Royal Mencap Society

Arbor Way

Inspection report

78A Arbor Way
Chelmsley Wood
Birmingham
West Midlands
B37 7LD

Tel: 01217881937
Website: www.mencap.org.uk

Date of inspection visit:
11 December 2015

Date of publication:
26 February 2016

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 11 December 2015 and was unannounced.

Arbour Way provides residential care and support for up to five people with a learning disability. The service is located in a residential area. At the time of our inspection there were four people at the home.

A registered manager was in post. A registered manager is 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.

Arbor Way provided good care and support for the people that lived there. People were encouraged to lead fulfilling lives in line with their own preferences and choices. The emphasis was on supporting people to be as independent as possible. People were involved in making decisions about their care and how the service was run.

Care and support plans contained clear and up to date information about how people wanted their needs met. There were good opportunities for people to discuss any concerns or ideas that they had about their care.

People were supported in having their health needs met. Health services such as psychologists, dentists, GPs and opticians were used as required. We saw that medicines were administered by staff who had received training to ensure that this was done in a safe way.

Staff were knowledgeable about the needs of each person and how they preferred to live their lives. Staff received the training they required and were supported through regular 'supervision' meetings with the registered manager. There were safe recruitment practices in place for new staff and there were a sufficient number of staff on duty to meet people's needs.

There were good systems in place to keep people safe. Staff were confident about their responsibilities in relation to safeguarding and also knew who they could contact if they had any concerns about the service.

Risks in peoples' day to day lives had been identified and measures put in place to keep people safe. There was a positive approach to risk taking so that people could be as independent as possible. The focus was on how each person benefited from the activity undertaken.

The staff team were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These are safeguards put in place to protect people where their freedom of movement is restricted. All the people who lived at the home had a DoLS authorisation due to the level of supervision provided. Staff had been trained in the MCA and had a good awareness of issues related to capacity and consent.

Staff told us that the service was well managed and that there was good support provided by the management team. The registered manager promoted a culture of respect, involvement and independence. There were systems in place to make sure that the quality of care was maintained and areas that required improvement were identified and necessary action taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Relatives told us they felt that people were safe at the service. Staff had a clear understanding of their safeguarding responsibilities.

There were good systems in place to protect people from the risks associated with day to day activities, care tasks and the environment.

There were sufficient numbers of staff on duty to keep people safe. Staff had been recruited in line with safe recruitment practices.

Medicines were administered and stored safely.

Is the service effective?

Good

The service was effective.

Staff received the support they needed to carry out their roles effectively. The staff team had a good understanding of the needs of each person who lived at the home.

People were supported to consent to decisions about their care, in line with legislation and guidance.

People received the support they needed to stay healthy. People had enough to eat and drink and were offered choices about what they had.

Is the service caring?

Good

The service was caring.

People had good relationships with staff and were treated with kindness and respect.

People were encouraged to express their opinions and make their own decisions about care and support. People were

encouraged to be independent and were supported to spend time in the way they wanted.

People were given time and space to spend time in private if they chose to.

Is the service responsive?

Good

The service was responsive

People were involved in contributing to how their care and support was provided. Individual preferences were taken into account and people were supported to take part in activities of their choosing.

They were opportunities for people to raise any concerns or complaints that they had.

Is the service well-led?

Good

The service was well-led.

There was effective management of the service and a clear culture which promoted independence, involvement and there were strong links with the local community.

The registered manager had good oversight of the service. Staff told us that the management support was available if needed and the registered manager was approachable.

There were effective systems in place to make sure that the service continued to deliver good quality care.

Arbor Way

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11th December 2015 and was unannounced. The inspection was undertaken by one inspector.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

During the inspection we spoke with the registered manager and two members of staff. We also spoke with two health professionals and two relatives to obtain their views of the service provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We checked records kept by the home which included two care plans, staff training records, two staff files, maintenance records and daily records. We also viewed the provider's policies and observed a medication round.

Good

Our findings

A relative told us "I have no concerns about [Name], the staff know them really well and know how to keep them safe."
We were unable to obtain verbal feedback from people who lived at the home. However, we noted that people's support plans included a section about keeping safe and managing personal safety. We also saw that there were regular keyworker meetings with individual people, and discussions about safety had taken place.
Staff were confident that people were kept free from harm. Staff comments included "People are safe. They are able to express how they are feeling. If they were not safe we would know," and "People are kept safe here".

Staff had the skills and information needed to keep people safe. Staff told us they had undertaken training about safeguarding people and were confident about acting on any concerns. One member of staff told us that if they witnessed abuse or any concerns they would, "Speak to my manager, contact safeguarding or contact CQC in confidence." This showed that staff were aware of how to make safeguarding referrals and were aware of the provider's whistleblowing policy. Whistleblowing is when a person who is employed within a service contacts an external body to express concerns.

Incidents and accidents had been recorded and analysed to identify any trends or patterns. This was so action could be taken to reduce further risks. It was identified that the behaviour of a person in the house could pose a risk to others if not managed appropriately. The manager arranged training with all staff on how to identify signs that this person was becoming upset and ways to calm them which protected both the individual and others within the home.

Risks associated with people's day to day lives had been identified and there were clear, up to date risk assessments in place. There was a positive approach to risk taking, with the emphasis being on encouraging independence. Risk assessments included information about how to minimise each risk and how each person benefitted from the activity undertaken. We noted that people's care plans made reference to the risk assessments throughout, this meant that staff had up to date information available about how to support people safely.

We saw that the environment and layout of the building was safe for the people who lived there and equipment had been checked to ensure it worked properly. Workplace risks had also been identified and clearly recorded. These included for example, environmental risks such as security and infection control.

Health and safety checks related to gas, electrical, fire and water safety had been carried out and systems were inspected as necessary. Personal evacuation plans were in place for each person which described the support they would need in the event of an emergency.

We looked at the recruitment records for staff. These showed that pre-employment checks had been carried out on prospective staff members before they started work at the home. Checks included two references, proof of identification and a criminal background check. The checks meant that the provider could make sure, as far as possible, that new staff were of suitable character to work with the people who lived at the home.

We looked at whether staff were available at the times people needed them. A relative told us, "There are always enough staff there." The staff we spoke with all felt that staffing levels were sufficient to provide people with the support they needed. They told us there was usually three care workers on shift during the day, however when we visited there were four care workers. This was because one person was still on their induction and until this was completed they were not counted on the rota. This was to ensure that new staff were confident and sufficiently trained to provide safe care before they worked unsupervised. A staff member told us "There are enough staff to look after people and to take them on outings." Another member of staff told us "We have a stable staff team, we all know the people who live here. We try to be flexible and will alter our hours if needed to cover shifts."

There were safe systems for the storage and administration of people's medicines. Medicines were stored in a locked cabinet. Medicines were received from the pharmacy and contained guidance on the medicine as well as a description of each tablet so that staff could check the correct medicine was administered. Medicine administration records (MAR) were used to record medicines administration and we saw there no unexplained gaps in recording. This showed that people were receiving their medication as prescribed.

Some people were prescribed "as required" medication. Information was available for staff about the use of 'as required' medicines. This described who the medication was for and what symptoms they would display to show that it was required. When these medications had been administered, there was a description of why it had been needed and the amount given.

Each person had a medicines support plan which gave guidance on what medicines were for, any possible side effects and allergies. A record was kept of medicines no longer used and which had been returned to the pharmacist in order to ensure all medicines were accounted for.

Staff told us they were only able to administer medicines after receiving training and following this a competency assessment was undertaken by a manager. There was a list of approved staff in the medicines folder as well as sample signatures so that it could be identified from the records who had administered medicines each day. The manager completed regular checks of the medication records and observed staff administering medicines. This was to ensure staff continued to put their training into practice and remained competent in this role

Good

Our findings

Staff spoken with had a clear understanding of the care needs of people they supported. Most of the staff team told us they had worked at the service for a long time. This meant there was a consistent approach to care and support from a staff team who knew people well.
Relatives told us that they thought staff had undertaken relevant training and that they understood how to support the needs of the people who lived at the home.

Staff told us that they felt supported in their roles and were given the training they needed. Feedback from staff included "I enjoy the work. I feel fully supported. Training is always updated. Additional courses are available if we want," and "My training is up to date, it's good training and helps me to stay up to date with the best ways to support people."

All staff had undertaken training in key areas of practice such as manual handling, safeguarding and infection control and this was refreshed regularly to make sure staff remained competent. Whilst we were at the service a care worker assisted a person to move from a chair to a wheelchair, we observed that this was done in a safe manner and the care worker used the correct manual handling techniques.

The manager told us that staff had completed training specific to the service including autism, epilepsy and dementia training. This gave staff knowledge and skills on how to support the individuals who lived at the home. A care worker explained how they supported a person who has autism "They can get upset if an area is too noisy so we always make sure that they can go to a quieter room if they want to."

New staff undertook induction training when they first started working at the home. This included a series of reviews to ensure staff had the skills and knowledge before working unsupervised. One member of staff told us about their positive experience of induction and explained, "When I started it was helpful just to shadow more experienced staff so I could get to know how to best care for the people who live here. It helped me know what each person prefers and allowed them to get to know me and to feel comfortable before I started to care for them on my own."

The registered manager told us that the induction training followed the format of the Care Certificate and she showed us the induction programme. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff were supported through regular supervision and an annual appraisal with the registered manager. This gave them opportunities to talk about their training, development and goals for the future. There were monthly team meetings where staff had an opportunity to discuss anything related to the service they delivered. Records showed that team meetings were also used to discuss any incidents that had occurred in order to make sure they could be prevented in the future.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met.

The registered manager and staff understood their responsibilities under MCA and DoLS procedures and had received appropriate training in this area. All of the people who lived at the home had been referred through DoLS and authorisations had been made as required. Staff were aware of when a best interest meeting would need to be held. A best interest meeting is a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision is then made based on what is felt to be in the best interest of the person. Where best interest meetings had taken place there was information in support plans about the decisions made and the reason the person lacked capacity for that decision.

People were supported to maintain good health. Each person had a 'Health Action Plan' which gave details about people's health needs and how these were to be met. Care records showed contacts were made with health professionals to support people when needed. These included the GP, psychologists, dentists and opticians.

People were provided with sufficient amounts of food and drink which met peoples nutritional needs. When a person required a special diet staff were aware of this and ensures that the meals provided met the person's needs.

There was a kitchen/dining area which meant that while meals were being prepared people could sit and chat. We saw this promoted a relaxed and inclusive atmosphere within the home. Meals were usually cooked by staff however people were encouraged to assist with this when they indicated an interest. People decided on a menu each week however this was flexible and alternatives were always available.

Where a person required support with eating and drinking, we saw that advice had been sought from the Speech and Language Therapy (SALT) team. .Their advice was documented in the person's support plan and staff were able to explain what support was required.

Good

Our findings

A relative told us "Whenever I visit [Name] always seems happy, the staff seem to care for them as if they were a family member."
We were unable to get feedback from people about the service so we spent time observing the care they received. Everyone had lived at the home for many years and it was clear they were comfortable with the staff, environment and familiar with daily life at the home. Throughout the inspection we observed that staff spoke with people in a friendly manner, listened to what was being said and responded in a way that was understood. This showed the service was centred around the people that lived there and what they wanted to do.

Staff told us that they thought people were cared for well and could make choices about their day to day lives. Comments included, "They (People who lived at the home) are comfortable and happy. They choose their own things and can use the home freely," and "I think that everyone who works here really cares, I would have no qualms about a member of my family living here."

We looked at how people were supported to be involved with day to day practices in the home. This included support with communication to make sure people had a say about what they did during the day. One member of staff explained "We encourage choices. Use objects of reference (these are object which are familiar to the person to help them understand what is being discussed). We have involved SALT to help with communication."

Throughout the inspection we observed that staff treated people with dignity and respect.. Staff told us that dignity was strongly promoted by the organisation. One staff member said "Dignity is promoted quite highly." Staff told us that they respected people's right to privacy and everyone had a private space they could go to if they wanted. One member of staff explained, "Privacy is common sense, such as being discreet and closing doors." We noted that people were provided with easy to understand information about their rights, in the provider's 'service user guide'. This included the right to respect, privacy and dignity as well as the right to confidentiality.

There were also monthly meetings where people had one to one time with their keyworker. This meant designated staff members had responsibility for overseeing people's care and support needs were met. Records of these meetings showed that people were asked about the support they had received and if there were any changes needed. The meetings were also opportunities for people to understand more about their rights. We saw that staff had used reference cards and easy to read formats to explain to people what abuse

was and how to tell staff if anything was "upsetting or worrying" them.

The registered manager told us that all the people who lived at the home had relatives who could speak on their behalf. Records of reviews confirmed that family members had been involved. We were told that independent advocates were not currently required however they have been used in the past and details of advocacy organisations were available.

Good

Our findings

People received person centred care which was responsive to their needs. Care and support plans were detailed, clearly written and focussed on individual preferences. Each person had a one page profile in their support plan which gave information about their background, character, interests and wishes. This gave staff information about the people they supported and their individual identity so that care could be planned and delivered in the ways they preferred.

People's support plans were up to date and focussed on their individual needs. These were reviewed regularly to make sure that care and support reflected people's current needs. Relatives and professionals had been asked to contribute to reviews where needed. During reviews progress against identified goals were discussed with people and actions set for new goals. For example, one person had goals to redecorate their bedroom.

Support plans contained information about people's preferences and guidance for staff about how to meet people's needs. For example there was a section on life skills which explained what each person could do well, how they liked to live and the support needed to do this. There was detailed information about personal care needs which was clearly written and easy to understand. This gave a clear picture of what people could do for themselves and how they preferred to be supported where they needed assistance.

One person enjoyed listening to music in the dining room and a cd player had been purchased to allow them to do this. Staff offered this person a choice of music to listen to and we observed that staff played the cd that the person indicated. Another person enjoyed completing jigsaw puzzles, we saw that they were able to access a range of puzzles and choose the one they wanted. A member of staff sat with them whilst they completed it offering encouragement and assistance when needed.

People were supported to take part in a range of activities of their choice. These included pastimes outside of the home such as going to church or the pub. Individual interests were supported and included walking and shopping. Links were encouraged with other services managed by the provider. People who lived at the home were supported to build and maintain relationships with people and they would often visit each other. This helped prevent social isolation and gave people opportunities to meet with their friends.

A record of complaints and compliments received was held in the office. The manager told us that no complaints had been received in the past 12 months.

A relative told us "I don't have any reason to complain, they do a great job," but added that if they did have any concerns they would speak to the manager. We noted that an easy to read complaints leaflet was displayed in a communal area and the 'service user guide' also gave people information about how to raise complaints. A comprehensive complaints procedure was also in place which gave information about how complaints should be managed and timescales for response and investigation.

Staff told us that as part of their 'key worker' role they discussed with people to make sure they understood what they should do if they were unhappy about something. One member of staff told us that they felt confident that if a person was unhappy this would be identified. They added "If there was a complaint I believe we take the right action."

Good

Our findings

The registered manager had a good understanding of the needs of the people who lived at the home, the service provided and the requirements of the Health and Social Care Act 2008. They were aware of areas of practice that could be improved and had taken action to make changes where appropriate. For example, improvements had been made in relation to staff training and care planning. A staff member told us that training was "Well organised and people's care plans had been updated with better guidance." Another staff member told us "Staff are encouraged to be involved and to suggest improvements."

Care staff told us that they thought the service was well led. Comments included "The manager is always there if you need them," and "The manager is supportive. I can ask about anything." There was also an 'on call' system for staff to use to speak with other managers in the event that the registered manager was unavailable. One staff member said "I am always able to contact a manager if ours is not around."

The staff we spoke with demonstrated an awareness and commitment to the values of the organisation. One staff member said, "People are at the forefront. It's their home. We try to give them the same life opportunities as anyone else." Another member of staff told us, "The needs of the people who live here comes first, supporting them is the most important thing we do." The 'Service User Guide' which was given to people and their relatives, included the aims of the organisation, the main one being "We are Inclusive. People with a learning disability are at the heart of everything we do."

There were monthly team meetings where staff had an opportunity to discuss anything related to the service they delivered. Records showed that team meetings were also used to discuss any incidents that had occurred in order to make sure they could be prevented in the future. In minutes of these meetings we saw that future plans were discussed including holidays for people who lived in the home.

Staff and people who lived in the home were given opportunities to be involved in how the organisation developed. One staff member described how the registered manager would raise any relevant matters affecting the service at staff meetings. These were meetings allowed all staff to review progress in the organisation and discuss ideas for the future.

The registered manager carried out regular checks on different aspects of the service to make sure that quality and effectiveness was maintained. These included medicines audits, spot checks of care practice and health and safety checks. The registered manager told us that they were keen to make improvements and had developed an action plan to improve the service. One action identified was to redecorate the dining

room.

The provider had systems in place to identify where improvements could be made and to make sure appropriate action was taken. The registered manager told us that the provider came to visit the service once a month. A formal audit visit was carried out every two months where the provider would focus on how the service was meeting different requirements of the Regulations Actions from previous audits included ensuring care plans were updated in a way that reflected the individual needs of people who lived at the home. We saw that these actions were completed within the timescale given.

The home was audited by the Local Authority in July 2015, no concerns had been raised from this. The Royal Mencap Society operated a number of residential care homes and there were close links between them. This meant that they could share ideas and 'best practice' to drive improvement at an organisational level.