Royal Mencap Society

Royal Mencap Society - 5 Saunton Gardens

Inspection report

5 Saunton Gardens
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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

Royal Mencap Society 5 Saunton Gardens provides accommodation and support for up to five people. Five people of similar ages who live with a learning disability or autism lived at the service at the time of our visit.

The service had 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.

The registered manager is also registered to manage another Royal Mencap Society service in another town a short drive away. The registered manager told us they spend two days each week in each service and another day each week at the provider's local office base.

The service is a detached house in a residential area between Farnborough and Frimley towns. Each person had their own room either on the ground floor or first floor and shared a communal lounge / dining room, kitchen, bathroom or shower room and garden.

People were safe because staff understood their role in protecting people, had been trained to recognise signs of abuse and how to report any concerns.

Risks to people had been identified and action had been taken to reduce any risks. For example, robust processes were in place to minimise the risk of financial abuse which we saw in practice.

Although there was a small staff team, sufficient numbers of staff were available to meet people's needs including their social and leisure needs.

People's medicines within the service were not always managed safely. One person's medicine which may be needed in an emergency situation was not always taken with them when they went out and some staff had not been trained to administer it. This meant the person may not receive the medicine when it was urgently required. The stock of some topical medicines was not used in the order of supply which risked them becoming out of date or deteriorating.

Staff had undertaken a range of training to enable them to carry out their role in supporting people. This included first aid, fire safety, medicines and safeguarding of people at risk. Training to meet people's specific needs such as awareness of epilepsy and autism had also been undertaken to enable staff to provide effective support.

People's consent to support and care was obtained in line with guidance about the Mental Capacity Act 2005 and the law. Staff offered people assistance when needed and waited for the person to respond with their choice or decision. People's choices were respected.

Support was provided to enable people to have a balanced diet and to have enough to eat and drink. People and staff planned weekly menus together and pictures of food or meals were used to support some people's understanding and to help them make choices.

People were supported to access a range of healthcare services to promote their health and in response to any changes in their health. These included GP's, dentists, opticians and hospital specialists.

There was a friendly, family style atmosphere in the service and people were relaxed and comfortable in the company of staff. People had access to all areas of their home including the study / office and one person made frequent visits to the study to speak with the registered manager or whoever was using the room.

Some of the people using the service were able to express their views about the support they received or would prefer. Other people were more reliant on staff understanding their method of communication, such as their facial expressions or their body language and we saw this in practice.

People's privacy and dignity was respected by staff. Staff did not enter people's rooms unless invited and always knocked before entering. Staff promoted people's privacy by encouraging people to change their clothes in the privacy of their bedroom or the bathroom for example.

Support was provided in a way that met people's needs, including their changing needs. When one person's mobility needs changed for example, they were provided with a downstairs bedroom to safeguard them from having to use the stairs.

The registered manager told us that the service had not received any complaints, and the provider organisation did have a feedback and complaints management system if needed. The registered manager said that she and the staff had regular communication with relatives of people using the service and would discuss and address any issues then if they arose.

It was clear that the registered manager and staff created an open, inclusive culture within the service which put people who use the service first. Staff told us they did whatever they could to ensure consistent support for people, including occasionally working on their day off, to cover if a staff member was unexpectedly absent.

The service was well led and managed by an experienced registered manager who empowered their staff to manage the service effectively in their absence on the days they did not work in the service.

The quality of the service provided was monitored by the provider through regular visits by an area operations manager, annual audits by a member of the provider quality team and annual financial audits. Quality assurance surveys had also been supplied to people and their supporters and many positive responses had been received.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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?

Requires Improvement

The service was not always safe.

People were supported by staff who had been trained to recognise signs of abuse and how to report any concerns about abuse.

Risks to people had been identified, assessed and recorded. Actions to minimise risks to people were provided as guidance to staff.

People were supported by a small team of staff and enough staff were on duty to meet people's needs.

People's medicines were not always managed safely in the service. One person was not always provided with a medicine when they went out which may be needed in an emergency. Stocks of some topical medicines were not used in the order of supply.

Is the service effective?

Good

The service was effective.

People received support from staff who had received training for their role and to meet people's needs.

Support was provided with people's consent as required by legislation. Staff understood the different ways in which people would indicate their consent.

People were supported to have their choice of food and drinks and to maintain a balanced diet.

People were supported to maintain their health and to access appropriate healthcare services if their health needs changed.

Is the service caring?

Good

The service was caring.

Caring relationships had been developed between staff and

people using the service. People were seen to be relaxed and comfortable with staff.

Support was provided in a way that enabled people to make decisions about their lives such as when to get up, what activities to participate in and how to spend their time. Where needed, an advocacy service was involved to support people with their choices and decision making.

People's privacy and dignity were respected by staff and staff encouraged people to respect each other's privacy. People were able to lock their bedroom doors if they wished to.

Is the service responsive?

Good

The service was responsive.

People were supported in a person centred way and their support was planned to meet their individual needs.

When a person's needs changed the service had responded by making changes to meet their new needs.

No complaints had been made as staff had regular communication with people's relatives and addressed any issues if they arose.

Is the service well-led?

Good

The service was well led.

An open, inclusive culture was present in the service. The service was person centred, people were at the heart of the service and were put first.

An experienced registered manager provided leadership, support to people and guidance to staff.

The provider had systems in place to monitor the quality of the service to ensure improvements were made when needed.

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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 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.

The inspection took place on 17 & 18 May 2016 and was unannounced. The inspection was carried out by one inspector as during our planning we identified this was a small service and that people using the service may find a number of unknown visitors unsettling.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke and interacted with five people and after the inspection we spoke with three people's relatives. Not everyone was able to share with us their experiences of life at the service. Therefore we spent time observing staff interactions with people and the support that staff provided. We spoke with three support staff and the registered manager.

We reviewed records which included two people's support plans, two staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected in April 2014 and no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

Two people told us they felt safe and relatives agreed saying "We believe he feels safe."

From speaking to staff it was clear staff had received training to protect the people they supported. Staff understood their role in keeping people safe from abuse and knew what their responsibilities were in reporting any concerns. Staff were knowledgeable about the types of abuse that may occur and were aware for example that they should record and report any unexplained marks or injuries to people. Staff training records confirmed that all staff had received training in safeguarding people at risk of abuse within the past year.

Risks to people were recorded in their support plans and these had been assessed and measures had been put in place to guide staff in reducing or minimising risks to people. For example risks relating to personal care, medicines, going out in vehicles, of behaviours that may challenge others or a person leaving the service without support had all been assessed. The assessments guided staff to be aware of signs that may indicate an increased risk and what actions they could take to reduce the risk to ensure the person's safety was promoted. For example it had been recorded that one person disliked crowded, busy places which may have a negative impact on their behaviour so staff were aware to support the person to quieter shops or restaurants to ensure their safety.

The provider had a robust recruitment process in place to check staff employed were suitable to work with people and the required records had been obtained. This involved prospective staff completing an application form with their full employment history, an interview with notes taken and a written exercise which also tested the applicants financial and numeracy skills. The identity of applicants had been checked along with their entitlement to work in the UK. Two references had been obtained and a Disclosure and Barring Service (DBS) check (which has replaced the previous Criminal Records Bureau (CRB) check) had been carried out to ensure applicants were suitable to work in the service. We reviewed the recruitment records for two members of staff who had been most recently recruited. The required checks and records had been carried out and obtained for both staff.

We saw during our visits and from the staff rota that enough staff were available to support people's needs, including their social and leisure needs. During our visits people went out to a range of planned activities and appointments. One person took part in a regular carriage driving session and another person went out with a member of staff to an optician's appointment.

We were provided with copies of the staff rota for a four week period. This recorded the hours that staff had worked and how any gaps in the rota had been covered. Staff had told us that they tried to cover gaps in the rota between themselves if possible to ensure consistent support for people. We saw a small number of occasions on the rota when staff had changed their shifts to ensure adequate staffing cover.

The registered manager told us that occasionally they had needed to use agency staff to cover shifts. On these occasions they had used the same three agency staff who were known to people to ensure the

support provided to people was consistent.

The majority of people using the service had prescribed medicines and were supported by staff with these. Medicines were securely stored in the service and a monitored dosage system (MDS) with blister packs was in use. People's medicines were recorded on medicine administration record (MAR) charts. We checked the amounts of medicines received into the service, the amounts that had been recorded as administered on the MAR and the balance in stock and these accurately matched. This indicated that people had received their medicines as prescribed. Any unused medicines were returned to the pharmacy and a record was maintained. A record was also maintained if people took their medicines out when they went out with family or friends to ensure medicines were accounted for. Staff training records confirmed that all staff had undertaken a medicines competency observation update in the last year.

One person occasionally required a medicine to be administered in an emergency to prevent their condition deteriorating. The registered manager told us that two staff had been trained to administer this medicine but other staff would need to call an ambulance if the medicine was needed so that ambulance staff could administer it. Staff told us that in practice an ambulance had been called on the very few occasions the medicine had been required. Although staff told us the person had received the medicine whenever needed, this practice did not match the detailed guidance for the administration of this medicine which was included in the person's support plan. This may cause confusion for temporary staff working in the service such as agency staff or new staff and may prevent the person receiving the medicine when needed.

Two doses of the above medicine were not held with the bulk of the stock. The registered manager told us that these were kept separately for the person to take out with them in case it was needed. We found the two doses in another secure cupboard but the person was out at the time and had not taken the medicine with them. This meant that in the event of an emergency there was a risk the medicine might not have been available to them. The registered manager told us they would speak to the person's doctor to see if an alternative emergency medicine that was available would suit the person's needs. This would be better for the person as it could be more readily administered.

Additional stocks of some prescribed items were stored in a metal box in a locked cupboard. The stock was all within the stated expiry dates but some topical items had been supplied two years ago and there was a risk that they may become out of date or deteriorate. The registered manager told us that the supply had not been used in the correct order and they would review the stock and address the issues with staff.

The provider's failure to ensure all staff had received the relevant medicines training required to support all people with their medicines and that medicines were always available to people as required and in date were breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The locked cupboard which was only accessible by staff, was also used to store a mixture of other items including food such as fruit, biscuits, chocolate as well as a vacuum cleaner. Some of the food items in the cupboard had previously been opened but were not in sealed containers to prevent them spoiling or being affected by pests. The registered manager said these foods were used by people and they would review the storage to ensure foods were stored more appropriately to ensure people were not provided with unsafe foods.

Good

Is the service effective?

Our findings

People received effective support because staff had the knowledge and skills to carry out their role. Staff had received an induction into their role and the service. They had also received training to protect people's health, safety and welfare including first aid, fire safety, safeguarding people at risk and medicines management. Training had also been provided to meet people's individual needs such as epilepsy awareness.

Staff told us they received regular supervision with their line manager to provide the opportunity to discuss their role, development needs and other aspects of their work or performance. A list of planned supervision meetings was displayed in the office.

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 registered manager told us they had received two days training in the MCA. Managers have asked the organisation if the same training can be provided to all support staff to deepen their understanding of the MCA as they provide the day to day support to people. From speaking to staff on duty during our visits it was clear they understood the principles of the MCA. Staff said they knew they should presume people had capacity to make their own decisions unless they were assessed as not having capacity.

Staff told us they asked people for their consent before providing support and we saw this in practice. Staff offered people support with personal care and they acted according to the person's choice and response. Some people were able to give their consent verbally but others used facial expressions, body language or actions to indicate their consent. For example one person led staff to the bathroom to indicate that they wished to have a shower.

We saw from staff training records that four of the six support staff had received training in the MCA just over a year ago. Two more recently recruited staff had not yet received specific MCA training although the principles of the MCA had been included in their induction. This was to ensure they had an awareness of capacity and consent in relation to people using the service.

The registered manager told us that applications had been made appropriately to the local authority for DoLs for each person living at the service. Staff were supporting people in the least restrictive way as people were accompanied to go out to activities and to access the community as freely as people chose to. Staff

told us that one person for example would indicate they wanted to go out by going to the front door.

Where needed, people had been supported to access an advocacy service to assist them in making more important decisions in their lives and the registered manager gave us an example of when this had happened recently. Best Interest meetings had also taken place to ensure measures taken to safeguard a person in the event of a seizure were in their best interest.

People were supported to eat and drink and to maintain a balanced diet. People were able to use the kitchen to make their own drinks and some people were supported in this to maintain their safety. People and staff told us that the menu was discussed and planned each week using pictures of food or meals to assist some people in their choices.

Staff were aware of people's individual nutritional needs. One person for example had a high cholesterol level so was being supported to eat appropriately to minimise this. One person who was inclined to gain weight was guided to have a more healthy and balanced diet to prevent this.
People were supported to access healthcare services in order to maintain their good health. We saw from people's support plans that visits to, or from, healthcare professionals were recorded with the reason for the visit or appointment and the outcome. During our visits one person went to an optician's appointment with staff and told their housemates and staff of the outcome when they returned.

Support was provided to enable people to access preventative healthcare such as Well Man assessments and flu vaccinations as well as in response to ill health. Other healthcare professionals involved in people's support included GP's, dentists, an epilepsy nurse specialist and a physiotherapist. One person had been guided by a physiotherapist to do regular exercises and staff told us the person now tells staff how to how to do the exercises so that they can do them together.

Good

Is the service caring?

Our findings

Two people told us that staff were friendly and good.

We saw that each person was relaxed and comfortable in the company of staff. There was light-hearted conversation between people and staff throughout our visit which was friendly and respectful. Staff were able to describe people's needs, how these should be met and how to recognise if people were happy or not. Staff told us of these signs for one person during our visits for example. We saw the person was happy and content as they were listening and singing along to music which is one of their favourite activities. This was clearly recorded in the person's support plan.

It was clear that caring relationships had been developed between people and staff. Staff told us that everything they did was for the benefit of people at the service and that staff were led by people's needs and preferences. Staff knew for example that people liked and benefitted from consistent support so would do all they could cover any vacant shifts to ensure minimal disruption to people.

People were supported to live their lives as they wished. Most people would get up at a time that suited them for example. Staff explained that two people needed to be prompted to get up if they were attending day services to ensure they could get there in time but would otherwise get up at their leisure. One person would indicate they were ready to go to bed by turning off the television or showing staff they were going to their room.

One person was keen to see photographs of their favourite vehicles on the computer in the study and the registered manager accommodated this. The registered manager understood the person's needs and knew the person would like to see as many pictures as possible so they redirected them to items of interest in the person's own room after a short while.
People's privacy was respected and promoted in the service and people's rooms were kept closed and locked according to their preference. One person wanted to use the downstairs bathroom when it was occupied by someone else but staff gently redirected the person to the upstairs bathroom to prevent disturbance.

People's rooms were not entered without their agreement and staff were seen to knock and wait to be asked in before entering. Two people were happy to show us their rooms which had been made personal to them and reflected their interests.

People were encouraged to maintain their dignity as staff ensured people were appropriately dressed at all times but especially after personal care. For example one person liked to have a shower during the late afternoon and then to put their night clothes on. Staff supported the person to put their dressing gown on over their night clothes to ensure they were warm enough. When the person appeared to feel cool, staff offered the person support to find their thicker dressing gown. Staff also supported people to change their clothes if this was needed at any time to ensure for example that they were well presented and did not have food marks on their clothes.

Good

Is the service responsive?

Our findings

People were supported with personalised care to meet their specific, individual needs and staff told us "we all make people our priority". We saw that staff supported people first and foremost and fitted other tasks such as cooking, laundry or other household tasks around people's needs and preferences. People were also supported to be involved in household tasks such as making drinks and snacks to develop their skills and independence.

The service was responsive to people's needs. The registered manager told us that one person's level of mobility had changed and they had started to find the stairs difficult to manage so had needed staff support. To assist the person, it had been arranged for them to move to a downstairs room which saved them from having to use the stairs and better met their needs. We saw the person had settled happily into their new room and they were able to come and go to it independently during our visits.

Action was taken to ensure people were as involved as possible in making decisions about their support. Support plans recorded where people had been involved in developing the plan and one person had used their hand print to show their involvement. Where people had not been able to contribute verbally to their support plan, staff had obtained details of people's likes, dislikes and preferences from their families or others who knew them well. Staff kept people's preferences under review and recorded any changes they noticed in people's support plans.

Daily diary records were used to record people's activities, whether they participated or not, what they had to eat, who provided their support and what their mood was like. Staff said this enabled them to see what worked well for people so that changes could be discussed and made if needed.

People were supported to keep in touch with those who were important to them. Staff told us they helped people to remember special events such as family birthdays and Christmas and supported them to keep in touch by sending cards or giving presents. Most of the people living at the service had family contacts and some people had family who lived locally which made regular visits easier. The registered manager told us that one person's relatives lived further away which made visiting quite difficult. To assist, the service was looking into ways to ensure the person could get together with their family, such as taking them to visit family members.

The registered manager told us that no formal complaints had been received or recorded in the last year although the provider did have a feedback and complaints management system. We saw that people had been supplied with an accessible version of the complaints procedure as these were included in their support plans. The accessible policy was called "Why I am unhappy" and used pictures and symbols to help people make their feelings known. A copy of the accessible policy was also displayed on the notice board in the entrance hall at the service.

Staff told us they had regular contact with people's families or supporters and that if any issues arose they would be discussed immediately so that staff could address them without delay.

Good

Is the service well-led?

Our findings

The culture in the service was open and person centred. People, staff and the registered manager clearly knew each other well and were inclusive and supportive to each other. People were very relaxed and at ease with the registered manager and one person popped into the study (office) frequently during our visits.

We saw from staff supervision records that the provider's values of trustworthiness, inclusiveness, caring, being positive, working collaboratively and teamwork were kept under review. Staff displayed these values during our visits when they spoke to people in a caring, supportive manner and told us how they had covered shifts for each other when needed.

The registered manager told us that they had managed the service for nearly a year. They are also registered to manage another service run by the provider in a nearby town. They spend two days each week working in each service and a further day each week at the provider's local office. In the absence of the registered manager, support staff lead the service and staff confirmed this. Staff told us there was a 24 hour on call system to provide management support if it was needed and they had always been able to contact a member of the management team when required for guidance or advice. Staff told us of the support provided to them and to people using the service by the registered manager.

The registered manager told us that prior to their appointment the service had been without a registered manager for quite a long period. Consequently a lot of work had been required since they took over to ensure the service was operating to the required standard. This had involved for example reviewing activities for people, reviewing the standards of record keeping and taking action to support people to keep in contact with those close to them.

Systems were in place to monitor and assess the quality of the service provided. The registered manager told us that the provider's area operations manager visited the service regularly every four to six weeks and wrote a report after their visit. The provider's quality team also carry out annual audits in the service and this year's audits were due soon after the inspection. Other checks carried out included audits of people's finances to prevent financial mismanagement or abuse.

Quality assurance surveys had also been recently supplied to people's families and supporters to ask for their views on the quality of the service and we saw copies of these. Questions were asked such as "do we help people to live their lives", "do we help people to know their rights and do we respect them" and "do we help people to keep in touch with those important to them". All responses had been positive and a number of comments were included such as "grateful for the opportunity to provide feedback as had never happened before" and "we love the new experiences he is receiving and applaud your efforts".

Records were maintained in the service as required including records relating to people, staff and the service. These included health and safety checks and fire safety checks. The service premises are owned by a housing company who maintain most areas of the property such as the updating of the radiators which had been carried out. The company had carried out an audit of the property last autumn and had recently made

some improvements in the kitchen. The registered manager said the provider was responsible for furnishings and carpets. Budget approval had been obtained recently to decorate the communal areas of the service and to replace the downstairs carpets which were rather worn. The manager said people would be involved in consultations about the new carpet.

Whilst records in the service were up to date, the guidance for one person's emergency medicine administration did not reflect what was happening in the service in practice. The registered manager said they would review the guidance and address the issue with staff.

Accidents and incidents in the service were managed appropriately to promote people's health and safety. Staff said that after an accident or incident had been dealt with, it was recorded on the provider's computer system and was notified to others if required. We saw the computer records and noted the actions taken after an incident in April 2016 to try and prevent a recurrence. These included not leaving two people alone together without staff present and a request to a GP for specialist follow up for one person's behaviours which had recently changed.

The registered manager told us that they monitored accidents and incidents for themes or recurring issues in the service in order that preventative action could be taken. The provider organisation also monitored the recorded events centrally for the same reasons and to ensure learning from events could be shared across the organisation.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider's failure to ensure all staff had received the relevant medicines training required to support all people with their medicines and that medicines were always available to people as required and in date were breaches of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.