

Royal Mencap Society

Royal Mencap Society - Rutland Crescent Care Home

Inspection report

25-27 Rutland Crescent, Harworth
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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

Rutland Crescent Care Home is located in Harworth, North Nottinghamshire and provides accommodation and personal care for up to seven people with a learning disability. There were seven people living there when we visited.

The care home is based in a two-storey house in a residential area with parking available on the street in front. The garden is enclosed at the back of the property and is accessible for people who use a wheelchair.

This was an unannounced inspection and took place on 9 April 2015. The last inspection was in February 2014.

Although there was not a registered manager in place at the time of our inspection, the manager had submitted an application to register with us, the CQC. 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.'

People's rights were protected as the manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and used the guidance to ensure this was followed. The DoLS is part of the MCA, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

People told us they felt safe and were happy with the care they received. People were encouraged to have their say in how care was provided. They told us they were treated with respect and dignity. We saw that staff were kind and understood people's needs well.

There were enough staff to look after people and they were trained and supported to do this properly. Staff knew who to report to and how to deal with any concerns if they arose. People knew that if they had any worries or problems they were listened to and responded to.

People's family and community links were strengthened by developing people's interests and activities.

We found that people's health and care needs were regularly assessed and people were referred for additional support when needed. The provider had clear arrangements which ensured medicines were stored, ordered, administered and disposed of safely.

The manager used quality checks to develop and improve the quality of care which included consulting with people, their families and staff.

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.

People felt safe and staff knew how to protect people from harm.

People felt secure and confident as there were enough staff.

Medicines were stored and given safely.

People were supported to be as independent as possible and this was balanced carefully with any risk.

Good



Is the service effective?

The service was effective.

Staff knew and understood people's individual needs very well.

People were encouraged to make choices and were supported to make their own decisions about their care.

Good



Is the service caring?

The service was caring.

People were always treated with kindness.

People were always treated with respect.

People's privacy and dignity were supported.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their own care.

People were supported to tell staff about any concerns and these were responded to.

Good



Is the service well-led?

The service was well led.

People's independence was encouraged and supported.

People's views and opinions about their care were taken seriously and used in developing the service.

The provider had systems in place to build on and improve the quality of the care.

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 09 April 2015 and was unannounced. The inspection team consisted of one inspector. Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the registered person to give us some key

information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the registered person had sent us since the last inspection. In addition, we checked to see if there was any relevant information from local commissioners of the service.

We spoke with six people who used the service, two relatives, three members of care staff, the acting manager, one health professional and one person who provided activities to people in the community. We observed and spent time talking with people in the communal sitting rooms and at lunch time. We reviewed three care records, medicines documentation, staff training, and audits for the service. These included records of meetings held with people who used the service, their relatives and staff.

Is the service safe?

Our findings

One person told us “I like it here very much and feel safer than when I was at home.” Another person said “I can talk to anyone if I’m worried.” They gave an example of when they had reported a concern to care staff. They told us they were happy that this had been dealt with and records confirmed actions had been put in place to protect the person and keep them safe.

Relatives told us they thought people were looked after safely and this gave them peace of mind. They told us they were confident to talk to staff if they thought anything was wrong. Staff told us they knew how to report safeguarding issues to the manager and were able to describe what abuse was and how to protect people. We saw information displayed so staff knew which agencies to refer to. Staffs were able to seek guidance at any time as there was an on call manager for night staff as well as a manager being available during the day.

People’s safety was supported both inside the home and when they were going out as the provider had systems in place to identify and reduce risks. Staff told us that if someone was at risk of falls they worked with other professionals to support that person. We saw health professionals had been contacted by staff, for example occupational therapists. When recommendations were made these were followed up, for instance the provision of mobility aids and hand rails inside the home.

Risk assessments were completed for any activities and were detailed. These included people’s travel arrangements, for instance using a taxi, the bus or walking. Staff hand overs and a communication book were used to update any changes. The notes were then transferred to the care plans and were reviewed and updated by the manager. The manager reviewed the care plans and ensured that updates were in place so that people were supported safely in the home and out in the community.

People were supported to make their own choices by staff which supported independence but was balanced against any risks. Staff told us they understood people had a right to spend time where they wanted in and outside of the home and that it was their role to support them to do this safely.

We saw people were free to be in the communal rooms or spend time in their bedrooms if they preferred, or were supported to go out of the home. For example one person enjoyed completing household tasks and was not restricted as they were supported to do this in a safe manner.

People and their relatives said there were enough staff to ensure people were safe. Rotas were arranged to make sure this included times when people wanted to go out or stay in the home. We saw staff responded to requests for assistance quickly and they took their time to make sure people were given the help they needed to be safe.

People were cared for by staff who had been checked to ensure they were suitable. Before staff could be employed the provider checked work history, skills and knowledge and whether there was any criminal history. Staff told us these checks were made before they were allowed to start work and we saw records confirmed this had been done and were reviewed regularly.

People told us they were supported to have their medicines when they needed them. Staff had been trained and were supervised to do this in the way that people preferred and was safe. People’s mental capacity had been assessed to ensure they were supported to make decisions about medicines. We saw records were detailed, for instance a photograph of the person was included with a clear explanation of what signs to look for if they were in pain or uncomfortable and how the person’s medicines should be given and what to do if the person’s health changed.

The manager told us medicines records were checked regularly. We saw that medicines were stored in a locked cabinet and temperatures were monitored and checked daily. Stocks were controlled and medicines that were no longer needed were disposed of correctly.

One relative said, “The environment is well kept.” Staff had a rota to ensure cleaning was completed. We saw staff following control measures, for instance in the kitchen and bathrooms. Staff reminded people to wash their hands when using the kitchen and we saw posters to remind people of safe hand washing techniques. The home was clean and kept tidy. We saw cleaning materials which were used in the right way to protect people by the prevention and control of infection.

Is the service effective?

Our findings

People were comfortable and confident that staff were competent in the care they provided. One person said, “I like the staff and they support me.” A relative told us, “The care is really good.”

One member of staff told us the training they received was, “Superb.” They told us new workers had induction training and shadowed experienced staff. Regular supervision and on-going training ensured staff were kept up to date in their practice and meant they were clear about their role and responsibilities.

People were supported effectively by staff because the training was based around people’s care needs. We saw a range of training was provided including MCA, safeguarding, medicines management and health and safety. Staff were observed and feedback was given by the manager so that any developmental needs or performance issues were identified and addressed.

People were involved in making decisions about their own care and support. One person told us they were helped by staff to do, “What they liked.” People’s views were listened to and they were supported to plan their days and weeks as they preferred. We saw each person had their own diary and were encouraged and supported to write down what they chose to do. Three people showed us their diaries and we saw these were used to plan their day as they preferred.

Although staff had sought the opinion of relatives, assessments of people’s mental capacity and best interest decisions had not always been completed. The provider had identified that these records needed to be updated to ensure they met the legal requirements of the MCA and we saw that this was being done. We did observe throughout our visit that people’s consent was always requested before any care was given and people were free to choose where they wanted to be in the home or if they wanted to go out. Some people had been assessed as requiring supervision when they went out to keep them safe, so the provider had made applications for Deprivation of Liberty Safeguards (DoLS) which are part of the MCA. DoLS protects the rights of people if there are restrictions on their freedom. Professionals who are trained to decide if the restrictions are needed assess and decided whether the restrictions are appropriate and in the person’s best interests.

People told us they liked the food and they had plenty to eat and if they didn’t like what was on the menu they chose something different. One person said, “The food is good and there’s plenty of it.” Relatives said people enjoyed the food and people were supported and encouraged to eat a healthy well balanced diet. We saw there was a wide variety of fresh food in the fridge and a range of tinned and other foods so people had plenty of choice.

One person told us they tried to eat a healthy diet. We observed people having lunch and they were given a choice of sandwiches, fruit and yoghurts and asked if had had enough to eat. Main meals included fresh vegetables and there were meat and vegetable options. Staff told us menus were flexible depending on what people were doing each day and what vegetables they had grown on their allotment. Staff knew people’s preferences well and whether anyone had and specific nutritional needs, for instance when anyone followed a specific diet. People’s nutrition was monitored by staff and any changes were discussed with the person to ensure they maintained a balanced diet.

People were supported with their on-going healthcare. One person said, “Staff take me to the doctor if I need to go.” One relative told us, “[the person] is always taken to the doctor’s or the dentist’s straightaway.” There was a ‘grab card’ for hospital appointments which was detailed including GP details, medicines, diagnoses and emergency contacts. The information was reviewed regularly so people were confident their health was being maintained and supported.

One healthcare professional we spoke to said, “Any care recommended is always followed through, for instance monitoring particular conditions, and problems have been resolved.” They told us staff were very co-operative and “standards of care were very high and care recommended was always followed up,” including follow up appointments. We saw care plans with referrals and appointments to attend healthcare services such as the GP, chiropodists, and occupational therapy were attended. Actions were recorded and followed up for instance programmes for therapy were followed up for people who required support with mobility.

Is the service caring?

Our findings

People told us they liked the staff. One relative said, “It’s like living in a family house, the carers are their favourites.” We saw there was a relaxed and easy atmosphere between people and staff. Staff talked to people with kindness and patience and communicated well, ensuring people had time to express themselves. One person asked for assistance with a tablet computer and we saw staff responded making sure they understood exactly what support the person was asking for. Staff conversed easily using verbal and non-verbal language, for instance gesture and Makaton, which is a sign language used to assist people with communication difficulties. People were included in conversation because staff took their time and people responded positively to what staff said.

People were supported in the way they preferred, for instance one person liked to get ready to go out in certain way. Staff told us how that person liked to be supported at a particular time in the morning and we saw staff assist that person. We also saw information around the home, for instance menu options were displayed in the kitchen and that some of it was in picture form so everyone could understand the choices. Information in the care plans supported staff so they knew how to care for people in the way they liked.

One person said, “We can do what we want here.” Daily activities and household tasks were arranged around people’s choices and guidance. We saw people were supported to be involved in household tasks, like ironing to maintain and develop their independence. Staff were aware of people’s right to make their own decisions and told us if people needed support to make decisions their relatives were involved. Staff told us that if people did not have family to support they could access an advocate for example when making a hospital visit. Advocates are people who are independent of the home and support people to make decisions and communicate their wishes.

There were systems in place to involve people in planning their own care and care plans were centred around the person. The manager reviewed the care plans and ensured that staff included a daily record so that people’s care could be properly monitored and amended if there were any changes in people’s needs.

One person said they, “loved to be busy.” They told us they chose to help staff get lunch ready and we observed the person asking other people what type of bread they wanted for their lunch time sandwiches. Another person chose to eat lunch on their own in the kitchen. Staff said how important it was to respect and support people’s choices, for instance choosing what time to get up or if they wanted to go out anywhere.

People told us they could spend time privately in their own room if they wished. People had their own key and chose whether they wished to use it or not. We saw when one person wanted some quiet time in their own room they were supported to do so. Staff and people knocked on people’s doors before entering and people were supported discreetly if assistance was needed away from others. Staff encouraged people to treat each other with respect and promoted people’s choices to be private when they wanted. We saw staff were supported to understand and support people’s privacy, dignity and respect through training, team meetings and supervision.

People were actively supported to maintain relationships with family and other people who were important to them. Relatives told us they visited regularly and one said, “[staff] always ask if you want a drink or anything and make you feel very welcome.” Staff were very clear about people’s social and family relationships being a vital part of people’s lives and wellbeing.

Is the service responsive?

Our findings

People told us they were asked about how their support was given and whether they wanted anything changing. Staff told us they discussed what people chose to do with people every day as well as more formally to review and update care plans. We observed people used diaries and communication tools for example an activities folder and pictorial cards, to tell staff what they wanted to do. We saw people had signed care plans to show they had agreed to the care and support given.

Relatives we spoke to said they were welcomed and encouraged to speak to staff about the service informally and had also been involved in meetings about individual care plans.

We saw that family views were included in the care plans and that the provider was introducing formal meetings as another way to increase relatives' involvement.

Staff told us they knew people's needs very well and one said, "A lot of it is through observation and being with the person". They told us they documented what they learned about the person so they knew how to support them in the best way. We saw the care plans were detailed and in sections so the relevant information could be found and understood easily.

The manager told us as well as individual work with people who lived in the service more formal house meetings were being introduced on a monthly basis which ensured that people's views were taken into account and acted upon.

People were supported in the way they preferred. People told us how much they enjoyed and were very enthusiastic about activities and hobbies they did. One person told us they loved horse riding and we saw this was in their diary and on the activity planner as a regular activity. Care plans described in detail what people liked to do and how to support them doing the activity, for instance what clothes the person liked to wear and equipment needed.

We saw that care plans had been completed with people and these were based on assessments of individual needs. People's views and preferences were clearly recorded and were detailed so that staff knew how people wanted care to be provided and what their likes and dislikes were.

People had their own diaries and showed us what they were doing each day. These demonstrated what people did and when and were discussed throughout with enthusiasm, for instance going down to the allotment and growing their own vegetables. Other people told us they enjoyed going out to the cinema and to a variety of clubs in the local community.

Good community links were very important to people, for instance one person helped with the tea and biscuits at local club and others were involved with community groups such as a local café. We spoke to one of the staff from the café and they told us they were invited to attend social events and always made very welcome and "had a good time". They told us that people who use the service mix well with local people and were supported to be really involved in the local community.

People felt their concerns would be listened to and acted on. One person told us, "Staff listen and sort things out." People told us they talked to staff to tell them what they thought and we saw there was a relaxed and open atmosphere and people were listened to. A complaints poster and information was displayed on the notice board for people and visitors, produced in an easy to read format.

Staff told us they knew how to respond to complaints. One said, "Families know us and wouldn't be frightened to say anything". Records showed that complaints had been dealt within timescales and responded to in line with the provider's guidelines.

Is the service well-led?

Our findings

There was no registered manager in place when we inspected as the previous manager had left in March. The provider had immediately appointed an acting manager and we saw that an application for the acting manager to become registered with us, the CQC had been made and was being processed. Staff told us they felt supported and were confident to approach the acting manager or the provider whilst the registration was being completed.

There was an open culture and good communication between staff and the people who lived in the service. One staff member said, "We're a good team and we care about people." One relative said, "The staff really put themselves out." People were involved in discussions with staff about plans for the day and we saw that staff relationships were open and inclusive. We found staff were comfortable to approach senior and management staff and were given support.

Staff knew how to raise and deal with concerns within the service. They were aware of the whistleblowing policy and how to deal with complaints.

Any complaints and serious incidents were tracked by the provider and reviewed. The manager had met legal obligations since the last inspection by notifying CQC and appropriate authorities on time. Notifications contain information about any incidents and concerns which providers are required by law to notify us of.

Although there had not been any complaints since the last inspection the provider had made some updates to make the process easier to ensure that any shortcomings in the service could be identified and improved as quickly as possible. We saw there had not been any complaints and also contacted other professional agencies for feedback about the service and there were no concerns raised.

People were supported by staff who were trained and received regular supervision and guidance. The acting manager told us, "Staff are very creative here; it's amazing what people get up to."

Staff told us they felt valued and were able to contribute their ideas to the development of the service through discussions for instance in team meetings and with senior staff. We saw the provider promoted good practice by ensuring time was set aside for these meetings so that staff could attend.

People had a real say in the development of the service and how their care was delivered. One person told us "We can say what we think here." We saw that people's opinions were listened to, for instance about what should be prepared for meals and where to shop. Relatives were also asked for their views and an annual stakeholder survey was sent out to families and feedback shared with the service so that any changes needed could be made.

The provider was committed to continually improving support for people and used internal audits to check the quality of the service. For example we saw care plans were audited and improvements were being made to daily records to support staff when there were any changes required in the way people's care was delivered.

The manager told us they used a system to the quality of the service. For instance maintenance records were checked regularly. The provider highlighted areas for development, for example ensuring training was delivered and completed within required timescales.

The provider used compliments as well as complaints to improve the service. For example when one person's health needs had changed positive feedback from the family was used to build on good practice used.