

Royal Mencap Society

Cottingham Road

Inspection report

399 Cottingham Road
Corby
Northamptonshire
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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 ●

Summary of findings

Overall summary

Cottingham Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cottingham Road is registered to accommodate four people with learning disabilities; at the time of our inspection there were four people living in the home.

At the last inspection in December 2015 this service was rated good. At this inspection, we found the service remained good.

The service had a registered manager. 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.

People received care from staff that knew them and were kind, compassionate and respectful. There was sufficient staff to provide the care and support to people that they required.

People's needs were assessed prior to coming to the home and detailed person-centred care plans were in place and were kept under review. Risks to people had been identified and measures put in place to mitigate any risk.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to keep people safe from any risk or harm and knew how to respond if they had any concerns.

Staff were supported through regular supervisions and undertook training, which helped them to understand the needs of the people they were supporting. People and where appropriate their relatives 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 were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

There were comprehensive systems in place to monitor the quality and standard of the home. Regular audits were undertaken and any shortfalls addressed.

The registered manager was approachable and people felt confident that any issues or concerns raised would be addressed and appropriate action taken.

The service strived to remain up to date with legislation and best practice and worked with outside agencies to continuously look at ways to improve the experience for people.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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.

The inspection took place on 24 January 2018 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, we asked the provider to complete 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. We reviewed the completed PIR and took this into account when we made our judgements.

We checked the 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 also contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During our inspection we spoke with two people who lived in the home, two relatives and four members of staff; this included three care staff and the registered manager.

We observed care and support in communal areas. A number of people who used the service were unable to verbally communicate with us; we undertook observations of care and support being given to help us understand the experience of people who could not talk with us.

We looked at the care records of three people and staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

We observed and relatives told us that people were safe. One relative told us, "I think [family member] is safe, that is because the staff know him so well." All the staff we spoke with had a good understanding of safeguarding procedures, and knew how to report any concerns they may have. One staff member said, "I would report any concerns to the registered manager or within Mencap we have a 'speak out clearly' helpline, I wouldn't hesitate to report any concerns." All staff had received training in how to safeguard people from harm and were confident in applying the learning from this training.

Risks to people had been assessed and were reduced through their plans of care. One member of staff told us "Risk assessments are really important, especially for information like what consistency of food residents can have if they are at risk of choking." People had detailed plans of care and risk assessments to guide staff in maintaining their safety. People were encouraged to be as independent as possible and the risk management plans within the home supported this practice. Detailed guidance had been developed for staff to follow in reducing the known risks to people. Accidents and incidents were regularly reviewed to identify trends and the service had an effective system in place, which ensured senior staff in the organisation were alerted to higher levels of risk and to ensure that the appropriate actions were taken if necessary.

People were supported by sufficient numbers of staff that had been subject to appropriate recruitment procedures. One relative said, "I've never seen any issues with staffing, it is always staff we know and I can tell [relative] gets on well with them." The rotas we looked at and feedback from staff confirmed that staffing was consistent, and during our inspection we saw that enough staff were on shift to meet people's needs. People were safeguarded against the risk of being cared for by unsuitable staff. The recruitment files we viewed contained evidence that the necessary employment checks had been completed before staff commenced work at the service.

People could be assured that they would receive their prescribed medicines safely. One member of staff told us "Once I had completed my medication training I had to be observed before I was allowed to give medication on my own." We reviewed the Medication Administration records (MAR) charts for the people living in the home and found that these were completed accurately. People had detailed plans of care to guide staff in how to administer their medicines. People who required medicines to be given in food to enable them to be taken easier had authorisations in place from their GP's.

People were protected by the prevention and control of infection. We saw that all areas of the service were clean and tidy, and that regular cleaning took place. Staff were trained in infection control, and staff had the appropriate personal protective equipment to prevent the spread of infection. The service had a five star food hygiene rating from the local authority, which means that they were found to have very good hygiene standards.

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. Equipment used to support people, such as wheelchairs

were stored safely and regularly maintained.

Is the service effective?

Our findings

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).

People's capacity to consent to their care and support was sought by staff on a day-to-day basis and referrals had been made to the local authority for people who lacked capacity to consent to their care and support. One member of staff told us "I always ask the residents if it is 'okay' for me to support them, and talk to them while we are supporting them and telling them what we are doing." During the inspection we observed staff offering people choices about activities and a variety of other topics. The providers' Mental Capacity Act policy outlined the way in which formal assessments of capacity should be completed by staff and we found this had been followed. Every person's plan of care gave information on how to support each person using the least restrictive approach.

People's needs were assessed prior to them moving into the home to ensure that the provider was able to meet their care and support needs. One relative told us "I know [relative] has been living here about five years but when we chose this home the staff gathered all the information from the family and other people who looked after him in respite care." Thorough assessment of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

Staff received the training, support and supervision that they needed to work effectively in their role. One member of staff told us "When I first started working here I had a 'Mencap induction' which was all about policies and then I had an induction in the home shadowing other staff and getting to know people." We found that staff had access to regular supervision and training in key areas that were relevant to their role.

People had regular access to healthcare professionals and staff were vigilant of changes in people's health. Any changes in people's health were recognised quickly by staff providing support and appropriate referrals to healthcare professionals were completed in a timely manner. People had been supported to complete hospital passports and Accident and Emergency grab sheets to provide guidance to healthcare professionals in the event that people required medical treatment. The registered manager worked in partnership with other agencies to improve people's experience of living in the home. For example, referrals had been made to other professionals involved in people's care such as dieticians and the community team for learning disabilities to ensure people received the care they needed.

People were supported to eat, drink and to maintain a healthy balanced diet. One relative told us "The staff cook lovely meals here and it is all home cooked." We saw that easy read menus were in place to assist with people choosing meal options. People who had been assessed as being at risk of not eating and drinking

enough received the support that they required to maintain their nutritional intake. The staff were aware of guidelines that were in place by the speech and language therapy team, which set out where people had difficulty in swallowing food what consistency was required to reduce the risk of choking. People were encouraged to eat and drink throughout the day and had access to snacks and drinks.

Cottingham Road is a bungalow that has been adapted so it is fully accessible to everyone living in the home. People's bedrooms were personalised and communal areas were bright and welcoming. The garden and outside grounds were accessible to people using wheelchairs.

Is the service caring?

Our findings

People were supported by a stable staff team that knew them well. One relative told us, "All of our family are really happy that [relative] is living here, it is always the same handful of staff and they clearly know [relative] and his needs really well." Staff knew people's life history, interests and individual preferences and used this information to tailor their interaction with people. For example, staff knew that when one person made a particular noise it meant that they were unhappy with their environment. We observed on this occasion staff giving the person different options available to them and they chose to spend some time in their bedroom with sensory lights and music.

Some of the people living in the service had limited verbal communication skills. When we asked people about staff working at the service they indicated their satisfaction with positive gestures such as a smile or a laugh when pointing to a member of staff. People were encouraged to express their views and to make choices about the care and support they received. People were supported to make choices through pictures and objects of references as well as verbal communication. Staff had supported people to develop a meaningful bank of pictures of community activities and meals to enable people to make choices about how they wished to spend their time. We saw that people were able to spend quality time with staff and people responded well to the staff that were supporting them.

People were able to see what support staff were going to be supporting them throughout the day. Staff photographs were displayed at the day and time they were on duty on a rota board. Staff told us that they had time to support people and record information in people's care plans.

People were treated with dignity and respect. Throughout our inspection we observed that staff spoke with people respectfully and treated people kindly. One staff member told us, "We make sure that curtains and doors are closed and we talk to people while we are undertaking their care, explaining what is happening." Another member of staff said, "We are always aware not to speak about residents in front of other residents; I think that is really important." We observed staff knocking on people's doors prior to entering their room.

Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. Staff approached people calmly, made eye contact and held people's hand to provide reassurance. We observed many occasions where staff were on hand to provide reassurance and offer support, either physically or emotionally.

Visitors, such as relatives and people's friends, were encouraged and made welcome. One relative told us, "We can visit anytime we want, we are always welcomed." The registered manager told us that there were no visiting restrictions and relatives were able to eat meals with their loved ones.

People living at the services had access to independent advocacy and support. An advocate is an independent person who ensures that people's opinions are voiced and heard. We saw examples of how a person was being supported by an advocate and the positive difference this was making to their life.

Is the service responsive?

Our findings

People and their relatives had been involved in developing their plans of care, which provided guidance to staff in providing consistently personalised care and support. People's care records provided detailed information about their needs and how they were to be supported. This included the support people required in relation to their personal care, their physical and psychological health, finances and social needs. People's plans of care had been regularly reviewed and updated and were reflective of their current care needs. Risk management plans were linked to the care planning process to ensure people remained safe whilst their needs were met.

Staff supported people in line with their individual needs including relating to their gender and disability. This included supporting people with relevant health screening. Detailed records were kept in relation to any specific health needs. For example, one person had epilepsy and a seizure chart was kept documenting all seizures; their duration and the type of seizure, so this information could be used to identify any patterns or triggers.

People had been supported to develop personalised communication passports, which provided information to staff and other health professionals about what was important to each person in the home. For example, what people's interests were, likes and dislikes, how they communicated and what communication tools they used. The staff we spoke to were knowledgeable about the people they supported in the home and we observed that staff used their knowledge of people's life history to tailor the care that people received.

People were supported to maintain links with their family, friends and the local community. People were supported to attend community activities outside of the home such as local events, day centres, reflexology and clubs and disco's. Staff working in the home had developed a new initiative called 'Mencap buddies' which enable other services operated by the provider to socialise together and to support friendships. However, due to some people's ill health there was not any future activities planned. Staff told us that people are currently having less support with social activities than they would like, this was due to extra support that people had recently required. We spoke with the registered manager and it was confirmed that extra funding had been requested from the local authority who commission the service to provide some more hours and in the interim the registered manager had available hours to enable extra staff to be on shift for planned social events.

The provider had a system in place to manage and respond to people's complaints appropriately. Two complaints had been received since our last inspection and we saw that these had been investigated thoroughly and detailed notes of the investigations and communication with the complainant were transparent.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to

ensure people with a disability or sensory loss can access and understand information they are given . For example, People were supported through pictorial schedules with pictures and symbols that were meaningful to them. It was also clear in people's communication passports how to support a person who was visually impaired.

At the time of the inspection nobody was receiving end of life care. The staff had worked sensitively with people, relatives and other professionals to offer support to plan for future events taking into account people's wishes and this was revisited and reviewed at annual reviews of people's care and support needs.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager encouraged an open and transparent culture. They were visible throughout the home and were committed to providing people with consistently high quality person centred care and support. The staff we spoke with said there was good communication with other members of team and with the registered manager. One staff member told us, "We can go to the registered manager with any concerns or queries, I definitely feel supported." We viewed minutes of staff team meetings that were used as an effective forum to reflect upon the care and support that people had received and to identify ways to support people differently to promote their independence.

There was a system of quality assurance led by the registered manager, these included audits on medication, infection control and various other quality measures. People using the service, their relatives and staff were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Annual questionnaires were sent to relatives and pictorial feedback tools were being used to support people using the service to provide meaningful feedback. Feedback from people and their relatives was consistently positive. One member of staff said, "I have worked here for fifteen years, I'm dedicated to supporting the people who live here", another member of staff told us, "I absolutely love my job, I support great people and we all get on well as a team." A relative told us "A different family member normally completes the questionnaires but I can assure you it is all positive; we are really pleased with everything."

People were supported to be active members of the local community and the home worked in partnership with people's relatives and other professionals involved in their care. Staff prepared reports for individuals care reviews with social care funders to ensure that people received the care and support that they needed. The registered manager offered work placements to students who were undertaking health and social care courses at the local college and had also supported an apprentice care staff who became a permanent member of the staff team.

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. When a person goes into hospital the home ensured a grab sheet with all relevant information relating to the persons condition was available to the hospital staff. For example, what medication they were on, what condition they were living with, how to communicate with the person and other elements of care needs.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their

website.