

Royal Mencap Society

Royal Mencap Society - 45 Park Road

Inspection report

45 Park Road
Loughborough
Leicestershire
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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 

Overall summary

This was an unannounced comprehensive inspection that took place on 17 and 18 September 2015. The first day of the inspection was unannounced.

45 Park Road is a care home registered to accommodate up to eight people who are aged over 18 and who have learning disabilities or Autistic Spectrum Disorder. The

home had eight single bedrooms on three floors, with a stair lift, a lounge and dining room, bathroom, and kitchen. The service had a large garden. At the time of the inspection eight people were living at the service.

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

Summary of findings

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 feedback from relatives we spoke with was that they felt people were cared for very well.

People received care and support that was centred on their individual needs. Their care plans included information about how they wanted to be supported and how to develop and maintain their independence.

Staff knew how to identify and report abuse and the provider had a system in place to protect people from the risk of harm.

Staff were supported through training and supervision to be able to meet the needs of the people they were supporting.

People were involved in decisions about their care and support and care plans included assessments of risks associated with this. Support was offered according to people's likes, dislikes and preferences. Staff knew people well and understood their care needs. Staff treated people with dignity and respect.

People were supported to take their medicines by staff who had received training in medicines management.

People were supported to take part in a wide range of activities to maintain their independence.

Staff and relatives told us they were happy to raise any concerns with the manager and felt confident they would be listened to.

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?

The service was safe.

Staff knew how to recognise and respond to abuse correctly.

Individual risks had been assessed and identified as part of the care planning process.

Good



Is the service effective?

The service was effective.

Staff received regular training to develop their knowledge and skills to support people effectively.

People had access to the services of healthcare professionals as required.

Good



Is the service caring?

The service was caring.

Staff were kind and treated people with respect and dignity. Staff knew people's likes, dislikes and preferences.

Good



Is the service responsive?

The service was responsive

People's care plans were developed around their needs and were kept up to date and reflected people's preferences and choices.

Good



Is the service well-led?

The service was well-led.

Staff felt supported by the management team and felt comfortable to raise concerns if needed. They felt confident they would be listened to.

The provider had audits in place to monitor the quality of the service provided.

Good



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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 17 and 18 September 2015 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection was a person who had used adult social care services themselves.

We reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for the people who used the service.

We met seven people who used the service and the expert by experience spoke with three people on a one to one basis. We observed staff communicating with people who used the service and supporting them throughout the day. We spoke with one relative of people who used the service. We spoke with the registered manager and four members of care staff.

We looked at the care records of three people who used the service and other documentation about how the home was managed. This included policies and procedures and records associated with quality assurance processes. We looked at four staff recruitment files to assess the recruitment process.

Is the service safe?

Our findings

We spoke with three people who used the service who told us that they felt safe, and liked living at the service. A relative who we spoke with told us that they felt that the service was safe. They told us “My experience of the service has been good, through the years”.

Staff we spoke with had a good understanding of how to identify, respond to and report signs of abuse. They told us that they had received training in safeguarding. Staff knew there was a whistleblowing policy in place and understood how to escalate their concerns if required. Each staff member received a copy of the whistleblowing policy in their employee handbook. Whistleblowing and safeguarding were discussed annually at team meetings and the registered manager showed us records of this. Staff told us they were confident that any concerns they raised would be taken seriously by the registered manager or by the provider. Staff training records confirmed that staff had received appropriate safeguarding training that was up to date.

The provider’s safeguarding adults and whistleblowing procedures provided guidance to staff about their responsibilities, who to contact and how to escalate concerns. The provider had a helpline called ‘Speak Out Safely’ that staff could contact. This was where staff could talk about their concerns and receive support from specialists in whistleblowing.

People had care plans that included key actions from risk assessments and directed the reader to the full risk assessment. Risk assessments in place had been completed for different activities for each person; these included using the kitchen, finances, using public transport, hot weather, day trips and fire safety. The assessments enabled people to make choices and do what they wanted to do with control measures in place to reduce identified risks. The assessment recorded the benefits of doing the activity for the person, and control measures in place to enable them to do it safely. Risk assessments were reviewed at least annually, or when someone’s needs changed. This was important to make sure that information was current and was based on people’s actual needs.

Staff maintained records of all accidents and incidents, and any relevant information was passed between staff as part of the handover, and recorded in the handover book.

Accident and incident forms were all seen by the registered manager who completed an action plan. They were recorded on a master sheet which logged all incidents and which was then stored in each person’s records.

There were general risk assessments for the service, and equipment used. Equipment was regularly serviced and maintained. Fire Safety checks and procedures were in place; these included checks on the equipment, and the premises as well as water checks.

Fire evacuations tests were carried out every four months, these could be planned or unplanned. Each person had a fire assessment in place to tell staff how to evacuate based on individual needs.

The provider had a recruitment and selection procedure in place to ensure that appropriate checks were carried out on staff before they started work. We looked at the staff records for four people who currently worked at the service; the files contained relevant information including a picture of each staff member, a record of a Disclosure and Barring (DBS) check, and records that these had been resubmitted on a regular basis, and references.

Staff we spoke to said that they felt there were enough staff employed. They told us that the shifts were all covered. The staffing levels during our visit met people’s needs. This was shown as people did the activities they wanted to do throughout the day of the visit. There were suitable arrangements for cover in the absence of staff due to annual leave or sickness. Relief staff were employed by the service for additional cover when this was needed.

People received their medicines when they needed them. There were arrangements in place to obtain, administer, dispose and record people’s medicines. Each person had a locked filing cabinet in their room to store their own medicine securely.

Staff were trained in medicine administration and were not allowed to administer medicines until the manager had assessed them as being competent to do so.

Each person had a medication profile; The profile included any allergies, a picture of the medicine, details of the dose, times of administration, where it was stored, the reason why the medicine was prescribed, how to administer, any

Is the service safe?

side effects, and when the medicine was to be reviewed by a prescriber. This made sure that all information about people's medicine and why they took it was available for staff and the people who used the service.

Is the service effective?

Our findings

People we spoke to told us that they were cared for by staff who knew them well, and that the staff knew what they were doing.

People were supported by staff who had received induction and mandatory and other training that was relevant to their role. New staff spent the first week of their employment completing training courses and then spent time shadowing experienced staff as part of their induction to increase their knowledge of the people who lived at the service.

We saw training records for all staff that identified courses that had been completed and when the course needed renewing. Staff told us that they had the training to do their job and that the training was good.

We saw that where the staff required training for specialised subjects that was for the needs of the people living at the service, this was provided, for example training in using a gastrostomy feeding tube, which is a way of helping someone to have foods and fluids safely.

We saw that staff offered people a choice of what they wanted to eat and drink. We saw someone who asked for a drink and was offered a cold or a hot drink. They chose a hot drink and were then offered a choice of hot drinks. They told the staff what they wanted to drink.

Staff told us that they had received training in MCA and DoLS. They had an understanding of MCA and DoLS and could tell us about how people made choices. For example one person used objects to make a choice and would point at what they want to choose. Care plans included information about how people made choices and how they communicated them.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to care and support. It ensures people are not unlawfully restricted of their freedom or liberty. We saw that where people may have been deprived of their liberty the registered manager had made applications to the 'Supervisory body' for authority. These were awaiting authorisation.

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People told us that they went with staff to do the food shopping. We observed lunchtime and this was relaxed and informal. Each person was asked what they wanted for lunch and all chose something different; which was provided. There was a menu in the kitchen with planned meals for evening meals. People told us that they had been involved planning the menu, and that they enjoyed the food. We saw that menus had been discussed in residents meetings. People were encouraged to help with preparing food and drinks, we saw people making their own drinks during the inspection. Staff told us that people were encouraged to follow a healthy diet; the menu we saw appeared to be varied and healthy choices were available. Fruit and snacks were available at all times during the visit.

People had care plans which included detailed information on dietary needs and levels of support required. We saw that where people had dietary needs appropriate referrals had been made to the dietician and Speech and Language Therapists (SALT). The information that had been given by the health professionals was recorded within the care plans. We saw that staff had received training to support one person with their nutrition and hydration needs. Information about what people liked was available in care plans, and was also in the kitchen so it was accessible for staff.

We saw the staff provided meals suited to the religious and cultural needs of a person who used the service. Staff told us about this person's culture and how they supported the individual in ways appropriate to their culture.

People told us that staff supported them to go to the doctors. A relative told us that they felt [person's name] had access to good healthcare, and they were involved in healthcare decisions. Care plans showed that people had regular reviews of health action plans and information from health appointments was recorded in the plan.

We saw that staff monitored any change in people's needs, sought advice from health professionals and recorded what actions they had taken. Staff told us that they had a good relationship with the GP and could contact them to discuss any concerns.

Is the service caring?

Our findings

People we spoke to told us that they felt cared for by the staff, and that the staff knew what they were doing. One person told us “I like the staff, they are nice to me”. We saw that staff spoke to people in a caring and friendly manner and treated them with kindness. We also saw that staff had developed relationships with the people they were working with and that people felt comfortable to laugh and joke with each other. At a meal time we saw staff and people who used the service joked about who made the best Yorkshire puddings. We saw staff talked to people about what they had been doing, and what they were going to do. People seemed relaxed and at ease chatting with staff. A relative told us, “I feel [person’s name] is cared for very well”.

We saw members of staff supported people with activities that they wanted to do, when someone asked for a staff member to help them the staff supported the person at that time and did not leave them to wait while they completed a task. This showed that the support people received was not task led.

People told us that they had been involved in writing their own care plans. We saw that the care plans had photographs included of the individuals carrying out tasks and activities which gave real life examples and made the plans easier to understand. We saw that some people had signed their care plan and written their own comments in the document. This showed that people were involved in planning their support.

We found that the care planning process was focussed on people as individuals, and their views and preferences. Staff were able to tell us about people’s likes, dislikes and

what mattered to them. This allowed the staff to build relationships with the people they were working with and talk to people about the things that were important to them.

Each person had an individual weekly plan that included time for completing household tasks, volunteering opportunities and attending day centre. Staff told us that they planned the day ahead on the day to make sure that all appointments and visits were attended.

Important dates and contact details for family members were included within the care plan. There was information about what contact the individual had with each family member; for example sending cards on birthdays and Christmas, or calling once weekly and visiting when agreed.

Tenants meetings were held and the registered manager showed us that they checked with the people who used the service how they wanted the minutes recorded. Options for this included written, pictorial or taped. We saw the minutes of the meeting and people had discussed what trips and holidays they wanted to go on. They had also talked about the house, staff and what meals they wanted.

Staff told us how they protected people’s privacy and dignity, examples of this included knocking on doors, using people’s preferred names and getting people to do as much for themselves as possible through encouragement and prompting. We saw that staff provided reassurance and explanations to people when they supported them. We saw that staff showed respect for the people they supported. One staff member told us that, “It is their home, we are coming into it”.

People were encouraged to personalise their own private space and make them feel at home. We saw four bedrooms and they were reflective of the person and the things they liked. People were happy to show us their rooms, and tell us about what they had in their bedroom.

Is the service responsive?

Our findings

People told us that they were involved in the planning of their support. Staff we spoke with 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 personalised care. A relative told us that they were invited to a review of [person's name] care.

We saw that care plans had been developed detailing the care and support needed to ensure that personalised care was provided for people. There was a personal history section that included key dates of when things had happened in people's lives; this had been written with the person and their family. Care plans were written in a person centred manner and included information such as how a person communicated their choices using non-verbal language, routines, what people could do for themselves and particular products that someone liked. We saw in one care plan information about actions and expressions that the person made and what this could mean, this would allow new staff to understand how the person communicated.

Staff told us that they developed their knowledge about people they supported from reading care plans, talking to the person, talking to relatives and being involved in the development of care plans. One member of staff told us that they had worked at the service for a year and had learnt a lot from the other staff. Two staff members told us that they had worked at the service for a long time and had got to know the people who used the service.

Reviews of care plans were carried out at least annually, the person, their key worker, and relatives were invited to this as long as the person was happy for others to be invited.

We saw that people had a plan of what they wanted to do each week. On the day of our visit one person spoke with the registered manager and asked if they could change what they were doing. The registered manager contacted the relevant team at Leicestershire County Council who had arranged the placements and asked for a review so these could be changed. They then explained this to the person. This showed that people could ask to change what they wanted to do and they were supported to do this.

The care plans we looked at included information about people's routines, and how people could be supported to

maintain their independence. People were encouraged to be as independent as possible. We observed staff supporting people to carry out tasks around the home, allowing the time required for people to complete things for themselves. One person told us that they had cleaned their room that day. They were very proud of this and were happy to show us their room and tell us about the cleaning they had done.

We saw that people were supported to follow their interests and this was encouraged. One person told us that they enjoyed household activities. They told us that they had the responsibility of opening the windows and closing them at night. Another person told us about a recent trip to their favourite football club. We saw in one care plan that someone had been supported to attend football matches when their favourite team were playing. The person told us about going to the matches and that they enjoyed this.

One person told us that they spoke to their parents on a regular basis, and they came to visit. We saw in a care plan that someone was supported to visit their family and a close friend when they wanted to. Staff told us that they spent time with people talking about family and encouraged people to talk about their family when they had passed away. One person was supported to take part in an activity they used to enjoy with a relative as this had good memories for them.

A relative told us that they are supported by staff to maintain contact with [person's name].

We saw a complaints policy was in place and was displayed in the main entrance to the service. In the care plans we looked at we saw each person had been given a complaints form in a pictorial format to make it easier for them to understand. We also saw an information sheet in a pictorial format that told people how to keep safe. This was useful for people to have but as it was stored in their files people may not remember they had received this information. A relative told us that "I know how to raise any concerns; I have had some paperwork sent on this".

The registered manager told us that they had not received any complaints but there was a process to follow if one was received.

People's views about the service were sought through an annual survey that relatives also received. We saw the questionnaire that had been completed this year and people were asked for their opinions about the service. A

Is the service responsive?

relative told us that they received questionnaires and surveys on their experience of the service. The registered manager told us that they carried out observational consultation where people may not be able to give feedback using a written questionnaire to make sure everyone had the opportunity to provide feedback. All the information was used to produce a report that detailed areas for improvement.

We saw the staff handover book; this was a new system where staff completed information about what each person had done, and any appointments / activities they had planned. All staff on duty signed this book to show they had seen the information. This showed that information about people's needs and their care and support was recorded to ensure that people got continuity of care throughout the day.

Is the service well-led?

Our findings

One person told us that they liked the manager and she was good at her job. Staff described the manager as open, knowledgeable and approachable. One staff member said that “the manager is available to talk to at any time of the day”. Another said that the manager knew all about the people who used the service. Staff said that they felt listened to. A relative told us the “manager is also very good”.

We received feedback from a local funding authority who told us that systems and processes were in place to evidence compliance with the contract, and that the home presented as well ran.

The registered manager has been in post for a number of years. She managed another service as well as Park Road. The registered manager spends time in both services each week and is involved in how the home runs each day. The staff told us that they can approach the manager and she will explain things to them.

On the day of the inspection we saw three people who used the service come and talk to the registered manager in the office. They appeared to be comfortable talking to her and she supported people to resolve the problems they had come to talk about.

Staff told us that they received regular supervision and staff files we looked at had supervision records that confirmed this. Each person had four supervisions through the year recorded in one document called ‘Shape your future’, which was an on-going performance appraisal tool where objectives were agreed, set and reviewed. The supervision

document asked staff to reflect on the values of the provider which showed that the staff were regularly being prompted to consider what these were and how they showed these in their work. The registered manager showed us that she discussed key policies and procedures annually at staff meetings so that all staff were aware of the information and the processes they should be following. Staff signed and dated the policy each time it was discussed.

The provider had audit systems and procedures in place that monitored the safety and quality of the service. The provider had a bespoke computer programme that the registered manager completed each month and this was monitored. This recorded all areas of the support provided and prompted the registered manager to make sure that all actions had been completed and that specific information was recorded, including involving health professionals where required. This acted as a checklist to make sure that all information was up to date and reviews had been carried out where needed.

The registered manager carried out a monthly check of the environment, health and safety and finances and this was recorded with any actions documented. Environmental checks were also carried out by senior managers and the quality team as part of the quality assurance process. The area manager visited the service every month so that they had an overview of what was happening in the service. The quality team could carry out visits to assess the quality of the service that was provided.

The registered manager understood their responsibilities under the terms of their registration with CQC. They had reported events they were required to report.