

Royal Mencap Society

Royal Mencap Society - Unit 7 Sundon Business Park (Luton DC)

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 20 January 2015. We gave the provider 48 hours' notice of the inspection because the manager is often out of the office supporting staff or providing care. We therefore needed to be sure that they would be in.

Royal Mencap Society 7 Sundon Business Park provides support and personal care services to people in their homes. At the time of our inspection 43 people were receiving a support or personal care service.

There was a registered manager in post. 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 were appropriate numbers of staff employed and allocated to meet people's needs and provide a flexible service. People were kept safe and were able to speak to staff if they had any concerns.

Staff received regular training and supervision, they were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to support people well. Staff were able to provide a personalised service and build working relationships with the people they supported.

Support plans were in place which provided details on how to support people. People who used the service were involved in making decisions about their care and support.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with other healthcare professionals.

The manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and provided feedback on the service. The provider carried out regular spot checks on the service being provided and staff performance.

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?

People felt safe.

There were processes to safeguard people from the risk of abuse and staff were aware of these processes.

Assessments were in place to protect people who used the service and staff from any foreseeable risks.

There were appropriate numbers of staff to support people's needs.

Good



Is the service effective?

The service provided was effective.

Staff had the skills and knowledge to provide people with the care and support required.

Staff were able to demonstrate their understanding of Mental Capacity Act 2005.

Staff received regular training to ensure they had up to date skills to undertake their roles and responsibilities effectively.

People were supported to eat and drink well.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Good



Is the service caring?

The service was caring.

Staff were respectful of people's privacy and dignity.

People were encouraged to make decisions about their care and support.

People were encouraged to express their views about the service that was provided to them.

Good



Is the service responsive?

The service was responsive

Support plans were in place outlining people's personal preferences and support information which allowed staff to provide a personalised service.

Staff supported people to access the local community and this reduced the risk of people becoming socially isolated.

People who used the service felt the staff and manager were approachable and they could provide feedback about the service regularly.

Good



Is the service well-led?

Staff were supported by the manager and team supervisors.

There was good communication between the management team and care staff.

Good



Summary of findings

Staff felt comfortable about raising any concerns with their manager.

The manager regularly checked the quality of the service provided and ensured people were happy with the service they received.

Processes were in place for the recording of accidents and incidents.

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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 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 January 2015. We gave the provider 48 hours' notice of the inspection because the manager is often out of the office supporting staff or providing care. We therefore needed to be sure that they would be in.

An inspector and an expert by experience undertook the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 also looked at information received from the local authority and information we held about the service.

During our inspection we spoke to the manager, we reviewed the care records of five people that used the service, reviewed the records for four care staff and records relating to the how the provider assessed and monitored the quality of the service. After the inspection visit, we spoke with four care workers and eight people who used the service by phone.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, “Staff look after me well”. Another person told us that they felt safe where they lived.

Staff we spoke with had a good understanding of safeguarding and how to identify if a person was at risk. They were able to demonstrate the actions they would take if they had any concerns. Training records confirmed that staff had undergone training in how to protect people from harm or abuse. Staff told us that they always tried to keep people safe.

Staff were aware of the provider’s whistleblowing policy and said that if they had concerns they would report to them to the relevant authorities. We saw evidence of Whistleblowing investigations that had taken place and the action taken by the provider to investigate any allegations.

Assessments were undertaken to assess any risks to each person using the service and staff supporting them. This included environmental risks and any risks due to the health and support needs of each person. People were supported to take some risks, but the provider put measures in place to keep them safe. Staff told us that they always tried to keep people safe. For example, if a person was going out alone, staff would take note of their clothing and make sure that they had their mobile phone with them. Staff would phone the person regularly to check that they were ok and also note down an expected return time. Staff told us that this was so that the person was able to have independence, but that they were also supported to remain safe. We saw that risk assessments were in place for accessing the community, being home alone, and security. Risk assessments were reviewed regularly by the person’s dedicated support worker and provided information about the risk, and measures that needed to be put in place to minimise it.

We saw that the provider had a system in place to record incidents or accidents. Records showed incidents were investigated and that appropriate steps were taken to reduce the risk of future incidents occurring. Contingency

plans were in place to protect people from emergencies such as fire and bad weather. Staff had received training on what to do if an emergency situation which included first aid training.

Staffing levels were regularly monitored and determined depending on the needs of each person, and where agency staff were used, regular staff that were familiar with the service were used. This promoted continuity of care. When we spoke with people using the service and staff we were told that there was enough staff available to support people. We also saw from rotas provided that sufficient numbers of staff were allocated to each person depending on their assessed needs.

We reviewed the recruitment files for staff and saw that new staff underwent all the necessary pre-employment checks before they started work. These included obtaining references from previous employers, Disclosure and Barring Service (DBS) checks and a review of the candidate’s employment history. This enabled the manager to check that staff were suitable and qualified for the role they were being appointed to. The manager told us and we saw from the staff documents that applicants attended a formal interview to assess their suitability.

People received appropriate support to assist them to take their medicines independently. One person told us “I take tablets. Staff sort them and I take them myself.” Where people self-medicated staff carried out weekly checks and regular spot checks to ensure that the medication had been taken. Medication was stored safely. Medication was only administered by staff that had been trained and assessed as competent to do so. This was supported by our discussions with staff that were able to talk us through the processes involved. We carried out a check of the Medication Administration Records [MAR], and found that staff were recording accurately to show when medicines had been taken or refused. We saw that checks were carried out regularly by the manager to ensure that all medication was accounted for and staff were able to talk us through the processes in place for the safe disposal of medication. The provider was able to demonstrate how they reported any errors and ensured that staff concerned received the training and support required to reduce the risk of future errors being made.

Is the service effective?

Our findings

Staff had the knowledge and skills required to meet the needs of people who used the service.

The provider kept track of all staff training to ensure that it was kept up to date. We saw that the provider planned ahead to ensure refresher training was arranged before staff's certificates expired. Staff told us that the training provided was "good" and "on-going". For example medication training included shadowing more experience staff after the formal training was completed. Staff were also observed administering medication by senior staff in order to monitor their competency. Other training provided included, food hygiene, epilepsy awareness, and how to support people with challenging behaviour. This meant that staff were kept up to date with knowledge and skills, and the provider to identify when further training was required.

Staff received regular supervision and appraisal from their line manager. Staff told us and we saw from records that this gave staff an opportunity to discuss their performance and identify any further training they required. An induction programme was in place and staff were given a period of time to shadow a more experienced colleague before undertaking the role on their own. Staff were matched to the people they supported according to their skills and the training they had done. For example, One member of staff told us that because they did not feel confident managing behaviour that could present risks to people, the provider ensured that they were not allocated to work with people who presented with these support needs.

We saw 'mental capacity assessments' had been carried out to determine people's ability to make decisions about their day to day care. However most of the people who used the service had capacity to consent to the care that was being provided to them. People using the service told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. We spoke to one person about their care and they said that they chose what support they needed from staff and would "manage on my own" where they could.

For people who did not have the capacity to make decisions, their family members and health and social care

professionals were involved in making decisions for them in their 'best interest' in line with the Mental Capacity Act 2005 (MCA). Staff were able to explain their understanding of MCA and Deprivation of Liberty Safeguards DoLS. They gave us explanations and examples of how the MCA and DoLS would be used for people who lacked capacity. The manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority and made appropriate referrals for mental capacity assessments to be undertaken.

We were told by staff and this was also supported by people we spoke with that they were supported at mealtimes to access food and drink of their choice. Staff supported people to buy food and plan nutritionally balanced meals and, where required, would assist them to prepare food. One person told us that their favourite meal was "lunchtime." Another person told us they could choose what they ate and drank and said they "had soup at lunch" and they could make tea and coffee themselves. Staff told us they encouraged people to be as independent as possible in relation to meal preparation. Although staff did not check people's weight routinely we were told that they monitored people's weight and food intake if they had any concerns about their nutritional intake. For example, we saw that where concerns had been raised about a person's weight loss they had worked with the person to monitor their weight and food intake and made a referral to a dietician for advice and support.

One person we spoke with said that if they felt unwell they "tell staff. They help you." Records showed that when staff had concerns about a person's health they took appropriate action, such as contacting the person's GP. The provider had set up individual 'health action plans' which detailed people's health requirements and appointments which had been scheduled for the year and provided a record of appointments that had already been attended, this included GP visits and other health related appointments that took place. We saw from people's records that staff supported them when required to access health care appointments and liaised with health and social care professionals involved in their care if required. When we spoke with one person they told us about a recent dental appointment and that staff had supported them to attend the appointment.

Is the service caring?

Our findings

Staff cared for people in a kind and caring manner. One person's relative said, "[relative] seems very happy and content" and "staff all do a great job". A person using the service said "staff are kind" and "if I'm not feeling well I tell the staff ... they make me feel better."

People developed good relationships with a regular and familiar team of support staff. People told us that they were free to do as they wished and staff supported them to make decisions. One person told us "We can go to bed and get up when we want. ... I had a lie-in this morning." Another person said that when they felt unwell they would stay at home, "I stay here sometimes".

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing them for them. Staff were respectful of people's privacy and maintained their dignity. One person said "I go to the bathroom in private". Staff told us they gave people privacy whilst they undertook personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. People told us that they had keys for their rooms and staff would only enter after knocking first and waiting for a response. People were encouraged to answer the phone and the doorbell in their home because staff wanted to support people to have a sense of ownership of where they lived. This was confirmed when we called to speak to people after our visit and the telephone was answered by people who used the service.

Staff assisted people in the best way to meet their needs and promote their independence. People who received personal care had a detailed care plan in place which identified the aspects of care that the person required assistance in as well as those they could do for themselves. People we spoke with told us that they were able to do things themselves where possible and staff did not assist with all aspects of their care. One person said "I can do things myself" when we asked about the support they received from staff.

We saw that there were regular 'house meetings' which provided people with the opportunity to express their views and discuss the care and support being provided. People also had monthly 'keyworker' meetings in which they discussed their support needs and any changes they required in their care. People were also involved in recruiting the staff who would provide care to them. We were told and we saw from interview documents that people were encouraged to sit on the interview panel for new staff and therefore were able to choose the staff that they wanted to support them.

We saw that information was available to people in formats that made it easy to read and to understand, for example care documents and complaints documents were available in picture format which made it easier for some people to understand.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Care plans had been created with input from the person and were reviewed with them to ensure that they reflected the person's current needs. We saw that if required the persons documentation was supplied in an easy read format which included pictorial images to assist them with understanding them.

Staff supported people to access the community and to participate in activities which interested them. They attended day centres, had regular trips to the local shopping centres, and some people were also involved in further educational courses. One person told us, "I go out with staff. Go for coffee." They also told us that they liked shopping. They said "Go shopping, go to the bank, and get money."

We saw that when people joined the service, assessments were undertaken to identify their support needs, and care plans were developed outlining how the needs were to be met. The manager told us that when a person first joined the service the care plans were reviewed more frequently. This was because as the person became familiar with the service their needs sometimes changed. For example we were told how one person's verbal communication had improved as they became more settled, and subsequently they began to verbalise and make their choices known. We saw that each care plan was reviewed regularly by the person using the service and staff. One person we spoke with said, "I had one in January. My [family] are pleased with my care plan."

Staff were responsive to peoples changing needs. The level of support staff provided people with varied depending on what support the person wanted or needed. For example, staff told us that a person using the service who usually self-medicated needed support with some short term

medication. Staff told us they updated the person's support plan so that staff were aware of the changes in their medication support needs and assisted them with the medication until the condition had resolved itself. For another person their file showed that they had been allocated one care staff when they joined the service. However staff reported that their behaviour began to change due to their mental health needs, and subsequently the provider worked with the local authority to secure the funding to increase the staff support level for this person.

Each person was assigned a dedicated staff member whom they could discuss any issues or concerns with. We saw from documentation provided that monthly meetings were held in order to discuss what had gone well in the month and what had not gone well. We saw that staff and people using the service used these meetings to further improve the care experience.

People using the service were aware of how to make a complaint about the care they received and were confident to raise any issues or concerns with the management. For example, one person said that if they had a complaint, "I tell the manager and they make it better." We saw that information about complaints was supplied to people in an easy read format which made it easier for people using the service to understand. Staff and people who used the service told us that key worker meetings were an opportunity to discuss any concerns and to look at ways to resolve issues or raise them with the manager or relevant authority. One person said that if they were upset they would tell the staff or speak with the manager.

At the time of our inspection the service had not received any complaints for over 12 months. We reviewed a past complaint from 2013 and saw that the provider had followed the complaints policy. The complaint was fully investigated and recorded. Action plans were set in place to ensure it was resolved and any learning that could have been taken from it was also noted and shared with staff. A relative commented that they had "no concerns at all".

Is the service well-led?

Our findings

The service had a registered manager in post. They supervised a team of senior staff who were responsible for geographical areas and the staff that worked in these areas. Staff received regular support and advice from their manager via phone calls and face to face meetings and were encouraged to report any concerns so that they felt empowered to suggest changes in the way the service was provided. The manager said that they encouraged 'transparency in staff' and that staff knew that they 'can always pick up the phone' and speak with a manager if they needed to.

On staff member told us, "I speak to my manager if I need to".

Staff told us that the managers were approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. We saw that staff supervisions and meetings were documented and actions were followed up where necessary. Supervision sessions gave staff the opportunity to raise any concerns they had about the person they were supporting or service delivery.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. Unannounced spot checks were carried out to review the quality of the service provided were undertaken by the management team. Staff confirmed this and said that the managers would observe

the standard of care and raise any concerns that they had. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. A staff member told us "the manager comes to check on us sometimes, they check that we are completing the supports plans as we should".

We saw that recent quality assurance surveys had been carried out by the provider. They received feedback from people who used the service and their relatives. We saw that the majority of responses received were positive about the service that was being provided to people. The manager told us that the feedback received from the quality checks was used to further improve the service and increase client satisfaction, for example suggestions for changes within the supported living homes decor.

The manager and staff demonstrated to us that they understood their roles and responsibilities towards the people they supported. Staff told us that they felt supported by the manager to carry out their roles and provide good care to people.

Accidents and incidents were reported and actions taken to protect people from any reoccurrence of incidents. Staff we spoke with were able to talk us through the processes in place to report incidents and actions that they needed to take.

Safeguarding alerts and Responses were recorded and available to review and all documentation was stored securely and appropriately.