

Royal Mencap Society

Royal Mencap Society - Church Road

Inspection report

7 Church Road
Bengeo
Hertfordshire
SG14 3DP

Tel: 01992501266
Website: www.mencap.org.uk

Date of inspection visit:
10 August 2016

Date of publication:
05 September 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

The inspection took place on 10 August 2016 and was unannounced.

The Royal Mencap Society provides accommodation and personal care at 7 Church Road for up to four people who have a learning disability. The service does not provide nursing care. There were three people living at the home when we inspected.

We last inspected the service on 28 August 2013 and found the service was meeting the required standards at that time.

The home had a registered manager. 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.

People who lived at Church Road, their relatives and professionals involved with people's care and support we spoke with gave us positive and complimentary feedback about the service and said that they had no concerns about the care and support that people received.

People told us they felt safe living at Church Road. People had health care and support plans in place to help staff know how they liked their needs to be met. Risks to people's safety and welfare had been identified and support had been planned to enable people to live as safely as possible whilst enjoying a variety of opportunities for engagement and stimulation. There were appropriate numbers of staff available to meet people's care and support needs.

Staff members understood their roles and responsibilities and were supported by the registered manager to maintain and develop their skills and knowledge. People enjoyed a varied healthy diet and their health needs were catered for.

The atmosphere at Church Road was homely, warm and welcoming and there was a comfortable rapport between the staff and people who used the service. People's relatives were encouraged to be involved in developing people's support plans and to visit the home at any time. Staff treated people with compassion,

promoted their dignity and treated them with respect.

There was an open culture at the home, people's relatives and staff told us that they were completely comfortable to speak with the registered manager if they had a concern. The provider had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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.

Staff were able to recognise abusive practice and were confident to report any concerns.

There were sufficient staff members available to meet people's needs safely and according to their needs and wishes.

People were supported by staff who had been safely recruited.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported.

Staff sought people's consent before providing care and support.

People were supported to enjoy a healthy diet and individual dietary needs were supported.

People were supported to access of health care professionals as needed to help ensure that their health and well-being was maintained.

Is the service caring?

Good ●

The service was caring.

People were treated with compassion, dignity, kindness and respect.

Staff and management had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were supported and encouraged to engage in activities and opportunities for stimulation within the home and in the wider community.

People were supported to be involved in decisions about their care as much as they were able.

Feedback from relatives and professionals confirmed that any concerns raised would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

People's relatives and external professionals had confidence in the provider, staff and the management team.

The provider had clear and practical arrangements in place to monitor and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Royal Mencap Society - Church Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider met 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 under the Care Act 2014.

This inspection took place on 10 August 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, the provider completed 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. Before the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with the registered manager and two staff members. We spoke with two people who used the service and subsequent to the inspection visit we made contact with two relatives of people who used the service to obtain their feedback on how people were supported to live their lives. We received feedback from professionals involved with the service including representatives of the local authority care management team.

We reviewed care records relating to one person who used the service and other documents central to people's health and well-being. These included staff training records, recruitment records, medication records and quality audits.



Our findings

Relatives of people who lived at Church Road told us that they were satisfied that people were safe living there. One relative gave us an example of how a person had been assessed and supported to use public transport independently. They told us, "They took a lot of care to ensure that [Person] could travel safely, it is nice to know they are taking such good care of him."

There were whistle blowing and safeguarding policies and procedures in place. Staff members confirmed that they had received training to give them the necessary skills and knowledge to recognise abusive practice and were clear that any suspicions of abuse should be reported immediately. There was information available in the office to remind staff how and where to report any safeguarding matters. This helped to keep people safe.

Risks to people's safety and wellbeing in everyday life had been assessed. These varied from the risks associated with using kitchen facilities and garden equipment to going on holiday and managing finances. There was information available to enable staff to provide appropriate support to reduce the impact of risks for people. One person had wished to become more independent and use public transport on their own in order to widen their horizons. The management and staff had developed a plan to work with the person enhance their skills and awareness of their personal safety to good effect.

Staff told us there were sufficient numbers of staff on duty to keep people safe. They told us that there was always a minimum of one staff member on duty to support the needs of the three people who used the service. One staff member told us that there were generally two staff members on duty between 09:00hrs and 16:30hrs to enable people to engage in their 1:1 activities. Relatives told us that they felt there were enough staff available to meet people's basic needs but they felt that funding restrictions may sometimes limit people's activities outside the home.

The registered manager operated safe recruitment practices and records showed appropriate checks had been undertaken before staff began to work at Church Road. For example, disclosure and barring service checks [DBS] had been made and references obtained to help ensure staff were safe to work with vulnerable adults.

People's medicines were managed safely. People had risk assessments and clear protocols in place for the administration of as required medicines (PRN). We checked the quantities of PRN medicines against the records and found them to be accurate however not clear to read. The manager agreed that the records

could be made clearer by maintaining a running total of PRN medicines maintained at the home.

People's medicines were kept securely in locked facilities within their personal bedrooms. We checked stocks of boxed medicines and found that quantities held agreed with the Medicine Administration Records (MAR). We noted that boxes of medicines had not always been signed and dated to indicate when they had been opened and by whom. The registered manager acknowledged that this was not in line with good practice recommendations and undertook to review staff practice in this regard.



Our findings

Relatives of people who used the service told us they were very satisfied with the support people received. One relative said, "I think they do support people well, [Person] seems to be well and happy." Another relative told us, "I am very happy with the care [Person] receives."

People were supported by knowledgeable, skilled staff who effectively met their needs. Training records showed staff had completed training to support them to meet the needs of people. For example, safeguarding vulnerable adults, safe administration of medicines, infection control and moving and handling. Discussions with staff showed they had the right skills and knowledge to meet people's individual needs. Staff told us that they received annual appraisals and had regular supervision with their line manager. Team meetings were held to enable the staff team to highlight areas where support was needed and encourage ideas on how the service could improve. Staff members confirmed they had opportunities to discuss any issues and said that the registered manager was always available for advice or support. One staff member told us, "[Registered manager] is always there if you need them, at the most only a phone call away."

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. We found that people's capacity to make decisions and choices had been assessed and was being kept under regular review.

People can only be deprived of their liberty so that they can 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 demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps were needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of this inspection the registered manager had submitted a deprivation of liberty application to the local authority for one person who used the service and this was pending approval at this time.

People were encouraged and supported to make choices on many areas of their lives as much as they were able. This included in such areas as the activities they wanted to take part in and about the food they wanted to eat. The registered manager gave us an example of one person who was not able to communicate effectively because they struggled to express their own feelings. For example, if asked a question, they tended to repeat the question rather than answer it. The registered manager explained that the person's facial expressions indicated their pleasure or displeasure and that they were exploring other forms of communication to help the person express themselves more clearly.

People were supported to enjoy a healthy and nutritious diet. We noted that the menus had been developed based on healthy eating options together with staff knowledge of people's likes and dislikes. Staff told us that some people participated in the weekly shop and were able to indicate different foods that they would like to eat. Records showed that where a concern was identified staff monitored people's weight and any concerns were managed with support from the GP and an external dietician.

People had access to local healthcare services and specialists. When staff became aware that people were feeling unwell, appointments were made with a local GP or relevant professional. One person told us, "If I don't feel well I tell the staff and we go to the doctor." Records showed that the staff team worked closely with various health professionals including mental health teams, the GP and various consultants. People were supported to attend outpatient appointments. This helped to ensure people's health was effectively managed.



Our findings

People who used the service and their relatives told us that they thought people were supported by kind and caring staff. A person who used the service told us, "I like them all, they are kind." One relative told us, "The staff are all very nice, I don't know them very well but they seem to care."

The atmosphere in the home was warm and welcoming. The communal areas were homely and pleasantly decorated; people's bedrooms were individual and clearly reflected the different personalities of the people who used the service. We observed positive and caring interactions between people and the staff that supported them.

People received support from a staff team that clearly understood their individual needs. The staff and management team were able to describe to us the individual needs and requirements of the individuals who used the service. Care plans were detailed and provided clear information about people's needs and choices in all areas of life including health, well-being and spiritual.

Relatives and friends of people who used the service told us that they were encouraged to visit at any time and on any day. They said that they were always made welcome by the staff and that they had been invited to join social functions at the home including summer barbecues and Christmas parties.

People received emotional support. Earlier in the year people who used the service had been supported to attend the funeral of a friend. One person had written something and had the opportunity to read it out at the service and the staff team supported people to keep in touch with the family of their friend. This demonstrated that the management and staff treated people with compassion in a meaningful way.

People's privacy and dignity was respected. Staff understood what privacy and dignity meant in relation to supporting people. For example, we saw staff and management respecting people's privacy by knocking on entry doors to people's private space. People's private and confidential records were maintained securely in a lockable office space.

The registered manager demonstrated an awareness of local advocacy support available. They told us that two people who used the service had family members available to advocate on their behalf at this time and the local authority would provide advocacy for a person where specific decisions required this support.



Our findings

People's relatives told us that the staff and management team kept them up to date with people's health needs and any issues affecting their well-being.

Care plans were personalised to the individual and provided clear guidance for staff to follow. For example, one care plan we viewed stated, "[Person] likes to do things in their own time, they do not like to be rushed." Our observations on the day indicated that this was a true reflection. A person who used the service told us that they did go through their care plan with staff to ensure that the care regime continued to meet their needs. It was not clear how much the person understood of the process but they assured us that, "There is nothing that I would change, I am happy with things as they are."

People, their relatives and staff told us that people enjoyed a programme of activities that were suitable to their various needs. One person told us that they enjoyed playing rock and roll records and the registered manager told us that the person danced to Elvis music at their social club, "Singing along with a very happy facial expression." Staff told us that arrangements had been made to support the person to go and see a rock and roll legend tribute band locally. Another person told us that they enjoyed being involved with household activities such as hoovering, preparing meals and mowing the grass. The registered manager told us of one person who enjoyed craft work and had made a bird house with the support of staff.

People told us about activities arranged outside the home such as trips out to local venues, trips to pubs, shopping and annual holidays away from the home. A person told us, "We go to the seaside at Clacton; I like to walk along the beach and have fish and chips." They also told us, "We went to London, we went to Tower bridge, last year we went to see Buckingham Palace."

People who used the service enjoyed a good relationship with the local community. The registered manager told us of a street party that was held as part of the Queen's birthday celebrations. The staff team prepared food to contribute to the tea party and dressed up in fancy dress and the people who used the service enjoyed themselves interacting with neighbours.

The registered manager had successfully campaigned on behalf of people who used the service to obtain additional funding to better enable them to meet people's social and stimulation needs. Since the additional funding had been agreed people had been able to visit their family members more often and enjoy more opportunities for recreational activities. The registered manager told us this had resulted in a positive impact on the wellbeing of people who used the service.

There were many opportunities for social interaction within the home. For example, we were told of an annual barbecue that took place each summer and Christmas parties that people's families had attended.

The provider had a policy and procedure available to support people to raise any concerns. The registered manager was able to clearly describe the actions they would take to investigate any concerns raised with them. However, family members we spoke with told us that they have not got, and have never had, any concerns or complaints about the care and support provided at Church Road. One relative said that they had not had much involvement with the registered manager but would be comfortable to raise any concerns with them and said they were, "Reasonably confident" that they would be acted upon.



Our findings

People, their relatives, staff members and health and social care professionals all spoke positively about the registered manager. It was acknowledged by all parties that the registered manager was quietly efficient and was always approachable.

Church Road was well led and managed effectively. The registered manager demonstrated clear values and a clear vision of how they expected the service to operate. This included providing people with choice, independence and respect. This helped to provide a service that ensured the needs and values of people were respected.

The registered manager had an active role within the home and demonstrated a good knowledge of the people who used the service and the staff team. Staff spoke highly of the support they received from the registered manager. One staff member said, "The (registered) manager is very efficient.

During our inspection we spoke with the registered manager and two members of support staff. They all demonstrated that they knew the details of the care provided to the people which showed they had regular contact with the people who used the service.

Staff members told us that they enjoyed working at Church Road. They told us that regular staff meetings were held to provide them with a forum to comment on how the service was run. Daily shift handovers in the morning, the afternoon and evening helped to ensure that all staff had up-to-date information they needed to support people safely. Staff told us that there was always a manager on-call from within the organisation to support them in the event of an emergency.

Records were well maintained however, we noted that daily records completed by the staff team lacked detail in such areas as what people had done with their day, what they had enjoyed doing, what their demeanour had been. We discussed this with the registered manager who acknowledged that this was an area that had been identified for improvement during a recent local authority monitoring visit in April 2016 and that they were working with individual staff members to improve practice in this area.

We noted that regular audits were in place to ensure that all systems in the home were being safely managed. These included routine checks of showerheads, water temperatures, vehicle checks, appliance checks and fire evacuation practice. However, we noted that the staff responsible for conducting the audits may not have had a clear understanding about why they were done. Records of findings from some audits

were not always accurate or remedial actions had not been completed. For example, the audit of the 1st aid box had identified that there had been some missing items since May 2016 and no action had been recorded in relation to this. In an audit of hot water temperatures we noted that a temperature of 65 degrees had been consistently recorded against a required temperature of 60 degrees. We brought this to the attention of the registered manager who checked and found that the temperature was registering 60 degrees which meant that either the recording was inaccurate or that the water temperature was fluctuating. The registered manager undertook to provide support and training for the staff team about robust monitoring of the quality and safety of the service.

The area manager visited the service on a four to six weekly basis to undertake an audit to ensure all procedures were being adhered to and any health and safety concerns were being managed. This process was managed on-line; we reviewed the record of the previous visit which showed us there had been no concerns noted.

The registered manager had recently commissioned an independent satisfaction survey which had involved satisfaction questionnaires for people who used the service, their relatives, the staff team and external professionals. At the time of this inspection feedback was being gathered and a report of the findings was to be provided. The registered manager told us that this would provide them with the re-assurance that the service they provided was safe and that people were happy with the care and support they received.