

Royal Mencap Society

Royal Mencap Society - 17 Flaxfield Road

Inspection report

17 Flaxfield Road
Basingstoke
Hampshire
RG21 8SE

Website: www.mencap.org.uk

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19 November 2018

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19 December 2018

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

Royal Mencap Society 17 Flaxfield Road provides accommodation and personal care to a maximum of five people who live with a learning disability, autism and/or associated health needs, who may experience behaviours that challenge staff.

At the time of inspection five people were living at the home. The service is in a residential home that has been developed and adapted in line with values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can lead as ordinary life as any citizen.

The home had a registered manager. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

This comprehensive inspection took place on 15 and 19 November 2018. The inspection was unannounced, which meant the staff and provider did not know we would be visiting.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm and discrimination by staff who had completed relevant training and understood their responsibilities to safeguard people. Risks to people had been identified, assessed and were managed to keep people safe, whilst promoting their freedom.

There were always enough staff deployed to provide safe care to meet people's individual needs. Staff had been assessed to ensure they were suitable to support people who lived with a learning disability.

Staff had completed an effective induction programme and the provider's required training, which enabled them to develop and maintain the necessary skills to meet people's needs. The registered manager provided effective support to staff through a system of supervision, appraisal and competency assessments.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff completed effective best interests decision processes to ensure people's human rights were protected.

People were referred promptly to relevant healthcare professionals when required to maintain their health.

People were supported to have enough to eat and drink, to maintain a healthy, balanced diet of their choice. Staff supported people to maintain high standards of cleanliness and hygiene in the home, which reduced the risk of infection. People and staff followed the required standards when preparing or handling food.

The home environment was personalised to meet people's individual needs and preferences.

People's assessed needs were regularly reviewed and any changes were discussed at shift handovers. This ensured staff had the most current information required to meet their needs.

There was a warm, family atmosphere within the service, where people and staff treated each other with kindness and respect. People were encouraged and enabled to be involved as much as possible in making decisions about how their support needs were met.

Staff involved people in developing their support plans, which were detailed and personalised to ensure their individual preferences were known. Arrangements for social activities, education and work, met individual needs and enabled people to live as full a life as possible.

The registered manager regularly sought people's views and used complaints as an opportunity to drive continual improvement in the home.

The service was well managed and well led. Staff were very proud of the service, inspired and motivated by the registered manager to provide quality care to people living there. There were good links to the local community that reflected the needs and preferences of the people who use the service. The provider operated effective performance management processes which were reviewed regularly, and reflected best practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

This unannounced inspection took place on 15 and 19 November 2018 and was carried out by one adult social care inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During our inspection we spoke with five people living at the home, some of whom had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the registered manager, the area manager and five members of staff covering the day and night shifts.

We reviewed each person's care records and looked at six staff recruitment, supervision and training files. We examined the provider's records which demonstrated how people's care reviews, staff supervisions,

appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering October and November 2018. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit, we spoke with four relatives of people, one person's advocate, two health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with the commissioners of people's care.

The last inspection took place in January 2016 where we found no concerns and rated the service to be good.

Is the service safe?

Our findings

People continued to experience care that met their needs and made them feel safe. One person told us, "Yes, I'm safe. They [staff] are very good and I like living here." Another person told us, "I like it here because I don't have to worry." A relative told us, "The carers [staff] are so caring and know just how to support [their loved one]. We bless the day we found the home because we know he is safe and well, surrounded by loving people [staff]."

People were protected from avoidable harm and discrimination. Staff understood how to protect the human rights of people who lacked a voice and their role and responsibilities to safeguard people from abuse.

Where people were assessed to be at risk, interventions were in place to reduce the identified risk. For example, people had management plans to protect them from the risks of choking. People experienced safe care from staff who were aware of people's individual risks.

Staff understood the provider's safety systems, policies and procedures, for example; fire safety and emergency evacuation procedures.

There were sufficient numbers of staff to meet people's needs safely. The registered manager reviewed staffing levels and adapted them to meet people's changing needs and dependency. Rotas and training records demonstrated that staff with the right skills were deployed to make sure people experienced safe care. Staff suitability for their role had been assessed by the provider before they were allowed to support people.

People were protected from environmental risks within the home. Equipment and utilities were maintained in accordance with manufacturers' guidance to ensure they were safe to use. Where required, fixtures and fittings had been adapted to keep people safe when they experienced behaviour that may challenge others.

Risks to people associated with their behaviours were managed safely. During our inspection we observed timely and sensitive interventions by staff. This ensured that people's dignity and human rights were protected, whilst keeping them and others safe.

People received their medicines safely from staff who had received appropriate training and had their competency to administer medicines assessed regularly. This ensured their practice was safe, in line with guidance issued by the National Institute for Health and Care Excellence.

Staff reviewed all incidents and near misses to reduce the risk of a future recurrence. There was a culture in the home where learning from mistakes was encouraged. For example, implementation of improved practice based on lessons learned from medicine errors.

Staff supported people to maintain high standards of cleanliness and hygiene in the home, which reduced the risk of infection. We observed staff supporting people to follow the required standards of food safety and hygiene, when preparing, serving and handling food.

Is the service effective?

Our findings

People continued to receive support which achieved their desired outcomes and enriched their lives. Relatives consistently praised the skill of the staff in meeting people's complex and emotional needs, and their determination to provide opportunities for people to grow and experience the best quality of life. One relative told us, "The transformation since [their loved one] moved into Flaxfield is amazing. The staff have really helped [loved one] achieve things that wouldn't have been thought possible."

Professionals reported that staff effectively followed their guidance, which had resulted in positive outcomes for people. Staff referred people promptly to external healthcare services which helped to maintain their health and ensured their changing physical and mental health needs were met.

People's needs were assessed regularly, reviewed and updated. Comprehensive care plans were enhanced by positive behaviour and communication support plans, which promoted people's independence and opportunities to maximise their potential.

Staff completed a thorough induction and were not allowed to work unsupervised until they had been assessed as competent to do so by the registered manager. Staff had undertaken the required training to develop and maintain the necessary skills and knowledge to deliver effective care and support, which met people's needs.

People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions by attentive staff. Mealtimes were arranged to suit individual needs, preferences and routines. Staff understood how to encourage and support people to eat a healthy diet.

People were involved in decisions about the decoration of their personal rooms, which met their personal and cultural needs and preferences.

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.

Staff supported people and their relatives where appropriate, to make choices, in line with best interests decision-making. For example, people had been supported with decisions relating to surgical procedures.

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. Procedures for this in care homes are called the Deprivation of Liberty Safeguards. We found that legal requirements were met and people's human rights had been recognised and protected.

The registered manager had developed effective partnerships with relevant professionals, for example GPs, community learning disability nurses, speech and language therapists, dentists and chiropodists.

Is the service caring?

Our findings

People continued to experience positive, caring relationships with staff who consistently treated them with kindness and compassion. One person told, "They [staff] care for me and always make me happy when I'm sad." Relatives consistently told us their family members were happy and settled at the home. One relative told us, "Everyone is so caring there [the home]. The guys [people] and the carers [staff] are all so friendly and thoughtful. There is a lot of love in the house."

People, relatives and staff spoke fondly about the warm, family atmosphere they experienced living and working at the home. Staff were highly motivated and demonstrated a real passion to support people living in the home. For example, one staff member said, "I love it here. How often do you get the chance to work in a place which puts a smile on your face?" Another staff member said, "It is a delight to work here, I feel privileged to share their [people] lives and there is nothing like seeing them smile. It is so rewarding."

Relatives consistently reported that staff interaction with their loved ones had had a positive impact on their well-being and happiness. Staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way.

People and where appropriate their relatives were involved in their care planning, which considered their wishes, needs and preferences. Relatives consistently told us that the registered manager and staff made them feel their feelings and opinion mattered.

Staff spoke about people with passion, recognising people's talents and achievements, which demonstrated how they valued them as individuals. The staff team were well established at the home, which meant people experienced good continuity and consistency of care. Staff knew people well and could tell us about their life histories, their families, their interests, their hopes and aspirations, and what was important to them.

Respect for privacy and dignity was at the heart of the home's culture and values. Staff demonstrated these values in their day to day support of people. People's care records included an assessment of their needs in relation to equality and diversity.

Staff supported people in a calm and sensitive manner and used a variety of tools to communicate with people according to their needs. The registered manager had developed individual communication strategies with people, in conjunction with learning disability specialists and speech and language therapists.

Staff demonstrated a real empathy for the people they cared for and one another. For example, one person had experienced recent bereavement, losing two close family members. Staff had supported the person to create a small memorial garden to their loved ones, where they could spend time recalling happy memories. We observed this had been lovingly tended.

Relatives told us that the consistent and calm interactions of caring staff had reduced their loved one's

levels of anxiety. This had led to them feel able to explore new opportunities and experiences to enrich their lives.

Staff promoted people's choices and independence by supporting them to do things themselves, rather than doing things for them, for example cooking and cleaning was a team effort, which people enjoyed. We observed people help to mash potatoes for their evening meal, whilst others tested the temperature of a gammon joint. Staff sensitively encouraged people and gently reminded them when they forgot to do things, such as cleaning their teeth or wearing appropriate clothing for the weather conditions.

Information about people was treated confidentially and the provider kept and stored records in accordance with the Data Protection Act.

Is the service responsive?

Our findings

People continued to experience care that was flexible and responsive to their individual needs and preferences. Care plans and risk assessments had been reviewed and updated regularly to monitor people's progress against the short, medium and long-term goals.

The registered manager and staff ensured individuals were enabled to have as much choice and control over their lives as possible. Families told us the staff worked closely with them, to ensure they were fully involved in people's care.

People received care and support that reflected their wishes, from staff who understood how to promote their independence and maximise the opportunity to do things of their choice. For example, staff supported people to try new experiences and to do everything they were capable of or had the potential to do.

The service enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. Every morning staff held a house meeting to discuss what people wanted to do that day, which afforded the opportunity to do something different to their scheduled activities. For example, some people wished to go bowling or to the cinema, whilst others chose to go shopping.

People's changing care needs were identified promptly and referred to relevant professionals when required, such as ophthalmic eye and orthopaedic specialists. Where aspects of people's health were monitored, records demonstrated that staff responded quickly when required. Changes to people's care were discussed at shift handovers to ensure staff were responding to people's current needs.

Staff understood the needs of each person and delivered care and support in a way that met these needs and promoted equality. Staff identified, recorded and shared relevant information about the communication needs of people living with a disability or sensory loss. For example, one person had a plan to provide guidance about how staff should support a person with their visual impairment.

Staff supported people to maintain relationships with their families and those that mattered to them and encouraged social contact and companionship. For example, one person was supported to maintain a close personal relationship. This protected people from the risk of social isolation and loneliness.

Relatives consistently praised the imagination and tenacity of staff to try new and innovative ideas to improve the quality of their loved one's life. One relative told us, "The staff at Flaxfield are always looking for new things to stimulate and develop [their loved one's] potential so they can live their life to the full."

People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided.

People had been provided with a copy of the complaints process in a format which met their needs. Three

complaints had been made since our last inspection, which had been dealt with in accordance with the provider's policy. The registered manager used the learning from complaints to improve the quality of care people experienced, for example; how to support a person with their personal grooming.

People were being supported to make decisions about their preferences for end of life care and were given the opportunity to review these regularly.

Is the service well-led?

Our findings

The home continued to be consistently well-managed and well-led by the registered manager who led by example and provided clear and direct leadership.

At the time of inspection, the registered manager had recently returned from a three-month absence and was being supported with a rehabilitation back to work programme. The registered manager made positive comments about the support they had received from the area manager and staff at the home, both during their absence and since their return. Staff had been supported by other managers within the provider's care group, in the registered manager's absence. One staff member said, "You don't know what you've got till it's gone. We [staff and people] really missed her and are so glad she is back."

People, relatives, staff and professionals praised the commitment and dedication of the registered manager to provide the best possible support for people. Comments made by relatives included, "She really cares for everyone and puts them first," and "She treats everyone [people] as if they were her own family and the staff follow her lead." Staff told us the registered manager inspired them to provide the best quality of care to people. One staff member told us, "She is always there for everyone, the residents and us [staff]."

The provider and registered manager had created an open, inclusive, person-centred culture, which achieved good outcomes for people, based on the provider's key values. Staff told us these values encouraged staff to be inclusive, trustworthy, caring, challenging and positive. We observed staff demonstrating the provider's core values during their day to day support of people, which promoted their dignity, independence and choice.

People, relatives and professionals told us the registered manager and staff had created a real family atmosphere in the home, where people and staff cared for one another. People and staff told us the registered manager made them feel respected, valued and well supported.

The registered manager readily recognised good work and staff achievements. Staff felt comfortable to suggest new ideas to the management team and were then encouraged to implement them.

Where accidents or near misses occurred the registered manager completed reflective sessions which supported people and staff and ensured they received the required support or counselling. For example, the open and transparent referral by staff of an incident which occurred during our inspection. This identified the need for a GP to revise their guidance surrounding the administration of a person's pain relief medicine.

The registered manager ensured that good practice was shared during staff meetings and supervisions and acted on throughout the service.

The registered manager operated effective quality assurance systems to monitor the quality of service being delivered, including a series of audits including care files, medicines management, health and safety, fire safety management and maintenance.

The staff had developed good links in the local community and the registered manager had established effective partnerships with professional services that reflected people's needs and preferences. The service worked effectively in partnership with key organisations to support joined-up care. For example, the different organisations working together to ensure a person underwent cataract surgery to significantly improve their eyesight.