Royal Mencap Society

# Royal Mencap Society - Woodlands Residential Home

## Inspection report

Woodlands Residential Home
51A Elm Road
Thetford
Norfolk
IP24 3HS

Tel: 01842751241

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26 January 2016

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17 March 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Requires Improvement |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 26 January 2016.

Royal Mencap Society Woodlands Residential Home is registered to provide accommodation and personal care for up to eight people who are living with learning and physical disabilities. At the time of our inspection there were eight people living at the home.

There was a registered manager in place. 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.

Staff had an understanding of abuse and safeguarding procedures. They were aware of how to report abuse as well as an awareness of how to report safeguarding concerns outside of the service. Staff undertook safeguarding training providing them with knowledge to protect people from the risk of harm.

The provider had a robust recruitment procedure in place. People were supported by staff who had only been employed after the provider had carried out checks. Staff were well trained and supported by the registered manager. There were sufficient numbers of staff to meet people's needs safely.

Risks were identified through a range of comprehensive individual risk assessments to help keep people safe. Care plans were up to date, person centred and detailed in order that staff could support people in the way that they liked to be supported.

People's health, care and nutritional needs were effectively met. People were provided with a varied and balanced diet. Staff referred people appropriately to healthcare professionals in a timely manner when their support needs indicated that additional input was required.

The Care Quality Commission is required to monitor the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff had some knowledge of the MCA and DoLS. The principles of the MCA had not always been followed when decisions had been made on behalf of people who could not make them for themselves.

The registered manager demonstrated good leadership and was very knowledgeable about the people being supported at the service. Effective systems were in place to monitor the quality and safety of the care provided to people, action plans were in place where necessary. Staff were well supported by the registered manager.

We found the home was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full

version of the report.

## 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

Staff were knowledgeable about safeguarding and knew who they could report to both within and outside of the organisation.

Appropriate recruitment checks had been undertaken prior to staff commencing employment.

Risk assessments were carried out and covered a range of areas. Action was taken to reduce these risks.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective

No capacity assessments had been carried out. This meant that staff were not always acting in accordance with the Mental Capacity Act 2005.

Consent from people had not been sought with regards to listening (baby monitors) in their rooms

People were supported by staff that were well trained and supervised.

People had access to healthcare professionals to ensure they received effective care and support

### Is the service caring?

**Requires Improvement**

The service was not always caring

People's privacy was not always respected as there were listening monitors in use in people's room without consideration to their privacy and dignity

Staff working at the service were enthusiastic about the people they support

Staff were knowledgeable about individual's communication methods.

## Is the service responsive?

Good

The service was responsive

People had the opportunity to take part in a number of different activities according to their preferences

Staff delivered care that was in line with people's care plans

A procedure was in place to manage complaints

## Is the service well-led?

Good

The service was well led

The registered manager demonstrated leadership and a knowledge of the people being supported.

Systems were in place and used to monitor the care people received

There were processes in place for reporting accidents and incidents

# Royal Mencap Society - Woodlands Residential Home

**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 unannounced inspection took place on 26 January 2016 and was completed by one inspector.

Before we carried out this inspection we reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also made contact with the local authority quality assurance team to aid with our planning of this inspection.

All of the people who used the service had complex communication support needs We spoke with staff and looked at care plans to help us communicate with people who used the service. We observed how people were cared for and how staff interacted with people to help us understand their experience of the support they received. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three care staff, the assistant manager and registered manager during our inspection. We also spoke with one relative.  During the inspection we looked at three people's care records and records in relation to the management of the service including staff recruitment records, staff supervisions, complaints and quality assurance records.

Good

# Is the service safe?

## Our findings

A relative visiting the service told us, "I have never had any concerns for [relative] as I know they are well looked after and safe here." Staff told us that they knew the people who lived at the service very well and knew if there was something they were unhappy about. One staff member said, "We are all here for them [people who use the service] and we know them so well."

We saw that staff were using techniques to assist people to move that were not in line with current practice. Inappropriate moving and handling practice can lead to injury to both people being assisted to move and staff. We spoke to the registered manager on the day of the inspection who agreed to make a referral for specialist advice to ensure that the care plans provided clear guidance for staff.

Staff understood about safeguarding people from abuse. There were policies and procedures for them to follow if they suspected anyone was being harmed. Staff had undertaken training in safeguarding and this training was followed up with a written assessment to make sure they had understood the training. One staff member said, "We have all the safeguarding policies and procedures in the office. I know who to contact and speak to if concerned." All staff demonstrated that they were aware of the local authority safeguarding team. We were therefore satisfied that the provider had systems in place to reduce the risk of people experiencing abuse.

The service followed safe recruitment practices. Staff recruitment files demonstrated that, prior to the staff starting to work within the service, a disclosure and barring service (DBS) check had been undertaken (A satisfactory DBS check is required to ensure that people are protected from unsuitable prospective employees) References from the staff member's previous employers had also been sought to make sure that their conduct in their previous employment had been satisfactory.

We saw that risk assessments had been completed to cover a wide range of activities and support requirements of the people living at the service for example these covered personal care and people going out on activities. Risk assessments were reviewed regularly and updated where required. Where issues regarding people's safety had been identified, the registered manager had sought additional support for the person and staff. The provider used their own quality team to provide advice and guidance. Staff had the information they needed to support people in a safe manner and plans had been implemented with clear guidance to reduce risk.

We found that people were supported by sufficient staff. The assistant manager told us that the level of staffing was based on the number of people at home during the day, their activities and anyone who was receiving one-to-one support. Staff we spoke to told us, "Staffing has been better recently and there have been more staff." Another staff member told us, "Most of the time we have enough staff, it is not often we are short, only if they [staff] phone in sick at short notice." The registered manager told us that there had been some staff vacancies over previous months but there had been more staff recruited. During our inspection we saw that staff had time to help people in a relaxed and unhurried way. We also saw staff having time to carry out activities with people. Staff told us, "There are so many opportunities for people to enjoy

themselves and do activities." We looked at daily records of people's support and saw that they had lots of opportunities to go out and there were sufficient staff to support them.

People were supported by staff who had training in medicines administration. Staff also had their competency assessed to ensure they could do this safely. Records of medicines were completed accurately. We found that where a medication error was made, the manager followed this up with staff and reviewed competence. We also found that the manager was proactive in contacting the supplying pharmacy with any queries about people's medicines. There was nothing during our inspection to suggest that people were not receiving their medicines accurately and on time.

Records we looked at showed that a variety of health and safety checks were undertaken. There were some gaps in the weekly fire alarm testing which the registered manager was aware of and was addressing. Other health and safety checks were up to date. The registered manager told us that the information was recorded on an online system which the provider's head office could access and also monitor.

Requires Improvement

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. Therefore, staff have to work within the principles of the MCA. The 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. Where a person lacks mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The staff and registered manager told us that there were a number of people living in the service who lacked capacity to make decisions about their own care.

Care records we viewed did not contain information about decisions people could make for themselves and decisions which may require a mental capacity assessment. The registered manager told us that there were no mental capacity assessments or best interests meetings that had taken place for those people who lacked capacity to make decisions. For example, we found that one person had an additional restraint system on their wheelchair lap belt. The restraint was fixed with the intention of preventing the person from undoing their belt. Whilst it was recognised that this was for the person's safety there was no evidence within this person's care plan to demonstrate that a capacity assessment had been undertaken. There was also no information within the care plan about who had been involved in determining that the restraint was in their best interests.

We found that some people had listening monitors (baby monitors) which were placed in their rooms but transmitted sound of what was happening to the communal lounge We found that people had not been consulted with in order to determine whether they were able to give explicit consent to the use of the monitors.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had made a DoLS referral, for each of the people living at the service, to the authorising body. Authorisation had been received for three people and these were being followed, whilst the other applications were delayed by the authorising body. We noted that the registered manager had proactively been following up the applications for updates.

People were supported by staff that were appropriately trained to meet their needs. We found that staff undertook training which was reinforced with a range of competency assessments and observations of practice. Records within the staff files show that staff knowledge was tested on medication, health and safety and safeguarding. New staff undertook induction and the Care Certificate. The Care Certificate is a recognised qualification for new staff in care to assist them to be competent in their role. Staff told us that they had a good induction, were able to undertake 'shadow shifts' and did not feel pressured to work alone

until they were ready and were competent to do so. A staff member told us, "Observations of me working were carried out by the assistant manager and I could stay working with someone else until I felt ready to work alone."

Staff received supervision and guidance from either the registered manager or assistant manager. Staff confirmed they felt supported, we were told, "I have supervision in the office. It's called shape the future and we set targets and they [the managers] help us to achieve them." Another staff member told us, "I have supervision, it is regular."

We saw people being offered a variety of choices to eat and drink. We observed staff being encouraging and offering choices; staff told us that each week a person who lived at the service chose the menu for the week. A relative confirmed that this was the case, "They [relative] get to choose the menu for a week, they all take it in turns, and they can choose their favourites." Where people were at risk of choking, the advice given by speech and language therapy was incorporated into their plan of care. Staff followed this and we observed that people were being assisted with modified food and drink.

Whilst supporting people to eat and drink, we saw staff engaging in communication with people. However, we also, however, saw missed opportunities for staff to engage with people and occasions for people to be involved in their meal preparation. We saw people sitting at the kitchen table whilst staff were in another part of the kitchen preparing food as opposed to involving people. We spoke to the registered manager about this during our inspection. The manager told us that this had been highlighted in an internal provider audit and was something that was going to be addressed.

We saw staff being attentive and where people had refused all offers of food or drink this was followed up with offers of known favourite snacks and drinks at other times. We observed staff ensuring that other staff were aware of the need to offer the person additional food. A relative told us, "The meals are balanced. It's a good balanced diet, well thought out."

People were supported with their health needs. Everyone was registered with a GP surgery. We also saw that people were referred to and supported by a number of health care professionals. Records confirmed that these appointments took place and that people were well supported by staff to attend them, along with records made of the outcome of the appointment and discussions held.

Requires Improvement

# Is the service caring?

## Our findings

We found that some people had listening devices (baby monitors) which staff told us were used to help them ensure people were safe when they were in their bedrooms alone. Transmitters were in people's private rooms and broadcast the sound of what was going on into the communal lounge. We considered that this was an invasion of people's privacy. This had not been subject to proper consideration in line with current published guidance about the use of surveillance and whether other, less intrusive arrangements could be made to enable staff to monitor people.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people who live at the service were not able to verbally tell us about the care and support they receive due to their complex communication needs. A relative of a person using the service spoke highly of the care and support their family member received and told us, "I value this place tremendously. They [staff] are all so kind and lovely with everyone." We observed staff spending quality time with people, trying to engage them in activities and interact. Staff were enthusiastic about the people who lived at the service and talked about them with warmth. One member of staff said, "I love working here. I love working with the people we support." Another member of staff said, "I really enjoy working here, the atmosphere is really good and the people we support enjoy themselves."

We saw that staff knowledge of people's preferences were included in their care plans. Staff told us that they took time to get to know people and were able to contribute to care plans. Families were encouraged to be involved in the planning of people's care and support. We were told by a relative, "We had a gradual introduction to the home, [relative] could come for short periods of time to begin and I was involved in planning what was needed and how staff would support [relative]."

We saw that people had been supported to personalise their bedrooms to a high standard. Their bedrooms contained photographs, pictures and other items that made it individual. In communal areas there were a variety of photographs and pictures of activities and events that people who lived at the service had taken part in.

There was a lively atmosphere in the service. Several people used a form of communication where they chose to repeat sounds and tones to a staff member. We saw one occasion when a person initiated this form of communication. A staff member recognised this and responded by echoing the sounds back. This appeared to cause much delight to the person who smiled and engaged in eye contact with the staff member. We also observed staff crouching down to people's level to talk to them and spending time with people, engaging with them. In contrast, on occasions we observed people being moved in their wheelchairs with no prior communication from staff. We spoke to the manager about this on the day of the inspection who said that this would be discussed with staff.

We saw someone being assisted with their lunch. The member of staff providing the support was very

encouraging in their support and in promoting independence which resulted in the person using their own skills to assist themselves with their meal. We also saw staff being patient and calm, offering choices of food and giving people chance to respond.

The registered manager told us that no one currently needed to access an advocacy service; however the service was trying to access one that could be used if needed. Advocates are people who are independent of a service and support people to make decisions and communicate their wishes and views.

People were able to have relatives and friends visit them whenever they wanted. On the day of our inspection a relative visited in the morning. We saw that staff facilitated this visit and made the relative welcome. We were told by a visiting relative, "I am always kept informed, they [staff] ring and tell me. I don't always tell them I am coming, sometimes I just turn up. It's always good, I feel very lucky."

Good

# Is the service responsive?

## Our findings

The service had a complaints and compliments file in use. We noted that there had been one complaint received, nearly a year ago. This complaint had been thoroughly investigated and a report and action plan produced as a result. Staff told us that people required staff or their relatives support to raise concerns. A relative we spoke to told us, "I have never had any concerns, but if I did I would know who to speak to. They [the registered manager] are very receptive to anything".

People had the opportunity to take part in a number of activities. On the day of our inspection there was a puppet show for people which the staff acted out. There was also a painting session and later in the day a lively music afternoon where an external performer came in. People who lived at another service nearby also came to join in. During the music entertainment there was a vibrant atmosphere with people singing and dancing. We saw staff ensure that everyone had a variety of refreshments. There was a friendly and inclusive atmosphere.

Staff told us that people undertook a lot of activities. One staff member said, "They [people who use the service] are always out and about, bowling, cinema, pub and other places. We are already planning this year's holiday too." Another staff member told us, "We get to do loads of activities with people." Other activities such as using a local sensory facility were planned. We noted in one person's care plan that they enjoyed swimming, and this was one of their goals. We asked staff when this person had last had an opportunity to go swimming and they told us it was last summer, however they would be focussing on planning this again.

Care plans were detailed and focused on the individual needs of each person. There was information in relation to the person and how they liked to be supported. We found detail included in the plans such as 'what is important to me'. Care plans contained information about how people communicated and the unique ways to them in which they could express themselves. When we asked staff about the people they supported, the information they told us matched the information in the care plans.

Hospital passports and plans were in place. Hospital passports provide clinical staff with information. This meant that if people needed to go to hospital, they had additional and clear information that they could take with them to promote effective communication.

We saw that people were offered choices about what they wished to do. One person indicated that they were tired and wanted to go to their room. Staff supported them to do so. We saw that staff helped people regularly with personal care and were responsive to people indicating that they required assistance. Staff told us that people could go to bed when they wanted to and that assisted them when they chose to go.

We saw staff being responsive to people's needs. We observed that one person did not wish to be included in an art activity taking place due to their relative visiting shortly. Whilst they were waiting for their visitor we observed staff ensuring that they still had something to do. Staff offered them a drink and spent time with them whilst balancing their input into the art activity with other people.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post at the time of this inspection. Our observations showed that the registered manager interacted positively with people. A relative told us, "The manager is very empathetic with people. It's not only about paperwork. They [the registered manager] are very approachable and conscientious."

Staff we spoke to told us positive things about the manager, they felt they could go to them at any time if they had a concern about people's care and felt they were well supported. One staff member told us, "The manager is supportive, always there to listen when you need them to. Always makes time for us and they are brilliant with the people we support too." Another staff member told us, "The management is awesome, couldn't help us more."

The registered manager was very knowledgeable about the people who lived in the service. The manager knew about people and their individual communication methods, healthcare support needs and their likes and dislikes. We observed the registered manager interacting with people, spending time with them and talking to them.

There were staff team meetings held monthly. We saw from the records of these that a range of topics were discussed and that open communication was encouraged. We saw that during the meetings there were opportunities for staff to contribute and also for the manager to discuss service delivery issues and people's support needs. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in an effective and responsive way.

The registered manager and team completed a number of checks and audits on a weekly basis. We saw evidence of these checks, such as medication audits and fire system weekly checks, being carried out. We noted that these were not always completed to the provider's schedule. There were some gaps of several months in medication audits. In addition there were gaps of up to 14 days between fire safety checks. The audits had also not picked up the issues around consent which we identified during our inspection. When we spoke to the registered manager they agreed to take immediate action to address these issues. We found in other areas that paperwork and checks were completed on time. Care plans were up to date, risk assessments had been reviewed and all staff had been supported to undertake an appraisal.

We saw the online auditing system that the registered manager completed. This was a detailed system which supported the management team to ensure people's records were up to date and audited. We saw that a range of areas were covered by the audits such as people's healthcare appointments and when they were due for routine checks, nutrition and speech and language therapy referrals due and performance management amongst others.

A quality assurance process was undertaken centrally by a representative from the providers head office. A questionnaire seeking feedback about people's care and support was sent out. A relative we spoke with confirmed they were contacted annually by the provider to request feedback. We were told, "I am asked for

feedback by Mencap." The registered manager was not aware if an action plan was developed as a result of the feedback gathered.

We reviewed accident and incident records, and saw that each incident and accident was recorded with details about any action taken and learning for the service. Accident and incident records were also submitted online to the provider head office. Trends of any accidents and incidents occurring were fed back to the manager. We saw that as a result of a number of accident and incidents which occurred, action was taken to make sure that any risks identified were addressed including further guidance for staff where appropriate.

The registered manager was aware of the requirement to inform the Care Quality Commission of events or incidents which had occurred at the service. The Commission had received appropriate notifications which helped us to monitor the service.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA RA Regulations 2014 Dignity and respect<br><br>The use of listening monitors in people's bedrooms that broadcast into the communal lounge without consideration of the impact on people's privacy and dignity. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>The principles of the Mental Capacity Act were not being followed as assessments on capacity to make decisions were not completed |