys however they were unsure when they were next due to be distributed. They told us the satisfaction surveys were sent out centrally.

Staff told us social activities for people who lived at the home had improved. People were now able to access a more varied social programme which staff told us was well received by people who took part and their relatives. Staff told us the manager was committed to providing an interesting and enjoyable programme of activities which was making a difference to people's lives. This included supporting people to take part in holidays and accessing local community facilities.

At the inspection in May 2015 it had been difficult to locate a number of records in respect of the service. At this inspection we found records were easily available to help assure safe working practices and the quality of the service.

The area operations manager informed us a review of the service had just been undertaken by the

Is the service well-led?

organisation's quality team. The report from this visit was not available as yet. The manager informed us the quality team had not requested any actions following their visit and were satisfied with how the service was operating.

The rating from the previous inspection for the care home was displayed so this information was easily available for people to see.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'good' would require a longer term track record of consistent good practice. We will review our rating for 'well led' at the next comprehensive inspection.