

Royal Mencap Society Cottingham Road

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 3 December 2015 and was unannounced.

The home provides care and support for people with learning and physical disabilities who had limited communication. At the time of our inspection there were 4 people living there.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were appropriate recruitment processes in place. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns. There were enough staff deployed to support the individual needs of people.

Staff were supported through regular supervisions and undertook training which focussed on helping them to

Summary of findings

understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People received support and care from staff that were kind, compassionate and respectful. Their needs were assessed prior to coming to the home and individualised support and care plans were in place and were kept under review. Staff had taken time to understand people's likes, dislikes and enabled people to participate in activities either on an individual basis or within groups.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they encouraged and supported individuals with. Relatives spoke positively about the care and support their relative was receiving and felt that they could approach management and staff to discuss any issues or concerns they had.

The manager was approachable and open to feedback; actively enabling staff to look at ways to improve and develop the service. The registered manager liaised with other professionals within the field of learning disabilities to look at ways of developing opportunities to support people to reach their full potential. There were a variety of audits in place to ensure people were receiving a good service and action was taken to address any shortfalls.

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 appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

People were happy and relaxed around staff and their families said they felt their relatives were safe.

Staff understood their roles and responsibilities to safeguard people and were supported by appropriate guidance and policies.

There were safe systems in place for the administration of medicines.

Good



Is the service effective?

The service was effective

People received care from staff that had received training and had the skills, knowledge and experience to meet their needs.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care and sought consent from people to support them.

People's health care needs were regularly monitored.

Good



Is the service caring?

The service was caring

People received their support from staff who treated them with kindness, compassion and respect.

People's individuality was respected by staff.

People were encouraged to express their views and to make choices.

Family and friends were welcome to visit anytime.

Good



Is the service responsive?

The service was responsive

Care plans contained all the relevant information that was needed to enable people to be as independent as possible and achieve their goals.

Staff spent time with people and responded quickly if people needed any support.

There was written information provided on how to make a complaint and people were given the opportunity to raise any complaints at monthly house meetings.

Good



Is the service well-led?

The service was well-led

Communication between people, their families and the service was encouraged in an open way.

Good



Summary of findings

People using the service, their relatives and other services which the people accessed were encouraged to provide feedback about their experience of care and about how the service could be improved.

There was culture of openness and a desire to continually improve to provide the best possible person centred support and experience for people.

Quality audits were carried out and action was taken to address any shortfalls.

Cottingham 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 inspection took place on 3 December 2015 and was unannounced. The inspection team comprised of one inspector.

We looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service.

We observed three people who used the service, and spoke with four members of support staff and the registered manager. We were also able to speak to a number of relatives who agreed to be contacted.

We looked at two records for people living in the home, two staff recruitment files, training records, duty rosters and quality audits.

Is the service safe?

Our findings

People looked happy and appeared calm and relaxed around staff; relatives we spoke to said they felt their relative was safe and they had no concerns. Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern if they needed to do so. Staff told us that they felt able to raise any concerns around people's safety to the manager and outside agencies if they felt they needed to. They were supported by an up to date policy and had all received training in relation to safeguarding which was regularly updated. The manager had completed notifications in relation to safeguarding issues.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff backgrounds had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home.

There were a range of risk assessments in place which identified areas where people may need additional support and help to keep safe; these were detailed and ensured all staff were aware of potential risks to individuals. For example, people who needed help to transfer from their wheelchair to a bed or chair had a risk assessment in place which detailed the level of support and equipment needed and all staff had been required to sign it. This enabled people to be safely moved around the home and ensured that any potential risks to their safety were mitigated.

There were regular Health and Safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place; there was also

information about each person held within an emergency folder which detailed how each person liked to be communicated with and what things may upset them which would be shared with relevant people in the event of an emergency.

There was a tool in place to work out the ratio of staff required to meet the needs of the people which also took account of any forthcoming appointments or events for individuals which would require additional staff to support them. Records showed that staffing levels were always in line with the assessed needs and that where needed relief staff were used to ensure that the levels of staff remained consistent. The manager confirmed that they had a small pool of regular relief staff who knew the people and the home. We observed that staff were attentive and responded to requests from people in a timely way. The staff felt there were enough people on shift and said if they needed any extra staff the manager ensured they had additional staff. Relatives we spoke to also felt there was normally enough staff. A system was also in place to ensure that if people were in their room they were regularly checked to ensure they were comfortable and safe.

There were safe systems in place for the management of medicines. Medication Administration Sheets (MARS) had been completed and all medicines were kept in a locked cabinet. The home liaised with a local pharmacist and ensured that any unused medicines were returned and any newly prescribed medicines were collected to ensure people were getting the medicines they needed at all times. Staff received training before taking on the responsibility to administer medicines and their competencies had been assessed. Yearly observational competency reviews were undertaken by the manager which were recorded on staff training records.

Is the service effective?

Our findings

People received support from staff that had the skills, knowledge and experience to meet their needs. All new staff undertook an intensive and detailed induction programme which comprised of seven days classroom based training and four to six opportunities to shadow more experienced staff before working on a shift. New staff completed an induction handbook which involved undertaking competency based training and observations. We spoke to one member of staff who had just completed their induction training and they told us they felt the training they had received was very good and they felt well supported; they said they felt valued as a new member of staff and more experienced staff were very supportive and encouraging.

All staff had 'Shape your future' supervision sessions with the manager. These were a combination of supervision and on-going appraisal and personal development meetings and were held every twelve weeks. In between the sessions staff were able to have informal supervisions. Staff said that these sessions were valuable and that they felt able to speak to the manager at any time if they needed to. The staff training program was focused on ensuring they understood people's needs and how to safely meet these. All staff had completed the training they needed and there was regular updated training available to help refresh and enhance their learning. We observed staff putting into practice techniques they had learnt from training they had undertaken in relation to managing people's behaviour. The staff responded quickly and calmly to a situation and were consistent in the approach they took with an individual. Staff spoke to us about training they had recently had around dementia care which was helping them to understand some of the behaviours people had presented. The staff said that as a team they felt able to address issues together to ensure they had a consistent approach in supporting people living in the home.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate policies and guidance and were aware of the need to involve relevant professionals and others in best interest decisions and mental capacity assessments. Capacity assessments had been undertaken and as agreed under the Deprivation of

Liberty Safeguards appropriate action was taken to help mitigate risks to protect people from risks that they themselves were unable to manage. We observed that staff supported people who wanted to go out. Families were consulted and kept informed of any impact on the way in which people are cared for and supported. One relative said that they were always asked to be part of any decisions taken about their loved one.

The Mental Capacity Act provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves and Deprivation of Liberty Safeguards provides a process by which a provider must seek authorisation to restrict a person's freedom for the purposes of care and treatment.

People were supported to eat a healthy balanced diet. Each week the people living in the home planned together a weekly menu; sometimes taster sessions were organised to ensure that everyone had an opportunity to try different foods. The staff knew people's likes and dislikes and had spoken to family members to ensure that people were getting a varied diet. Staff were aware of individual dietary needs and supported people to make healthier choices. Each person had a daily diary which included what they had eaten during the day and this enabled staff to be aware of any shortfalls or excesses in people's diets. The dietitian had been consulted to ensure that people were getting the right food. The staff had also sought advice from a Speech and Language Therapist to advise them on how the food needed to be presented to some people who had difficulties with their swallowing.

People's health care needs were regularly monitored. People were referred to the GP and specialist services as required. There was a system in place which identified when routine health checks were due which enabled the registered manager to ensure there were enough staff to support an individual to attend appointments. Information was available to share with professionals explaining how an individual liked to be approached and how they may show whether they were happy or not. One relative told us that when their relative had experienced health difficulties the staff were very pro-active in seeking advice and support and supported them too. They said that they felt everyone worked well together during a distressing time.

Is the service caring?

Our findings

People received their support from staff who were friendly and treated them with kindness, compassion and respect; they took time to interact with people and were patient in trying to understand what a person needed. The people in the home had different ways of communicating their needs and we observed how staff took time to understand people's needs and responded well to their communication methods to meet their needs.. People looked happy and contented and staff interacted well to them. Staff and people had worked together to personalise their environment to make them feel at home and comfortable. We could see that each person living in the home had their own special belongings which they kept in their own rooms and staff were able to support them with the things they liked to hold or work with. Furniture around the home had been specially designed to meet individual needs and the manager told us about the plan to create a calm sensory area for people to enjoy. There were large bean bags available for people to relax on. A number of people enjoyed listening to music and looking at lights.

Staff were mindful and considerate of people's wishes when asking if they could enter their rooms. People's individuality was respected by staff; responding to people by their chosen name and talking to people about the things they had been doing that day. People were dressed

appropriately for their age and the climate and were supported discreetly to change if they had split something on their clothes. It was clear from the interactions we witnessed that the staff knew people very well and were able to respond to people when they were unhappy or anxious. We observed that people appeared relaxed around staff and would respond to staff when asked whether they needed anything. The relatives we spoke with said "Very good service, staff are very supporting and caring." "[name] is always happy to go back when they have visited." Another organisation which provided activities for some people during the day told us that they felt that everyone was well cared for and the communication between themselves and the home was good.

People were encouraged to express their views and to make choices. Care plans included detailed information about people's preferences, their likes and dislikes, how they liked to be treated and gave comprehensive accounts about individuals to enable all staff and any professionals working with a person to gain as much knowledge and understanding of the person's individual abilities and goals.

Family and friends were welcome to visit anytime. One relative told us "I use to ring before I came but now I don't I come whenever I want to, the staff are always very welcoming." Staff supported people to spend time with their families and we saw that during the summer families and friends had joined in with a barbeque.

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met. Care and support plans contained all the relevant information that was needed to enable people to be as independent as possible and achieve their goals. There were risk assessments in place covering all aspects of the person's life such as personal care, oral hygiene, finances and mobility. Staff demonstrated a good understanding of each person in the service and clearly understood their care and support needs. We observed staff interact with people in a confident and carefully considered manner and they were responsive to individual needs; for example when a person started to bang their hands on the table staff quickly responded by getting some small objects from the person's room for them to hold which they appeared pleased to hold.

Daily records were kept which detailed how the person's day had been, what they had done and what plans there may be for the next day. The records were not always completed as fully as they should be, there were inconsistencies as to the level of information some staff had included; this was particularly important at night to ensure everyone was getting the full care they needed and any problems in sleeping patterns for people were documented which could help support what happened the following day for some people. We spoke to the manager about this who said that they were already addressing this with staff and that they would be reviewing the format of the record to assist staff.

People were encouraged to follow their interests; for example one person liked flower arranging and we saw in the kitchen flower arrangements they had made; one had been made with the support of staff in the house, the other they had made with staff at the day centre they liked to attend. Another person liked to stay in nice places and was away on a holiday during the inspection. The staff told us

how pleased the person had been when they had been able to arrange a holiday with them. The staff had also identified that for the majority of the people living in the house that they benefited from sensory experiences such as various lights and shapes patterns from lights which helped to relax them. Everyone had an opportunity to have some time away from a busy environment to relax with various sensory devices.

People's needs were continually kept under review and relevant assessments were carried out to help support their care provision. The manager and staff liaised with other agencies to enable people to access the activities they needed which would enable them to live a fulfilled life. Support plans were reviewed on a regular basis and all staff were asked to sign them to ensure they understood the support needs of each individual and provide the necessary consistent approach required.

Staff spent time with people and responded quickly if people needed any support. When people did present with behaviour that could harm themselves or other people we saw that staff responded promptly and calmly and followed an agreed behaviour management plan. As people came back from their daily activities they were welcomed back by the staff who spoke to them about their day. People appeared contented to spend time in their own rooms listening to music or watching the television. Staff allowed people their space but checked on people regularly to ensure they were comfortable and did not need any additional support.

There was information provided on how to make a complaint which was also available in easy read versions with pictures to ensure that everyone had access to the information. Relatives said that the manager was approachable and that if they had any concerns they would also be happy to talk to any of the staff team. The manager told us that they tried to resolve any concerns as quickly as possible and that in the last twelve months they had received no formal complaints.

Is the service well-led?

Our findings

Regular audits were in place to ensure that all systems were being safely managed. The area manager visited on a monthly basis to undertake an audit to ensure all procedures were being adhered to and any health and safety concerns were being effectively managed. We saw from a recent audit visit that all the bedrooms and hallway had been redecorated and a leak in a sink had been repaired in a timely way.

Communication between people, their families and the service was encouraged in an open way. Relatives told us that they felt involved in the care of their relative and always felt welcome at the home. One relative was able to spend Christmas at the home with their relative; they said both the manager and staff team were all approachable. There was a nice atmosphere in the home. Regular house meetings were held which enabled people to express what they would like to do and whether they were happy or not with the support they received.

People using the service, their relatives and other services which the people accessed were encouraged to provide feedback about their experience of care and about how the service could be improved. Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. A survey had been undertaken earlier in the year and people were generally happy and content with the support they received from both the staff in the home and external professionals. We spoke to two people's relatives who all said how happy they were with the service and that the manager addressed issues when needed.

Staff worked well together, team meetings took place and notes of these were held within the staff communication book. This ensured all staff could read and comment on

them especially if they were unable to attend the meeting. The meetings enabled staff to give feedback on current practices in the home and gave an opportunity to share good practice. Staff told us that they were enabled and encouraged to address problems or concerns with each other and to work together to resolve things. They spoke of the need for being consistent in their approach with people and being able to agree this together had helped them to develop a better relationship with each other and the people they supported. There was culture of openness and a desire to continually improve to provide the best possible person centred support and experience for people.

The values of the service had been demonstrated through holding events which included families for example a house barbeque; visiting local schools and colleges to explain about the service by celebrating the abilities and achievements of people with learning disabilities.

Quality assurance audits were completed by the registered manager to help ensure quality standards were maintained and legislation was complied with. Where audits had identified shortfalls action had been carried out to address and resolve them. As part of Mencaps' 'Big Plan' the manager and staff had looked at creating a sensory room for people as they all enjoyed relaxing amongst lights, sounds and smells; this was a work in progress when we visited.

There was an apprenticeship care scheme in place; the latest apprentice had just completed their apprenticeship and had joined the team as a permanent full time member of staff. They explained how good the opportunity was for them and how much they enjoyed the work which they found rewarding. The manager spoke of the benefits of being able to train and develop support staff and was currently looking for another apprentice.