

Royal Mencap Society

Royal Mencap Society - 7 Lingdale Road

Inspection report

West Kirby
Wirral
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This comprehensive inspection took place on 20 June 2016. 7 Lingdale Road is registered to provide personal care for a maximum of seven adults with a learning disability. The home is a three storey, detached property located in a residential area of West Kirby, Wirral. It is close to local shops and transport links to all parts of Wirral, Chester and Liverpool.

The home required a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in place who had been in post since December 2015.

We saw that some of the communal internal and external areas in the home looked tired, shabby and in some disrepair and would benefit from re-decoration. We noted that the manager was in the process of implementing improvements needed in the home and we saw an improvement in the systems that had been prioritised.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to in the home. The manager told us of the people at the home who lacked capacity. We found however that the appropriate Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care.

The people living in the home were able to express themselves and were able to choose the way they spent their day. They were taken to activities outside the home and encouraged to keep family connections by visiting family where possible.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime, these options had been chosen by the people who lived at Royal Mencap Society, 7 Lingdale Road.

We found that staff were well trained and supported. They were able to demonstrate skill and competency in their knowledge about autism and the support people required. The people who lived at the home were clearly happy with the support that staff gave them and there was a good rapport between them.

We checked the medication cabinet which was stored in the main office. We saw that medication was given as directed and stored appropriately. We talked with staff who were able to demonstrate their knowledge of safeguarding and were able to tell us how to report abuse.

Each of the people's bedrooms had been personalised by the people who lived in them and those who were able were able to lock their bedroom doors, choose who entered their rooms and go in and out of the front

door freely.

Care records, risk assessments, staff records and other documents relating to the running of the home, were well-kept and up-to-date. Each person living at the home had a personalised care plan and risk assessment.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. Staff received regular training and supervision to enable them to work safely and effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Some of the communal internal and external areas in the home looked tired, shabby and in some disrepair and would benefit from re-decoration.

Medication was safely managed in the home.

Safeguarding procedures were in place and staff knew what to do in the event of an allegation. People told us that they felt safe.

Is the service effective?

Good ●

The service was effective

The requirements of the Mental Capacity Act (2005) had been fully implemented to protect people's rights.

All staff received appropriate induction, supervision and appraisal and had continued to be trained according to the needs of the people they supported.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs.

Is the service caring?

Good ●

The service was caring

Staff showed that they have a good relationship with the people they supported.

Confidentiality of people's care files was evident.

Families and people living at the home said there was no limitations on visiting.

Is the service responsive?

Good ●

The service was responsive

The complaints procedure was openly displayed and service specific.

People who lived in the home had a support plan which appropriately reviewed and reflected their needs.

People had prompt access to other healthcare professionals when required and this was fully documented.

Is the service well-led?

Good ●

The service was well led.

The service had a manager who was registered with the Care Quality Commission.

The registered manager was clearly visible and staff said communication was encouraged.

The service had up to date policies in place.

Royal Mencap Society - 7 Lingdale Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 June 2016 and was an announced visit. The provider was given 24 hours' notice because the location provides a service to adults with a learning disability we needed to be sure that someone would be in.

The inspection was conducted by one adult social care inspector. We asked for information from the local authority quality assurance team before the inspection. We also looked at our own records, to see if the service had submitted statutory notifications and to see if other people had sent us feedback on the service.

During the inspection we were able to talk to two people who lived in the home and observed the support of staff. We talked with the two staff members on duty. We also talked with the registered manager and the deputy manager. Later we telephoned relatives of the people who used the service and professionals involved in their care to get their views about the service. We were able to speak to three family members.

We observed the provision of support for the majority of people who lived at the home. We reviewed a range of documentation including three care plans, medication records, and records for two permanent staff and one volunteer staff, policies and procedures, auditing records, health and safety records and other records relating to how the home was managed.

Is the service safe?

Our findings

People who used the service said they felt safe when supported by the staff. One person told us, "Yes I feel safe here". We also asked families of people who lived in the home if they felt their relatives were in a safe environment, one relative told us "Oh yes, definitely safe".

Policies and procedures were in place for safeguarding vulnerable people from abuse. We saw that staff had received training in safeguarding adults and they were able to tell us what to do to both prevent abuse and to report it should it occur. The induction training for staff included training in safeguarding and staff received regular updates.

We looked at staff personnel files including permanent, volunteer and relief staff. All of the files we looked at included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment.

We looked at the electronically held staffing rotas for May and June 2016 and saw that the same relief staff were used when needed. The registered manager explained that this was good for continuity of care and staff familiarity with people's needs. Staff who worked in the home also acted as the keyworker for one person. A keyworker is a staff member who takes a special interest in the person they are supporting, They take particular interest in their person's welfare and wellbeing.

We looked at the risk assessments in the care files of three people who lived in the home. We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk. Risk assessments had been completed with regard to, mobility, falls, behaviour/mood and vulnerability to types of abuse. We saw that these were up to date and the people who used the service or their relatives had been involved any risk assessment reviews.

As we were walking round the home we saw that home was in need of some repair, we noted that this had been identified in a refurbishment plan. This action plan was obviously being adhered to by the registered manager. We also saw that some areas in the home looked dirty, the registered manager arranged for the building to be deep cleaned following the inspection.

We looked at maintenance records which showed that regular checks of services and equipment were carried out by the home's maintenance person. The gas safety certificate was issued in August 2015 and the electrical systems certificate was issued January 2014, this meant that they were valid and up to date. We also saw that checks had been carried out for emergency lighting, fire alarm, fire extinguishers and that the water temperature had been regularly checked. The home had not had a recent Legionella assessment or fire risk assessment carried out at the time of the inspection but the registered manager arranged for this to be carried out immediately following our visit.

Medication was administered via a monitored dosage system supplied directly from a pharmacy. We

inspected medication storage and administration procedures in the home. We found the medicine cupboard was secure and clean. We saw that the staff had received medication training so that there was always a competent staff member on shift if medication needed to be given on an as and when required basis (PRN medications).

We saw that accident records were completed in full and these were used in the support of an individual. Personal emergency plans were in place to advise staff and the fire brigade on how people should be evacuated safely in the event of an emergency situation.

Is the service effective?

Our findings

People who lived at the home and the relatives we spoke with considered that the staff were well trained. When we looked at the electronically held training matrix we found that this showed us the training that had been received included first aid, moving and handling, fire safety and Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). One staff member we spoke to told us how helpful they had found the mental capacity training and how it had impacted upon their understanding.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was working within these principles.. The registered manager was aware of the needs to have all those people needing Deprivation of Liberty Safeguards (DoLS) applications to be completed. The service had been able to show how they had identified a least restrictive option by asking a person to have a mobile phone each time they went out in case of emergencies. This meant that the person was able to come and go as they pleased but was able to call for assistance if needed.

We saw that new staff was registered for the new 'Care Certificate'. This was a training programme accredited by Skills for Care for use in staff induction programmes. We also saw that new volunteer and relief staff also attended an induction programme. The staff induction programme included providing staff members with information on each of the people living at the service. This ensured every person who lived in the home was able to have their needs understood by any new staff from the start of staff employment.

Supervisions and appraisals had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

We observed that people participated in preparing meals and were able to access the kitchen area for snacks when ever they wanted. The home had involved the people who lived at the service in the planning of the menus. As there were seven people living at the service each person chose a meal for a specific day. One person we spoke to told us "Yes you chose what you eat, I like salads and I get them".

With people's permission we were able to see people's rooms and noted that everyone who lived at the home had been able to personalise their rooms. Each bedroom had en-suite bathing facilities and there were communal bathrooms available on each floor. The upper floor was a self contained flat that was used

by a person living at the home. We saw that the external grounds had rubbish in it including a mattress and an empty gas cylinder. The registered manager actioned this and the grounds were cleared of all rubbish following the inspection.

One relative told us that about how the service had done all it could to ensure a person could return from hospital by putting adaptations such as stair lift and temporarily changing the persons bedroom to a lower floor. This person returned to the service following our inspection.

Is the service caring?

Our findings

We asked people and relatives whether the staff were kind and caring. One relative said 'Yes, I think they are'. Another person told us, "The staff are very approachable and fantastic". All the people we spoke with told us that the staff treated them with dignity and respect and we were told by one person that, "I like it here".

We asked people if they could express their wishes and if they had support to help them make decisions about their care. We observed that people did make choices and decisions about their lives and we saw that staff respected these decisions, for example people were able to choose when they wanted to go out and where.

We observed staff on duty and saw that they knew people who lived in the home well. We saw that staff communicated with people and met their needs in the way each person wanted. We saw the registered manager, deputy manager and staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred and staff were seen to have a good knowledge of each person and how to meet their needs. Staff used communication strategies appropriate for individuals, for example use of language and mannerisms.

We saw how people's independence was supported as people were able to go to local shops when they wished. We looked at care plans that documented personal outcomes that had been identified by either the person or families and how they were to be achieved. During our visit we saw that people moved about the house as they wished.

We asked if people could have visitors at any time, all told us they could. We also asked relatives about visiting and was told by one relative "Oh yes I visit at anytime".

We asked relatives if there was communication between them and staff at the home. They felt they were kept informed of any issues. All said yes, one person said "There's definitely open communication, I'm always consulted".

We observed that confidential information was kept secure in the main office.

Royal Mencap had a service user guide in place that gave people a good range of generic information regarding the service that was provided. Royal Mencap 7 Lingdale Road had added information specific to the service. This meant that people had information about the corporate providers responsibilities as well as the individual service delivered by the specific location.

Is the service responsive?

Our findings

People and relatives we spoke with said that they considered that the support provided was personalised. People told us they were able to choose what time they went to bed at night and when to go out. One relative told us about how the person who lived at the home went swimming. Relatives also told us about the holidays that had been organised and enjoyed by the people living at the home. Another relative told us that since the person moved into the home it was "Like a new lease of life for them, I was so happy the social worker found this home".

The care plans we looked at contained information about the support people needed. This included information and guidance relating to the management of issues that affected people's finances, physical health, mood and behaviour. The care plans provided staff with clear guidance to follow when giving support and care and that they were regularly updated when changes in a person's health and well being occurred. We also saw how the service had identified a walking aid would enable one person to feel more confident when going out into the community alone. This meant the person could keep their independence. The service had also accessed a volunteer service that helped with enhancing a person's self esteem and confidence when going out alone.

We saw "About Me" information and "Important things to do" documentation. This identified those things that were important to the person and strategies to be employed by staff to ensure these were supported. These were reviewed according to the home's policy and were audited by the manager, and we saw that signatures of the people they were about were recorded to say that they had been involved in the review of the care plan. We observed people during our visit and saw that each care plan was reflective of the person it was written about. We also saw how there was a keyworker system in place.

We asked the people who lived in the home and relatives if they knew who to complain to and if they were comfortable to do this. All said that they would be happy to approach the staff and the manager. One relative told us "I'd go to the manager, she's a lovely girl". A person living at the home told us "I like it here".

We saw that there was an 'easy read' complaints procedure that had been developed by Mencap to help people with communication difficulties to understand how to make a complaint. We identified that this was not service specific and did not have the information in it needed for people to be able to make a complaint to Lingdale Road. Following our inspection the registered manager adapted this and the complaints information now has the appropriate contact information. We saw that this information had also been made available at the entrance of the home.

We saw that the service held regular monthly residents meetings. We asked the people who lived at the home if they felt listened to and we were told "Yes". We were told by one person, "I feel I can talk in meetings".

We saw that people had prompt access to medical and other healthcare support as and when needed. This was fully documented in people's care plans and included, psychiatry, G.P, dentist, dietician and chiropody.

appointments. We also saw that family members were kept fully informed, one person told us "If there's any problems [name] is taken to the G.P. or hospital". This showed us that people's health needs were catered for in a timely manner.

Is the service well-led?

Our findings

People and relatives who we asked thought that the home was well run. Most of the people we spoke to knew who the manager was. One relative told us "[Manager] has been like a breath of fresh air to Lingdale Road".

The service had a registered manager and a deputy manager in post. We spoke with the registered manager and they were open and honest and told us that they recognised that the home needed to improve some environmental issues and that they were committed to the work required.

The registered manager showed how their knowledge in health and social care was kept up to date by attending meetings, conferences, by enrolling on a level 5 health and social care qualification and by attending all other training that was relevant to their managerial role. We saw that personal development was encouraged through the home. We saw that the registered manager had also received an appraisal by higher management in Royal Mencap. This showed that they were supported in their role.

It was obvious that the registered manager was well known to the people living in Royal Mencap Society, 7 Lingdale Road. Staff were able to tell us that they had a good relationship with the manager and this was positive and supportive. One staff member told us that the manager was "Completely approachable". We saw records of supervision which evidenced the support and relationship that staff received. We were told by all staff that the manager held team meetings regularly and we were able to see meeting minutes that showed staff were able to air views and make comments about the service.

We asked relatives if they had been asked to complete any satisfaction questionnaires. These were sent out by the service and were then returned to the head office. We were told yes by the majority of relatives. We asked to see examples of these and we saw how the service had acted on any comments received, an example being that a relative wanted their family member to do more away from the home. This person now has additional weekly events that they attend. We were also able to see how someone had been able to complete travel training following feedback from a questionnaire.

The home had systems in place to assess the quality of the service provided to the people who lived there. This included medication, health and safety incident, accident and falls audits. There was also an electronic system known as a compliance checklist tool. This highlighted processes that needed updating, examples being support plans, risk assessments and meetings needing to occur.

We saw from the documentation in the care plans and other records that there was good communication with other professionals. We saw that policies and procedures were up-to-date and other documentation, such as medication records, fire and other health and safety checks had been regularly completed and updated. The registered manager acted on the findings from the inspection immediately following the visit.