Care Quality Commission

Royal Mencap Society

Royal Mencap Society - Broad Oaks

Inspection report

30 Gaul Road, March,
Cambridgeshire, PE15 9RQ
Tel: 01354 656022
Website: www. info.cdt@mencap.org.uk

Date of inspection visit: 07 May 2015
Date of publication: 01/07/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Royal Mencap Society - Broad Oaks is registered to provide accommodation and personal care for up to 30 people who live with a learning disability or autism spectrum disorder. There were 29 people living at the service during our visit. The service consists of four bungalows and two buildings housing one and two bedroom flats over two floors. Accommodation consists of single occupancy bedrooms. All bungalows and flats have communal bath and shower rooms. There are internal and external communal areas, including a kitchen/diner, lounge areas and a garden for people and their visitors to use.

This unannounced inspection was carried out on 07 May 2015. At our previous inspection on 18 November 2013 the provider was meeting all of the regulations that we assessed.

There was no registered manager in place. There was a service operations manager and the regional operations

Summary of findings

manager overseeing the day-to-day running of the service whilst arrangements were being made to fill the registered manager 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 Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. There were systems in place to assess people's capacity for decision making and, where appropriate, applications were being made to the authorising agencies for people who needed these safeguards.

People who lived in the service were supported by staff in a caring and respectful way that maintained their safety, but also supported their independence. However, there was a lack of understanding from some staff about the different ways people could communicate their choices. People had individualised care and support, which gave staff guidelines on any assistance a person may require.

Individual risks to people were identified by staff. Plans were put into place to minimise these risks to enable people to live as independent and safe a life as possible. There were arrangements in place for the management, administration and safe storage of people's prescribed medicines.

Staff took time to reassure and engage with people who were becoming anxious in an understanding and patient manner. People who lived at the service were able to raise any suggestions or concerns that they might have had with staff and the management team.

People were supported to access a range of external health care professionals and were supported to maintain their health. People were provided with adequate amounts of food and drink to meet their hydration and nutrition needs.

There were not always a sufficient number of staff employed in all areas of the service. Staff understood their responsibility to report poor care practice. Staff were trained to provide effective care which met people's individual care and support needs. They were supported by the management to maintain their skills through supervision; however most staff had not had an annual appraisal during 2014/2015.

The management sought feedback from people who lived at the service by holding residents 'house' meetings and surveys. There was an on-going quality monitoring process in place to identify areas of improvement required within the service.

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 not always safe.

People's care and support needs were not always met by a sufficient number of staff. Staff were recruited safely and trained to meet people's care and support needs.

Systems were in place to support people to be cared for safely and to make sure that any identified risks were reduced. Staff were aware of their responsibility to report any safeguarding concerns.

People were given their medicines as prescribed and there were systems in place to ensure that medicines were stored, recorded and disposed of safely.

Requires improvement

Is the service effective?
The service was not always effective.

DoLS applications were in the process of being made where appropriate to ensure that people's rights were protected. Some staff showed a lack of understanding around different ways people could communicate their choices.

Staff received training and regular supervisions but had not been supported with an annual appraisal to review their performance.

People's care and support needs were reviewed to ensure that they met their current health care and support needs. People were provided with adequate amounts of food and drink.

Requires improvement

Is the service caring?
The service was caring.

Staff were caring and patient in the way that they supported and engaged with people.

Staff encouraged people to maintain their independence.

People's privacy and dignity were respected by staff.

Good

Is the service responsive?
The service was responsive.

People were able to maintain their interests and take part in individual and group activities to promote social inclusion.

People's care and support needs were assessed, planned and evaluated. People's individual needs and wishes were documented clearly and met.

Good

Summary of findings

There was a system in place to receive and manage people's suggestions or complaints.

Is the service well-led?

Good

The service was well-led.

There was no registered manager in place.

People and stakeholders were asked to feedback on the quality of the service provided through regular meetings and surveys.

There was a quality monitoring process in place to identify any areas of improvement required within the home. Plans were in place to act upon any improvements identified.

Royal Mencap Society - Broad Oaks

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 07 May 2015, was unannounced and was completed by an inspector and an expert by experience. An expert by experience is a person who has personal experience of working with or caring for someone who uses this type of care service.

Before the inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also asked for feedback about the service from a community nurse, a representative from the local authority commissioning enhanced services and a senior social worker to help with our inspection planning.

We observed how the staff interacted with people who lived in the home. We spoke with 10 people who used the service. We also spoke with the service operations manager, regional operations manager, three managers, six support workers and a visiting professional.

We looked at three people's care records and we looked at the systems for monitoring staff supervisions, appraisals and training and four staff files. We looked at other documentation such as quality monitoring records, accidents and incidents, compliments and complaints and medicine administration records.

Requires improvement

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe living at Royal Mencap Society - Broad Oaks. People could summon help when needed because there were call bells in place throughout the service. This meant that there were safety measures in place to reduce the risk of harm to people living in the service.

In most areas of the service, we saw that although staff were busy, there were enough staff to provide support and care to people in a patient and unrushed manner. However, one of the bungalows housed five people who were supported by two staff. Two people required to be monitored whenever they were in communal areas together. We observed that this had an impact on other people living in the bungalow who experienced less interaction with staff. For example we noted that one person was seen sitting in the communal lounge with little or no staff interaction for several hours. One person told us, "There [are] not enough staff," and this was confirmed by staff we spoke with. One staff member said, "There [are] not enough staff [in the bungalow]. Not enough staff to take everyone out together. We have two people who don't get on, so we do activities at different times and watch them when they are in communal areas." We spoke with the service operations manager and regional operations manager about this. They confirmed that on assessing people's care and support needs in line with staffing levels, they had already identified that staffing levels in this bungalow were currently low and were looking at different ways to resolve this.

Staff we spoke with showed their knowledge and understanding on how to identify different types of abuse and how to report any suspicions of, or actual harm. They said that they had safeguarding training and this was confirmed in the records we looked at. Staff were clear about their responsibilities to report poor care practice. One staff member told us, "If I had a concern I would speak to my line manager." This showed us that staff knew the process in place to identify, report, and reduce the risk of abuse or harm.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who lived in the home.

People had individual risk assessments undertaken and in place in relation to their identified support and care needs. Risks included, not maintaining their own personal care, support in the community, mobility, finances and medicines. Risk assessments gave guidance to staff to help assist people to live as safe and independent a life as possible. This guidance helped reduce the risk of people receiving inappropriate or unsafe care and assistance. People who were deemed to be at risk of malnutrition or dehydration, diabetes, or epilepsy; records were kept by staff to monitor this and take action where concerns had been identified.

Staff said that pre-employment safety checks were carried out on them prior to them starting work at the home. These checks were to ensure that staff were of good character. This was confirmed by the records we looked at. This demonstrated to us that there was a system in place to make sure that staff were only employed if they were deemed safe and suitable to work with people who lived in the home.

Only one person we spoke with was able to tell us how staff supported them with their medication. They went on to describe how staff had, "Rung round the doctor all day to get my medicine." Our observations showed that staff explained that they were administering medicines to people before administration. We saw that staff only administered medicines after they had received training and they had been assessed as competent. This was confirmed by the records we looked at. There were detailed records in place for staff to guide them on why a medicine had been prescribed, any side effects and the time the medicine was to be administered. We noted that the records kept to document people's medicine administration were recorded by staff as per the provider's protocol. We saw that there were suitable facilities for the safe storage, disposal and management of medicine.

We found that people had a personal emergency evacuation plan in place and a risk assessment in place on 'how to evacuate the home in the event of a fire.' There was also an overall business contingency plan in case of an

Requires improvement

Is the service safe?

emergency. This document gave details of emergency contacts and their details. This showed us that there was a plan in place to assist people to be evacuated safely in the event of an emergency.

Requires improvement

Is the service effective?

Our findings

Staff told us that they were supported with regular supervisions and that they were a two way process in which they were supported to talk about any topics they wished to discuss. One staff member told us that they found this support, "Helpful." However, the regional operations manager confirmed that most staff had not received an annual appraisal during 2014-2015. This meant that staff had not received a regular appraisal of their performance where any development and training needs could be identified and supported. This was confirmed by the records we looked at.

Staff said that when they first joined the team they had an induction period which included training and shadowing a more senior member of the care team. Staff told us that this was continued until they were deemed competent and confident to provide effective and safe care and support.

We found that staff were knowledgeable about people's individual support and care needs. One person told us how staff were enabling them to maintain their independence. They said, "They [staff] are helping me get on my feet again, I don't want to be here forever." Staff told us about the training they had completed. Training included, but was not limited to, safeguarding, moving and handling, food hygiene, epilepsy, emergency first aid and medication administration. This was confirmed by the manager's record of staff training undertaken to date. This showed us that staff were supported to provide effective care and support with regular training and personal development.

Our observations showed that the majority of staff respected people's choice. One staff member told us that, "[You] must always look for permission from a person [before assisting them]. As a starting point assume a person has capacity." However, on speaking to some staff who supported people who were unable to communicate, there was a lack of knowledge and understanding around the different ways people could communicate their choices. When asking one staff member on a how a person communicated, we were told, "[Person] doesn't really, [person] is non-verbal." When asked to explain how the staff member would know what the person wanted they said, "We just kind of know, you get used to them." This demonstrated to us that there was a lack of understanding from some staff about the different ways people could make their choices through body language, facial expressions or communication tools. This was discussed with the service operations manager and regional operations manager who told us that they were working on developing staff understanding of the different ways people could communicate.

We spoke with the service operations manager about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that the service operations manager were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. We saw that DoLS applications were in the process of being made by the service operations manager to the supervisory body (local authority) to ensure that people's rights were protected. Staff were able to demonstrate some knowledge around MCA. However, they did not demonstrate their knowledge to us around DoLS to ensure people did not have their freedom restricted without the legal process in place. We were shown written evidence that staff training on MCA 2005 and DoLS had been booked for June 2015.

Care records we looked at were written in a personalised way about the individual. The service was currently updating and overhauling their care records to ensure that they were up to date, met people's care and support needs and in an easier format for staff to refer to when needed. They held information for staff on what made people anxious and what individual support a person may require and how staff were to respond. We saw that there were 'hospital passports' and 'medicines grab sheets' which detailed important information about the person that could travel with people in the event of an urgent hospital admission. Records showed that people's care records were reviewed on a regular basis and were completed with people using a pictorial/easy read format to aid with their understanding. These reviews were carried out to ensure that people's current support and care needs were documented.

People we observed seemed to enjoy the meals provided. However, we did observe that there were some missed opportunities for staff to encourage people to assist with the food preparation to help maintain their independence. One person told us that, "They [staff] do the cooking." We saw that people who required assistance to eat and drink were provided with support from staff. We saw that where people were deemed at risk of poor swallowing, their food

Requires improvement

Is the service effective?

had been cut into small pieces to reduce this risk. Adapted mugs were provided to help support people when needed. People's special diets were also catered for which included soft and pureed foods. Our observations showed that people were supported by staff to make themselves drinks when they wanted and that there were adequate amounts of food available. This showed us that people were supported with their nutritional and hydration needs.

People had external health care professionals involved by staff if there were any concerns about their health and support care needs. We saw that a range of different external health care professionals had provided guidance when needed, such as doctors, speech and language therapists and district nurses. This was confirmed by the records we looked at.

Good

Is the service caring?

Our findings

We saw that staff supported people in a kind and patient manner. Staff were competent in caring for people living in the service. Some staff had worked at the service for many years, so due to this consistency knew the people they had assisted well. Staff took time to support people when needed and reassured people who were becoming anxious in an understanding manner to help them settle. We saw some good examples of how staff involved and included people in their conversations throughout our visit.

People were encouraged to write down or to ask staff to write their 'feelings' in their individual feelings book. This book was a good way for people to be able to express the type of day that they have had and how they felt. We overheard that one person asked staff to note down in their 'feelings' book that the Care Quality Commission had visited the service after we had said hello to them. We saw that a more independent person was being supported by staff to make a cleaning programme for their bedroom. The person told us that they staff were helping them get on their feet again. Staff explained to us that this would form part of the person's care plan as the future goal was to move the person into a supported living service and so they needed to practice their independence daily life living skills.

People we spoke with took great pride in their rooms and were keen to show us how they had been personalised for example with their own choice of colour scheme and furnishings. Observations showed that people were dressed appropriately for the temperature of the home and in a manner which maintained their dignity. We saw that staff knocked on each individual buildings front door and wait to be invited in before entering to respect people's privacy. We also saw that people were able to shut their bedroom door if they wanted privacy within the service. One person told us that, "I like that I can come in and shut my door [bedroom door]." This meant that staff supported people to maintain their privacy and dignity.

Care records were written in a personalised way which collected social and personal information about the person, which included their likes and dislikes and individual needs. This was so that staff had a greater understanding of the person they were supporting. The care records we looked at showed that staff reviewed and updated support and care plans regularly and as needed. People were encouraged to be involved in their care planning review and this was facilitated by a monthly 'my support review'. This review was in an easy read/pictorial format to help aid with people's understanding. This helped ensure that people were provided with care and support by staff based upon their most up-to-date care needs.

We saw that people's family and friends were able to visit the service without any restrictions. People were also supported by staff to maintain consenting relationships should they wish to do so. One person told us about their partner who visited once a month, but said that they would like to see them more often but that staff had told them their partner lived far away. This fact was confirmed by speaking to the service operations manager.

Advocacy information was available for people if they needed to be supported to make decisions. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw that some people had formal legal processes in place to help them manage some of their decisions.

Good

Is the service responsive?

Our findings

People were supported by staff to pursue their individual interests. People's individual interests included playing records, and collecting memorabilia. The service had communal areas for people to sit and read or watch television. We saw that people were supported to come and go from the service as they wished with trips to local shops and restaurants as part of the outings. The service also had two vehicles on site in which to transport people further afield should they wish to do so. During our visit these vehicles were used regularly to support people to access the local community.

People were encouraged to maintain links with the local community. Several people were supported to attend a local religious service to maintain their faith. We saw that people were supported by staff so that they could vote in the general election as staff organised a trip to the polling station should people wish to vote. One person told us why it was so important for women in particular to vote and said, "Women had lost their lives, [in the past], for the right to vote."

Prior to living at the home, people's health, care, and support needs were assessed, planned and evaluated. This was to ensure people had an individualised plan of care and support in place when they came to live at the service. Care and support plans were documented to show that people had been involved in the process of agreeing their plan of care and the review of these plans. Care records showed that people's care and support needs, and personalised risk assessments were known, documented, and monitored by staff. This assured us that staff would be working with the most up to date information about a person they were supporting.

Staff said that they knew the process for reporting concerns and that they would be listened to. We saw that people asked to meet with the service operations manager and that this request was accepted. We noted that people were free to visit the building, which housed the offices, whenever they wished to for either a drink with office staff or to chat with management. We saw that written complaints had been recorded and were responded to appropriately and in a timely manner. We asked the regional operations manager about the documentation of verbal complaints raised with the service. They were unable to confirm to us that all verbal concerns raised had been documented by the previous management. The regional operations manager confirmed that they intended to put a more robust system in place that would also capture any concerns and complaints raised with the service verbally.

Good

Is the service well-led?

Our findings

The service did not have a registered manager in place. A service operations manager from another location was overseeing the service alongside the regional operations manager, until the new manager was in place. They were responsible for the day to day running of the home and were supported by a team of managers and care staff. Their role was to bring the service in line with the Royal Mencap Society policies, procedures and philosophy. This included a complete overhaul of people's care records to meet the standards the Royal Mencap Society expected.

People were heard requesting a chat/meeting with the service operations manager and these requests being accepted. We saw that people felt at ease in the building which housed the office staff and management, where they would pop in for a hot drink and a chat. Staff told us that the morale at the service was improving. One staff member told us, "There have been manager changes. [It's] been quite up and down, but now more settled. Things are moving in the right direction." Another staff member said, "I have been here [number] years, but it's been brilliant since Mencap took over." However, another staff member voiced their concerns around staffing levels, "There have been so many managers here and yet nothing ever seems to get done, we don't have enough staff." Our observations showed that people who lived in the Royal Mencap Society Broad Oaks and the staff had opportunities to talk and interact with management because they were seen to be available at the service during this visit.

Staff told us that they were free to make suggestions and raise concerns at staff meetings. One staff member confirmed that these meetings were an, "Open forum. [We are] encouraged to ask questions. [We] can discuss anything." Staff told us that the service operations manager had an 'open door' policy which meant that staff could speak to them if they wished to do so. This meant that the service had an 'open' and 'honest' culture where staff were encouraged to raise a suggestion or concern.

We saw that people had regular 'house meetings where they could discuss any topics that were important to them, such as menus and trips out. The management also sought feedback from people who used the service using a questionnaire in an easy read/pictorial format and stakeholders to improve the service. Feedback on the service was mainly positive with some improvements needed.

An on-going quality monitoring process called a 'continuous compliance tool' was in place to review the quality of the service provided. Any improvements required were recorded onto a computerised system with an action identified or action plan to be worked on with the date the action was achieved. Accidents and incidents, care records, people's finance records, were some of the areas monitored. Records we looked at showed that actions were currently being worked on as part of the services overall improvement plan. This meant that there was a system in place to review and update the effectiveness of a home's quality improvements.

The service operations manager and regional operations manager notified the CQC of incidents that occurred within the home that they were legally obliged to inform us about. This showed us that the management had an understanding of their roles and responsibilities. They told us that they received national guidance via an e-mail bulletin which meant that they had the most up to date guidance and guidelines to work with.