

Heart of England Mencap

Heart of England Mencap - 201 Drayton Avenue

Inspection report

201 Drayton Avenue
Stratford Upon Avon
Warwickshire
CV37 9LD

Tel: 01789269300
Website: www.heartofenglandmencap.org.uk

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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

What life is like for people using this service:

- People felt safe and comfortable around staff who understood their personal circumstances and how to recognise and report abuse.
 - Staff recognised the risks to people's health, safety and well-being and knew how to support them safely.
 - People had access to support from staff when needed.
 - Staff recruitment processes included a check of their background to review their suitability to work at the home.
 - People received support with the medicines. Regular checks were undertaken to ensure people received the correct medicines by staff who were competent to help them.
 - Staff understood and practised infection control techniques and had access to protective clothing to promote this.
 - The registered manager ensured people's care was based on best practice and staff had training to meet people's needs.
 - Staff training was reviewed and guidance on people's needs was also shared through supervision and staff meetings.
 - People were offered choices at mealtimes and encouraged to share ideas for their menu. Healthy options were also encouraged.
 - People were supported to attend healthcare appointments and assisted to obtain advice from healthcare professionals, which was incorporated into people's care.
 - People's consent was always sought before staff supported them.
 - People were treated with dignity and respect and their independence was promoted.
 - People and their families were involved in planning their care with support from staff.
 - Staff supported people to enjoy a range of activities which reflected people's individual interests.
 - People and their families understood how to complain if they wanted to.
 - Staff felt supported by the registered manager understood their role.
 - Relatives and staff worked together with the registered manager and families to ensure people's care was continually monitored, reviewed and reflected people's needs.
 - The registered manager and staff worked together with manager from the provider's other homes and other stakeholders to improve people's experience of care.
- We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report

Rating at last inspection: Good (07 June 2016)

About the service: 201 Drayton Avenue provides accommodation and personal care for up to 5 people with learning disabilities or autistic spectrum disorder. The service provides respite stays of varying lengths. There were three people staying at the service at the time of our inspection. There was one people living at

the home at the time of the inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well led

Details are in our Well led findings below.

Good ●

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Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: There was one inspector in the inspection team.

Service and service type: 184 Drayton Avenue is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager was currently away from the home on planned leave and another manager was in charge.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with one relative to ask about their experience of the care provided.

We spoke with the registered manager and three members of staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We also looked at records relating to the management of the home. These included systems for managing any complaints, checks undertaken on the health and safety of the home, surveys completed by people and compliments received.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People were relaxed and at ease around staff.
- Staff understood people's individual circumstances and how to keep them safe from harm.
- Staff had received training about the different types of abuse. Staff understood they could report their concerns to the registered manager and felt assured that these would be taken seriously. The registered manager understood their legal obligation to report their concerns to the relevant authorities.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing was regularly reviewed and updated where necessary.
- Information in care plans guided staff on how to support people safely.
- Staff understood how to support people safely and how to reduce the risks to their safety and health when supporting them.

Staffing levels

- People were able to access support from staff when needed.
- A relative told us they thought staffing levels were adequate and their family member told they they received the support when needed.
- Staff felt staffing levels were appropriate to support people as required.
- Recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- People received their medicines when they required. Additional pain relief was also offered to those that required it.
- Staff competency to support people with their medicines was monitored to assure the provider staff supported people safely.
- People's medicines were checked regularly to ensure they received their medicines as prescribed.

Preventing and controlling infection

- The home was clean and odour free.
- Staff had access and used gloves, aprons and hand gels to prevent the spread of infection.

Learning lessons when things go wrong

- Staff understood the importance of recording accidents and incidents and notifying the registered manager of the incidents. The registered manager analysed information to understand if changes to people's care needs was needed.

- Changes needed to people's care were shared with staff through supervision and staff meetings to reduce the likelihood of further incidents reoccurring.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: □ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were regularly assessed by the registered manager to ensure people would receive the care they required
- A relative told us they were kept updated about their family member's care.
- A relative we spoke with felt confident staff understood their family member's care needs and support was needed.
- Staff explained if specialist training was needed to meet a person's individual needs, this was provided.

Staff skills, knowledge and experience

- Staff training and competency was monitored by the registered manager of the service to ensure staff had the skills to support people correctly.
- Staff had access to regular supervision and training and received feedback on their performance both during and after their induction.
- Staff wishing to undertake additional responsibilities were provided with enhanced training.

Supporting people to eat and drink enough with choice in a balanced diet

- A relative told us their family member received choices in the food and drinks offered.
- Staff understood which people required support to eat and drink safely and ensured they received this.

Staff providing consistent, effective, timely care

- Relatives and staff felt communication at the service was good and they were kept well informed about their family member's health needs. If they required further information, this would be provided.
- Care plans we reviewed also contained information about people's health for staff to refer to.
- We saw people being supported to attend medical appointments when needed.

Adapting service, design, decoration to meet people's needs

- People had their personal belongings to hand and were reminded of special moments in their lives. These objects were used to help furnish the home.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Consent was sought before care and support was provided.
- We found people's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives, staff and other health and social care professionals.
- The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We saw people were relaxed and at ease around the staff supporting them. Staff demonstrated warmth and affection towards people and understood how to respond if people became distressed. People responded positively to staff.
- One relative told us their family member always looked forward to visiting the home and felt this was because staff were caring and understood their family member's individual needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care. People were encouraged to decide what they would like to do and how to spend their time.
- Staff spoke confidently about how they supported people. Staff understood people's gestures and behaviours and knew how people preferred to be communicated with.

Respecting and promoting people's privacy, dignity and independence

- People were supported to keep as independent as possible and where people required support, assistance was offered.
- Staff understood the importance of supporting people to maintain their dignity and promoted this when caring for people

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: □ People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People and their families regularly met with staff to discuss and review their care and amend care plans if needed, for staff to refer to.
- Care plans were regularly reviewed and updated where necessary.
- Staff were supported by the manager to explore new opportunities for fun things for people to experience.
- People's choices and decisions were listened to and their care planned accordingly.
- A relative told us their family member was offered lots of opportunities to take part and try different activities.
- Where people expressed a dislike for an activity this was not offered again.
- The provider complied with the accessible information standard by sharing information with people in a way that made it easier for them to understand, so that they could make decisions about their care.
- The home had been registered with CQC before Registering the Right Support and other best practice had been developed. However, we found the care provided included choice, promotion of independence and inclusion. People living with learning disabilities at 201 Drayton Avenue were supported to live as ordinary a life as any citizen.

Improving care quality in response to complaints or concerns

- People were encouraged to share their thoughts about their care with their Key Worker so any concerns could be acted on.
- One relative told us they had never needed to complain about anything but felt assured if they did it would be acted upon.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

- People and their families felt able to speak to the management of the service about issues which were important to them and felt assured concerns would be resolved.
- The registered manager understood and spoke confidently about people's current care needs and plans.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Staff understood how to monitor people's care so any additional support could be provided when needed. For example, if a person developed new symptoms, the person was monitored to ensure information was captured to provide the correct support.
- The registered manager understood their obligations for reporting important events or incidents to the CQC and ensured these were completed in a timely manner.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care. For example, key workers regularly checked people's care plans and ensured entries reflected people's experience of care. Staff were kept up to date about people's care through staff supervision and regular staff meetings.

Engaging and involving people using the service, the public and staff.

- People and their families felt very engaged with the service and told us they could have even greater involvement if they chose.
- Relatives felt able to speak with staff and management of the home when needed and felt their feedback would be listened to and taken seriously.

Continuous learning and improving care

- Systems were in place to review how care was being delivered at the service so the quality of care being delivered could be monitored and improved.
- Regular checks were undertaken by the manager, to ensure people were receiving the most appropriate care. This included observations of staff and monitoring staff training to ensure it was up to date.
- The provider required the manager to supply regular updates about people's care, so they could monitor the quality of the care people received. Updates included accidents and incidents, any complaints, as well as any change in people's needs.

Working in partnership with others

- The registered manager and staff worked collaboratively with other agencies to improve people's experience of care. Staff across the provider's other homes also shared ideas and worked together to improve people's care. People also accessed a number of social and leisure opportunities within the local community.