Care Quality Commission

Royal Mencap Society

Royal Mencap Society - 34-35 Huddleston Close

Inspection report

34-35 Huddleston Close
London,E2 9NR
Tel: 020 7364 3199
Website: www.mencap.org.uk

Date of inspection visit: 7 September 2015
Date of publication: 20/10/2015

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

We inspected this service on 7 September 2015. This inspection was unannounced. At our previous inspection on 3 January 2014 we found that the service was meeting the regulations that we inspected.

34-35 Huddleston Close is a care home registered to provide care, support and accommodation for up to four adults with a learning disability. The service is provided by MENCAP. There are three bedrooms in the main house, and upstairs is a self-contained flat where one person lives with support from the staff team. At the time we visited, there were three people living in the service.

The service had a registered manager, who had been in post since May 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 premises were safe, with regular health and safety checks including fire drills carried out. The service had detailed risk assessments in place to manage risks for the people who lived there, and where people were deprived of their liberty for their own safety, the service had taken appropriate steps to inform the local authority and to reduce these restrictions wherever possible.

We found detailed care plans were in place, and reviewed regularly in order to ensure that people received the right support as their needs changed. The service had procedures in place to ensure that incidents and near-misses were recorded and reviewed, and in response to these had made changes in order to reduce the risks to people who lived there.

Two of the people who lived at the service were unable to communicate verbally, and we saw that the service was using communication tools such as pictures in order to enable people to make choices about their daily lives. Staffing levels ensured that people were able to be supported to carry out activities of their own choice by being supported individually in line with their assessed needs. People's rights were respected and staff were friendly and respectful.

The registered manager was based on site, and people we spoke to told us he encouraged a culture which was open and inclusive. Staff training was regularly reviewed and made available to staff, and there were systems in place to ensure that essential training was attended regularly by staff. The registered manager encouraged feedback from staff about what they had learnt and how the service could be improved as a result of this training.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (2005) (MCA) and DoLS, and to report upon our findings. DoLS are in place to protect people where they do not have the capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others. Staff understood when a DoLS application should be made and how to submit one.

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?

Good

The service was safe. Risks to people who use the service were assessed and managed and reviewed regularly to protect people from avoidable harm.

Staff administered people's medicines safely in line with the provider's procedures. Staffing levels were adequate to keep people safe and meet their needs. The provider had carried out recruitment checks on new staff, such as confirming identity and carrying out criminal record checks

The premises were safe with regular checks being carried out.

Is the service effective?

Good

The service was effective. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Actions which could deprive people of their liberty were managed appropriately with the local authority.

Procedures were in place to ensure that the best interests of people unable to consent to their care were respected.

Staff were trained to carry out their roles in line with best practice. Care plans ensured that people's choices were respected and that people using the service maintained good health.

Is the service caring?

Good

The service was caring. We saw respectful and friendly interaction between staff and people using the service.

We saw that people's views were sought, including through the use of communication tools. People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive. People's care was personalised, and the provider had responded to changes in people's needs.

The service had changed internal procedures in response to incidents and near-misses.

The provider had an accessible complaints policy which was displayed prominently in a communal area.

Is the service well-led?

Good

The service was well-led. We observed that the registered manager had a strong presence in the service, and encouraged a culture that was open and inclusive.

Staff were well supported by the manager, and an effective audit system was in place.

Royal Mencap Society - 34-35 Huddleston Close

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 7 September 2015 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection took place, we looked at the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to CQC since the last inspection took place in December 2013.

In carrying out this inspection, we spoke to the staff including the registered manager and two support workers. We spoke with one person who lives in the service. Two of the people who used the service did not communicate verbally, so we observed their interactions with staff. We also reviewed documentation including three care plans and risk assessments, three staff files, the organisation's policies and procedures and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Staff had a good understanding of safeguarding. One support worker told us, "Safeguarding is protecting vulnerable people." Staff could tell us of signs of abuse and how these should be reported. Staff received training in safeguarding adults. We saw evidence that incidents were recorded and followed up internally and that the provider had informed CQC of incidents that had involved injury to people who use the service as required by law.

Staff knew what to do if they had concerns about their colleagues' practice. One staff member told us, "We have a whistleblowing procedure here. I'd talk to my manager if I had concerns. If he was not here I can contact his line manager or the local authority."

There were procedures in place to protect people from financial abuse. Finances for all the people using the service were managed by the local authority under the Court of Protection. We checked that people's money held by the service was recorded and that receipts were available to account for spending. The registered manager also carried out monthly audits which helped to ensure that any discrepancies were noted and acted upon.

Staff managed risks to people whilst respecting their freedom. For example, one person who used the service was at risk of falling down the stairs. A motion sensor was in place to alert staff to when this person was approaching the stairs so they could offer support accordingly, which provided a less intrusive way of reducing the risk of falling.

Risk assessments were comprehensive in their scope and staff reviewed them regularly to ensure the strategies used to manage risks met people's changing needs. Care plans were individual to people using the service and considered factors such as the benefits and harms of specific activities and included strategies to ensure that activities were undertaken in the safest way possible. We saw that specific risk assessments were in place, for example, for a holiday that took place last year, and saw missing person's cards with relevant information and a photograph had been prepared in case anyone became lost. The registered manager told us that the aim of risk assessments was "to enable people and not restrict them". We saw the provider had an audit system in place which alerted the registered manager when key documents were due for review.

Where necessary, people had positive behavioural support plans in place which provided staff with guidance about how to manage behaviour that challenged the service. These are behaviours that pose a risk of harm to the person, other people or property. The plans identified tell-tale signs that indicated a person was agitated and also some of the techniques that staff could use to avoid incidents occurring, such as diversion and distraction techniques. We saw that a spare room had been converted into a sensory room for one person who sometimes required a quiet and calm environment when they felt agitated to help them calm down. Where people displayed specific patterns of behaviour, for example during the night, guidelines were in place for staff.

We saw evidence that the premises were safe. The provider showed us records of regular checks of electrical systems and gas safety. We saw that emergency evacuation procedures were practiced regularly, and that regular checks were carried out of the fire extinguishers, call points and alarms. Staff checked the temperature of the water on a weekly basis, and took appropriate action when they had concerns.

Food was prepared and stored in a safe manner. Fridge and freezer temperatures were recorded weekly with clear guidelines on the correct temperature, and all opened containers were labelled with the date they had been opened. We saw evidence that staff had received food hygiene training. Food preparation boards and cleaning mops were colour coded and safely stored in order to prevent cross-contamination. Hand sanitiser was available for staff to use when necessary to reduce the risk of infection and the service premises were clean and free from offensive odours.

Staff had received training on administering medicines, and we observed that medicines were administered in line with the provider's procedure and in a way that suited the individual. For example, the registered manager told us one person preferred to take their tablets with yoghurt and they had sought advice from the GP on how best to do this. All files contained a medicines pen picture which gave details about the medicines people had been prescribed including the administration time. Files or records also contained the medicines policy and procedure, and a medicines risk assessment that was individual to the person. Each file also contained protocols for administering PRN medicines

Good

Is the service safe?

(medicines that are administered when required), and staff told us that they were confident about their understanding of the appropriate circumstances in which to give these medicines.

The registered manager showed us the checks they regularly carry out on medicines administration sheets, and we saw evidence that the pharmacy carried out an annual audit of medicines. This helped to ensure that any errors and discrepancies were detected. Where medicines errors had occurred, these were referred to internal review meetings, which resulted in outcomes such as the staff member receiving additional training and observations, or being removed from medicine duties. We found one signing error where a medicine had been signed for in error on the day of the inspection. The registered manager addressed this immediately.

There were enough appropriately checked staff on duty to meet people's needs. We saw evidence that the provider had carried out recruitment checks on new staff, such as confirming identity and carrying out criminal record checks. We looked at rotas which showed that two staff were on duty during the day time, with an additional staff member in place during the middle of the day to ensure there were enough staff for people to access the community with appropriate support. We observed that both residents who were at home during the daytime were able to go out separately with staff to do their own activities during the day time.

Good

Is the service effective?

Our findings

An independent advocate we spoke to described the service as "quite impressive" in how they approached people with behaviour that challenged the service, in that the service "tried very hard to look at a range of diversions and ways to manage this."

Staff and the registered manager knew what to do when a person's liberty needed to be restricted for their own safety, known as the Deprivation of Liberty Safeguards (DoLS). Staff applied to the local authority for authorisation to do this where appropriate. They had also informed us of the outcome of this application as required by law. During the inspection we spoke with a social worker who was visiting in response to the most recent application to deprive a person of their liberty for their own safety. People who were subject to DoLS were visited monthly by an independent mental capacity advocate to help ensure that people's rights were being protected.

We also saw evidence of the provider taking action to reduce these restrictions. For example, by no longer applying the restriction whilst the person was at home, and instead using guidelines for staff to manage the risks within the building. The registered manager told us he had also taken advice from the local authority on whether other areas of potentially restrictive practice would require a DoLS application.

We saw evidence that where people were not able to consent to their care, assessments of their capacity to make decisions about their support and best interests meetings had been carried out in line with the Mental Capacity Act 2005 (MCA). The provider took steps to ensure that best interests decisions were made with appropriate input from staff, other professionals and support from an advocate where possible. A support worker told us, "We have best interests meetings to make sure decisions are taken in line with people's best interests. We cannot make decisions on their behalf." Training records showed staff had been trained in the requirements of the MCA and DoLS and staff were aware of this legislation and its implications. Care plans guided staff on which factors to consider when assessing capacity, and made reference to people's ability to make day-to-day decisions for themselves and the areas where people were able to make informed decisions such as meals, activities and choice of clothing.

Staff received appropriate training for their roles. We saw a training matrix which outlined all training the provider considered mandatory such as first aid, fire safety and safeguarding. Training was also provided in topics specific to the needs of the people who used the service, such as diabetes. Staff told us that they were comfortable approaching the registered manager to request training if they needed more support in a particular area. The registered manager and staff told us they discussed how they could implement some of the learning in the service after each training session. Staff had recently attended training on managing behaviour which challenged the service, and told us about changes they had made to their practice as a result. For example, they had changed the way they recorded people's behaviours for easier analysis by health professionals. Additionally, the registered manager assessed staff competency in a number of areas, such as safer medicines administration, financial record-keeping and manual handling, and this was reassessed periodically.

New staff attended a 12 week induction which included shadowing an experienced staff member for two weeks to familiarise themselves with the service and people's needs. Induction training covered medicines, manual handling, fire safety, safeguarding adults and an introduction to the organisation. The registered manager assessed staff competency after the training had been completed. The registered manager said, "It's important for me to observe new staff supporting all the people using the service with their medicines. During the induction, staff met formally with the registered manager at least three times to discuss how things were progressing and if any extra support or training was needed.

The kitchen was large and well maintained, and the cupboards and fridge were well stocked with food including lots of fruit and vegetables. There were pictorial menu plans on the board in the kitchen which staff completed with people at the start of each week. People chose what they wanted to include in the menu plan by using picture cards. We also saw a plate diagram was in place to encourage staff to ensure a balanced meal and good portion size.

We saw that health action plans and hospital passports were in place for all people, and that these had been updated within the past year. Staff told us that they found the GP service to be accessible and the GP visited the service when people could not attend the surgery. Some

Good

Is the service effective?

people using the service were diabetic and information sheets were available for staff to refer to on the types of food that were appropriate and which foods to avoid. One person also had a food diary which staff completed for the dietitian, however we were unable to view this as they had taken it with them to the day centre on the day of the inspection. We saw records which showed staff weighed people regularly to ensure they maintained a healthy weight.

Good

Is the service caring?

Our findings

People told us they found staff friendly. We observed staff speaking to people in a friendly manner, offering them choices, asking what they would like to do and where they wanted to go. We also observed two staff supporting a person to access the community, providing reassurance and guidance in a friendly manner.

People were involved in their care. This included having an activities board and the staff on duty displayed in pictorial format. Support plans were in an easy-to-read format illustrated with photographs of the person engaged in activities and household tasks. Staff used a folder of photographs to support communication with people for medical appointments, cultural activities and concepts such as bereavement.

Staff were familiar with people's routines and lifestyle choices. The keyworker for a person who did not communicate verbally told us the person "likes going to the park or the museum". Staff told us this person had their own way of communicating, for example they "will take you to the kitchen if [they] want tea" and "will grab [their] coat if [they] want to go out".

Staff encouraged people to develop and maintain their independent living skills. Guidelines were available for staff on how best to support people when doing their laundry, tidying their rooms or sorting their clothes out. Staff told us that they maintained people's independence, for example one person's food needed to be cut up for them, however "[They] like to eat independently and is able to do so".

The registered manager told us that people either did not have the capacity, or preferred not to be actively involved in the recruitment and selection of new staff. However, he told us that prior to making a formal job offer, candidates were invited to the home so their interactions with people were observed. During our visit, the registered manager was contacted by one such candidate who was due to visit that day.

Staff spoke of the need to protect people's dignity and privacy, for example whilst dressing and carrying out personal care. We observed that the door to one person's room was closed for most of the morning, whilst the person was sleeping and whilst staff were supporting them with dressing. A staff member told us, "I shut the door, I prioritise [the person] and I do not allow interruptions" whilst supporting a person with personal care. Staff told us they supported people to go to their rooms when they displayed behaviours that may result in their privacy or dignity being compromised, and records confirmed this.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. For example, we saw evidence of monthly keyworker meetings in which the person's views were sought on their care, support and choices. Goals for people using the service were identified and monitored during these sessions. Where people were not able to communicate verbally, staff used their knowledge of the person, their behaviours and other means of communicating to record their choices.

Care plans covered a number of areas including medicines, health care, personal care, food and drink, social interests, communication, mobility, behaviour and relationships. Care plans were reviewed regularly, although this was often just a handwritten note to say when it was reviewed and any changes recorded. Support plans were written in a person centred way from the point of view of people using the service. They provided staff with information about how people communicated, things they liked and disliked, what level of support they needed with personal care, their eating and drinking preferences and also what their hopes and dreams were.

Staff altered the support they provided to people when their needs changed. For example, one person had a mobility support plan that was developed by staff in consultation with an occupational therapist and a physiotherapist, after the person had sustained an injury. This support plan included additional staffing to support the person to move around, and an alarm to alert staff when the person was near the top of the stairs. Records showed that an incident had been reported whereby the person had come downstairs without the alarm activating, and in response to this staff now checked the alarm daily. The support plan was further reviewed after the person had recovered to ensure staff were not providing too much support and restricting the person's independence.

The service had a complaints policy and procedure in place. Forms for making a complaint were available for people to use, including one in a pictorial format. We saw this was displayed in the kitchen. The registered manager told us they had not received any complaints since our previous inspection.

Good

Is the service well-led?

Our findings

People told us they appreciated the management of the service. One person said the registered manager "is a nice man".

Staff told us the registered manager was "very supportive" and "we work well as a team". They said that morale was high although the service could be challenging to work in, and that, "The manager always makes sure there are enough staff." Staff told us they felt supported by the registered manager and the rest of the staff team. For example, a staff member explained that dealing with situations where people showed behaviour which could be challenging was sometimes stressful for staff, and that they sometimes needed to take a break from these situations. Staff said, "There's enough staff in place that one of us can step away if we feel under pressure."

Staff told us that the registered manager promoted a positive culture that was open, inclusive and empowering, and encouraged their feedback on how to improve the service. The registered manager told us that after training staff sometimes told him, "I'm not sure we're doing this right, and that's great because we can improve the service."

The registered manager was mostly based in an office on the premises, and we observed good interactions between him, the staff and people who use the service. Staff told us that the registered manager was very approachable and accessible. We also saw that the provider maintained an out of hours on call system to support staff with decisions and advice outside of office hours, with information on how to access this displayed in the office.

The registered manager told us of plans to improve the service premises, including redecorating, replacing tiling in the bathroom and wardrobes. We saw that this work had been arranged with the needs of the people who lived there in mind.

The registered manager told us that the ethos of the service was to enable people. They believed that the role of a risk management system was to ensure that people were enabled and not restricted, and we could see evidence that the service as a whole was working in line with this approach.

We saw that the registered manager maintained an audit system for updating key documents and staff training, and that the registered manager encouraged keyworkers to take a lead in updating this system on a monthly basis. Staff received regular supervisions and a yearly appraisal, and team meetings were held every two months. We saw minutes of team meetings, which showed that staff used these to discuss areas of practice such as Mental Capacity, Deprivation of Liberty Safeguards and the Care Act. Staff told us that the most recent team meeting had been dedicated to fire safety, and the registered manager had toured the building with the staff team in order to highlight fire equipment and evacuation routes.