

Royal Mencap Society Kingsley Road

Inspection report

29 - 33 Kingsley Road
Chippenham
Wiltshire
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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

Kingsley Road is a care home which provides accommodation and personal care for up to seven people with learning disabilities. The service is made up of three adjacent bungalows, with a staff team providing support across all three. At the time of our inspection seven people were living at the service.

This inspection took place on 17 October 2015 and was unannounced. We returned on 19 October 2015 to meet with the registered manager and complete the inspection.

There was a registered manager in post at the service. 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.

People who use the service were positive about the care they received and praised the quality of the staff and management. Comments from people included, "I feel safe here. I have a button I can press if I want staff to help

Summary of findings

me”, and “I feel safe here, the staff help us”. Some people were not able to tell us whether they felt safe, but we observed that people appeared comfortable in the presence of staff. We observed people smiling and laughing with staff. A relative we spoke with said, “I’m very confident (my relative) is safe at Kingsley Road”.

People told us they were involved in developing and reviewing their support plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were supporting. People told us staff provided the support and care they needed in a kind way.

Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

There was strong management in the service and the registered manager was clear how they expected staff to support people. The provider assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements.

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.

People who use the service said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse. People were supported to take risks and were involved in developing plans to manage the risks they faced.

Good



Is the service effective?

The service was effective.

Staff received training to ensure they could meet the needs of the people they supported. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to care packages.

People's health needs were assessed and staff supported people to stay healthy.

Good



Is the service caring?

The service was caring.

Staff demonstrated respect for people who use the service in the way they interacted with, and spoke about, people.

Staff took account of people's individual needs and supported them to maximise their independence.

Staff provided support in ways that protected people's privacy.

Good



Is the service responsive?

The service was responsive.

People and their relatives were supported to make their views known about their support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to maintain their skills.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Good



Is the service well-led?

The service was well-led.

There was a registered manager in place who demonstrated strong leadership and values, which were person focused. There were clear reporting lines throughout the organisation.

Systems were in place to review incidents and audit performance, to help ensure shortfalls were being addressed.

Good



Kingsley 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 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 17 October 2015 and was unannounced. We returned on 19 October 2015 to meet with the registered manager and complete the inspection.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold

about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we met six of the seven people who use the service, the registered manager, deputy manager and four support workers. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for four people. We also looked at records about the management of the service. Following the visit we spoke with the relative of a person who uses the service by telephone.

Is the service safe?

Our findings

People told us they felt safe living at Kingsley Road, with comments including, “I feel safe here. I have a button I can press if I want staff to help me”, and “I feel safe here, the staff help us”. Some people were not able to tell us whether they felt safe, but we observed people appeared comfortable in the presence of staff. We observed people smiling and laughing with staff. The relative we spoke with said, “I’m very confident (my relative) is safe at Kingsley Road”.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicine administration records had been fully completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and returned to the pharmacist. People were supported to keep medicines in their room, in a locked cabinet. Where people were prescribed ‘as required’ medicines, there were clear protocols in place stating the circumstances in which the person should be supported to take the medicine. We saw that these protocols were being followed by staff. The registered manager had taken action to address previous incidents in which medicines were not recorded appropriately or not available for people. Staff had received additional training and their practice had been observed, to ensure they were following the correct procedures. The registered manager had also introduced additional checks of the medicines administration records to ensure they were being completed correctly. These actions had resulted in medicines being administered safely and accurately recorded.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the provider would act on their concerns. Staff were aware

of the option to take concerns to agencies outside the service if they felt they were not being dealt with. The staff we spoke with said they did not have any concerns about the safety of people using the service. The registered manager had worked with the local safeguarding team at Wiltshire Council where concerns had been raised.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to remain safe in their wheelchair, manage their epilepsy and manage their finances. Each person had a plan in place covering the support they would need to evacuate the building in the case of fire. The assessments included details about who was involved in the decision making process and how any risks were going to be managed. We saw people had been involved throughout this process and their views were recorded on the risk assessments. The staff we spoke with demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We saw these checks had been completed for two members of staff who had been employed in the last year. Staff also told us these checks had been completed before they were able to start working in the service.

Sufficient staff were available to support people. People told us staff were available when they needed them. Staff told us there were enough of them available on each shift to be able to provide the support people needed, including being able to get out into the community regularly. The staff rotas were developed following an assessment of people’s needs and the support they needed.

Accidents and incidents were clearly recorded and reviewed by the registered manager to ensure they had been responded to appropriately. Changes had been made to some support plans and risk assessments as a result of reviewing incidents.

Is the service effective?

Our findings

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

People's support plans included mental capacity assessments specific to the decision being made. Where people were assessed to lack capacity to make certain decisions, the service had followed the principles of the Mental Capacity Act to make decisions in the person's best interest. The process had included input from the person, their family, health and social care professionals and staff at the service. Each person had a decision making profile in their support plan. This set out how best to support people to make decisions, including when was the best time to have discussions, how options should be presented to people and how they communicated their decision. The registered manager had submitted DoLS applications for all of the people using the service following the capacity assessments.

Staff told us they had regular meetings with their manager to receive support and guidance about their work and to discuss training and development needs. Staff said they received good support and were able to raise concerns outside of this formal supervision process. The registered manager kept a record of all staff supervision sessions to ensure staff were receiving regular support. In addition staff were supported to set objectives and had an annual appraisal, to assess their performance over the year.

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction. The registered manager had systems in place to identify training that was required and ensure it was completed. Records demonstrated staff had completed training that was specific to people's needs, including the needs of people with autism and epilepsy and specific training relating to moving and handling.

We observed people being supported to eat and drink during the visit. Staff supported people to make choices about their food. Staff said people in each bungalow had developed a menu, either with their direct input or completed by staff based on people's known likes and dislikes. We saw the kitchens were well stocked. Support plans contained detailed information about one person's specific needs in relation to the risk of choking and support they needed to eat and drink safely. This had been developed with input from the speech and language therapist, following their assessment of the person's needs.

People were able to see health professionals where necessary, such as their GP, community nurse or physiotherapist. People's support plans described the support they needed to manage their health needs.

Is the service caring?

Our findings

We observed staff interacting with people in a way that was friendly and respectful. For example, we saw staff respecting people's choices and privacy and responding to requests for support. Staff supported people to make choices about activities they took part in and the food and drink they had. Staff demonstrated a strong relationship with people in their interactions and in the way they spoke about people with us.

Staff had recorded important information about people including personal history and important relationships. Support was provided for people to maintain these relationships, including support to visit family, keep in contact by email and regular phone calls. One person's relative commented, "I'm kept informed, they tell me what's happening, good or bad. I'm learning off them (staff) all the time. I couldn't ask for anything better".

People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of

what was important to people and how they liked their support to be provided. This included people's preferences for the way staff supported them with their personal care and the activities they liked to participate in. We saw people and those close to them had been involved in developing their support plans, telling staff how and when they wanted support with their personal care. The relative we spoke with said staff were caring and always involved them and their relative in the planning and review of their care. This information was used to ensure people received support in their preferred way.

We observed staff supporting people in ways that maintained their privacy and dignity. For example staff were discreet when discussing people's personal care needs with them and ensured that support was provided in private. Staff described how they would ensure people had privacy when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. Staff told us it was important that care and support was provided in ways that were dignified and ensured people's privacy.

Is the service responsive?

Our findings

The relative we spoke with told us staff supported people to keep in contact with friends and relatives and take part in activities they enjoyed. The relative said staff were supporting their family member to develop skills and socialise more. During the visit we observed people taking part in a range of activities both in and out of the home. These included going out for a walk in the local area, visiting friends for a party, household cleaning tasks, listening to music, physiotherapy exercises and attending a day service. Records of activities showed people also enjoyed cooking and baking, horse riding and hydrotherapy sessions.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines and support they needed with personal care. The support plans set out what their needs were and how they wanted them to be met. Where relevant, the plans had been developed with input from specialist health and social care professionals. This included detailed specific guidance on the support one person needed with positioning in their wheelchair and comfortable chair, specific information on the support one

person needed to eat and drink safely and specific information about physiotherapy exercises. This gave staff access to information which enabled them to provide support in line with people's individual needs and preferences. The plans were regularly reviewed with people and their relatives and friends. We saw changes had been made following people's feedback in these reviews.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People said they would speak to staff or the registered manager if they had concerns and were confident staff would help them. The relative we spoke with told us they knew how to complain and would speak to staff if there was anything they were not happy about. The registered manager told us the service had a complaints procedure, which was provided to people when they moved in and was displayed in the home. We saw pictorial versions of the procedure were displayed in each of the three bungalows. Any concerns and complaints would be reported in regular quality monitoring checks and followed up by the area manager for Mencap. Staff were aware of the complaints procedure and how they would address any issues people raised in line with them. We saw there had been no complaints in the last year.

Is the service well-led?

Our findings

The service had a registered manager who had been in post since July 2015. The registered manager had clear values about the way care and support should be provided and the service people should receive. These values were based on the Mencap values of challenging, caring, inclusive, positive and trustworthy. The registered manager said she wanted to provide a person centred service in a way that maintained people's dignity and maximised independence. Staff valued the people they supported and were motivated to provide people with a high quality service. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff. Staff told us they received good support from the registered manager.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "She is a good manager, she sets the expectations and values of the service", and "The new manager is very good. She is very person-centred and is starting to make a difference".

The registered manager and area operations manager completed regular audits of the service. These reviews included assessments of incidents, accidents, complaints,

training, staff supervision and the environment. The audits were used to address any shortfalls and plan improvements to the service. The registered manager reported that the improvement plan was being used to continue the work they had started to increase choice and participation of people who use the service. The registered manager had also been working with the quality assurance team from Mencap to identify and address areas where improvements were needed.

Satisfaction questionnaires were sent out regularly asking people, their relatives, staff and professionals their views of the service. Where people were not able to complete surveys, staff completed observations in an attempt to understand people's experience of the service and what improvements they would like. The registered manager reported that once completed, she planned to share the outcome with all stakeholders and details of action taken in response to the feedback.

There were regular staff meetings, which were used to keep them up to date and to reinforce the values of the organisation and how they should be applied in their work. Minutes of these meetings contained details of guidance to staff from the registered manager as well as consultation with staff over the running of the service. Staff also reported they were encouraged to raise any difficulties and the registered manager worked with them to find solutions