

Royal Mencap Society County Road

Inspection report

99 County Road
Swindon
Wiltshire
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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

About the service

County Road is a residential care home providing personal care to six people with learning disabilities at the time of the inspection. County Road accommodates up to seven people with learning disabilities in one purpose-adapted building. The service is located in Swindon and has easy access to the local town centre. People are accommodated on the three floors of the building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People, their relatives and professionals cooperating with the service consistently praised the quality of the personalised care and support provided to people living at County Road.

Risks to people were identified and managed safely by staff who understood their responsibilities to protect people from abuse and avoidable harm. A sufficient number of staff with the required skills and knowledge provided people with personalised care. Staff administered people's medicines safely. We found the environment of the care home was clean and had been well maintained. Accidents and incidents were reviewed by the registered manager to identify trends and to ensure necessary learning was shared with staff.

Staff were supported through training and meetings to maintain and when needed enhance their skills and knowledge to support people. People were supported to eat a varied diet which met their needs and preferences. People attended regular appointments and annual health reviews. Staff worked with other professionals for advice, guidance and support.

Staff supported people to make day to day decisions and be in control of how they spent their time. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People received personalised care and support from caring staff who respected people's privacy and dignity

and understood the importance of people's independence. People were supported by staff to make decisions about their care and support. Staff used their knowledge of people's preferred ways of communicating to assist people to make their own choices.

People had opportunities to take part in a variety of activities. People were supported to maintain contact with their relatives. People, their relatives and staff were encouraged to make any suggestions for developing the care provided further.

The provider and the registered manager checked the quality of care provided through quality audits. The registered manager completed thorough investigations into any concerns and acted to improve the service.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was 'requires improvement' (published 3 October 2018) and there were two breaches of our regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

County Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

County Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke

with three staff members and the registered manager. We looked over the environment of the care home and reviewed a range of records. These included medication administration records and people's daily notes. We looked at recruitment, induction, training and supervision records for four staff members as well as other records relating to the management of the service.

After the inspection

We spoke to one relative and one professional who worked closely with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This means people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they liked and felt safe living at the service.
- People were protected from the risk of abuse because staff had the knowledge and understanding of how to safeguard people. A member of staff told us, "I would inform the manager. If they were unavailable, I would call the on-call manager, the police and the safeguarding team".
- The registered manager worked with the local authority to report, investigate and address any safeguarding issues to help keep people safe.

Assessing risk, safety monitoring and management

- People received safe support to meet their needs; detailed risk assessments identified risks to people's safety and guided staff on how to provide support in a safe way.
- People were protected from risks associated with legionella, fire, electrical and gas systems, through regular checks and management of the identified risks
- There were arrangements to address any foreseeable emergency, such as fire, flood or contagious illness. People had personal emergency evacuation plans..

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. On the day of our inspection we saw there were enough staff to ensure people received support in line with their assessed needs. The registered manager told us that staffing could be provided on a flexible basis to enable people to take part in activities in the community.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed.

Using medicines safely

- People received their medicines as prescribed.
- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received relevant training and were assessed as competent to support people with their medicines.
- We checked medicine administration records (MARs) and saw there were no gaps or omissions.

Preventing and controlling infection

- We found the care home to be clean. Personal protective equipment was available for staff when providing personal care.

- Staff underwent relevant training in relation to infection control and food hygiene.
- We saw that staff followed the required standards of food safety and hygiene when preparing or handling food.

Learning lessons when things go wrong

- Incidents and accidents were recorded and investigated appropriately. Any learning or changes to care plans were discussed at staff meetings.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated 'good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs and preferences were assessed regularly or sooner if such a need was observed. Care plans described how staff should support people to meet their needs.
- We observed staff deliver support in line with legislation, recognised standards and guidance, in accordance with people's care and support plans.
- The registered manager met social workers, doctors and other healthcare professionals involved in people's care to identify people's physical, medical and behavioural health needs and abilities.

Staff support: induction, training, skills and experience

- Staff undertook a comprehensive induction programme. This included working with more experienced staff initially. Staff were also supported to develop their skills on an on-going basis, so they could carry out their roles effectively. A member of staff told us, "On the first day of induction I was shown around, introduced to the people we support. Then I went through the company's policies and training. Shadowing lasts for six weeks or longer until you are confident and trained".
- Staff had supervision and appraisals where they could reflect on their role with their line manager. Staff told us they could also ask for advice and support at any time.
- Staff were supported to develop and maintain the required knowledge, skills and experience to support people effectively and safely. Staff told us their training had fully prepared them to meet people's needs. A member of staff told us, "As a fresh person I did not have the knowledge of how to communicate, support people or administer medicines. Thanks to the provider, I can do it all now".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health action plans and hospital assessments in place. These were written in an individualised style. They described how people would be best supported to maintain contact with health services or in the event of admission to hospital.
- Staff worked closely with other healthcare professionals; people attended regular appointments and had annual health reviews.
- Staff effectively monitored people's daily needs and well-being to ensure they were supported appropriately. Where needed, staff promptly contacted healthcare professionals such as GP's, psychiatrists, podiatrist and dentists.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff understood if people required specialist diets or different textures of food and ensured people

received the support they required. Where necessary, advice had been sought from the speech and language therapist [SALT].

- People were involved in planning meals and provided positive feedback about the range of food, snacks and drinks available. One person told us, "I am encouraged to eat healthy food. I like stews and dumplings".
- People were encouraged to get involved as much as possible with food preparation. Care plans clearly described the level of support needed to keep people nourished and hydrated.

Adapting service, design, decoration to meet people's needs

- People's individual rooms were decorated in response to people's needs, choices and taste.
- We saw the premises were newly decorated with new carpets and new furniture. People said they were happy about the way the premises looked.
- There was a well-kept garden at the back of the house, which people used in good weather.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the requirements of the MCA. Applications for DoLS had been made where required. For example, for people to live and receive care at the service.
- Staff had been trained and understood their responsibilities in respect of the MCA. A member of staff told us, "According to the main principles of the MCA, we need to always assume people have the capacity to make decisions, and support their decision even if unwise and act in the least restrictive way".
- People's care files also had signed consent to care and treatment forms confirming agreement with their care and support plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated 'good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in providing their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated in a caring way by staff who showed a warm and friendly approach to them. People and their relatives also told us positive relationships had developed between staff and people using the service.
- Staff told us they respected people's differences and provided them with person-centred care that reflected people's protected characteristics. For example, people's religious needs were recorded, and appropriate arrangements were made for one person to receive communion on a weekly basis.
- Staff demonstrated their awareness of people's likes and dislikes. For example, they knew how people liked to have their drinks and what foods they enjoyed.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions; staff routinely offered people choices of what to do, how to spend their time and what to eat and drink.
- People had regular meetings with their key worker to discuss any changes they wanted to make to their care and support. A key worker is a member of staff who works closely with a person to assist them in working toward their aspirations and to meet their individual needs.
- People's communication needs were recorded, and staff were knowledgeable of them. Staff used this information to effectively communicate with people and involve them in their care. Where needed, advocacy services were used to help people to make choices.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. We saw some people were independently going for walks, bus rides and shopping. People were encouraged to help with household tasks and preparing meals where possible. A member of staff told us, "[Person] prefers doing things himself. If you remind him steps of making coffee, he will do this himself".
- People were treated with respect and their dignity was preserved at all times. Staff told us they would ensure doors and curtains were closed when carrying out personal care. A member of staff told us, "We close the door, towel them so they are not fully exposed, speak to them and ask them if it is ok to assist them".
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to ensure people had opportunities to participate in activities. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 9.

- People were supported to take part in activities such as day trips, walks, shopping or going to restaurants. One person told us, "I got out to the cinema. Now I just came back from shopping".
- People were supported to maintain relationships that mattered to them, such as family and friendship. Staff encouraged social contact and supported people to engage in activities which helped protect them from the risk of social isolation and loneliness. One person's relative told us, "We can visit at any time, we do not have to announce".
- Where people chose not to participate in planned activities, staff ensured they received individual one to one sessions and engaged in other stimulating activity of their choice. A member of staff told us, "People can go out on their own which promotes independence. Here if a person invites you for a cup of tea, you can do it. It is more person centred, we do not take them out, they take us out".

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them.
- Staff recorded important information about the care and support provided to help monitor and make sure people's needs were met. A member of staff told us, "We are recording everything, any problems we are facing, in a way that is easy to understand for professionals and new staff from outside".
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People's individual communication had been assessed and recorded. Staff were provided with guidance on how to promote effective communication.
- People had accessible information where needed; for example, 'easy to read' formats were used in people's care plans and health action plans.
- Staff consistently identified, recorded and shared relevant information about the changes in people's communication needs. For example, one person's communication skills deteriorated and we saw records being updated by the service.

Improving care quality in response to complaints or concerns

- Records showed that no complaints had been received since the previous inspection.
- The provider had a complaints policy and procedure, which had been provided to people and their representatives in a format which met their needs.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.

End of life care and support

- No one was being supported with end of life care and palliative care needs at the time of this inspection.
- The provider had a policy, and systems in place to support people with end of life care and palliative care needs. End of life care plans were in place, detailing people's preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated 'requires improvement'. At this inspection this key question has now improved to 'good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure sufficient systems were in place to assess, monitor and improve the quality and safety of service provision. There were gaps in the records. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 17.

- The service completed a range of quality audits to ensure they provided the best outcomes for the people they supported. Where shortfalls were identified, these were addressed and discussed at staff meetings.
- Daily handovers and regular communication helped staff and the management share information to plan and coordinate ways and means to meet people's needs.
- People and their relatives told us the service was well-led. One person told us, "I like it here. I like the manager. She is a very nice person".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked to promote a person-centred culture to improve people's quality of life; people's needs were assessed and their care was planned in a person-centred way.
- The registered manager and staff consistently placed people at the heart of their service and clearly demonstrated the caring values and ethos of the provider. One person's relative told us, "They have done well. They've got his best interest at heart".
- There were links with the local community. These included links with local shops, cafes and pubs. People were also supported to attend other activities outside the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was responsive to issues and concerns; they completed robust investigations and understood their responsibility to be open and honest if things went wrong.
- The provider had a policy that clearly identified the actions staff should take in situations where the duty of candour would apply.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt they worked well as a team because they were supported and their efforts were recognised by the management team. A member of staff told us, "We have good support and career opportunities. You can be a trainer, part of the management or part of the quality team. Our efforts are recognised by the top achiever incentive scheme".
- The registered manager had an open-door policy and people and their relatives were encouraged to visit the office and express their opinions either in person or via the telephone.
- Staff had a clear understanding of their roles and their day to day work was steered by people living at the home. Staff were continuously supported to develop their skills to ensure provision of better quality care.

Continuous learning and improving care

- Staff recorded accidents and incidents, which were reviewed by the provider. This ensured the registered manager and provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe by reducing the risk of repeated incidents.
- The registered manager effectively assessed and monitored service audits to ensure identified improvements to people's care were implemented.

Working in partnership with others

- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.
- The provider had a business continuity plan in place that specified what action needed to be taken in case of various emergencies. The plan also stated people responsible for particular actions and partners involved in these actions.