

Heart of England Mencap

Heart of England Mencap - 184 Drayton Avenue

Inspection report

184 Drayton Avenue
Stratford Upon Avon
Warwickshire
CV37 9LD

Tel: 01789298379
Website: www.heartofenglandmencap.org.uk

Date of inspection visit:
08 June 2016
13 June 2016

Date of publication:
13 July 2016

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

We visited the offices of Heart of England Mencap - 184 Drayton Avenue on 8 and 13 June 2016. The inspection was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service.

Heart of England Mencap - 184 Drayton Avenue provides accommodation and personal care for up to three people with learning disabilities or autistic spectrum disorder. The provider leases the property from a housing association and is responsible for managing it. At the time of our visit the service supported three people. The service was last inspected on 9 July 2013 when we found no breaches of the Health and Social Care Act 2008 and associated Regulations.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe using the service and staff understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments and checks on staff to ensure their suitability to work with people who used the service.

There were enough suitably trained staff to deliver care and support to people. A health professional we spoke with provided positive feedback about the care provided by staff. Staff received an induction and a programme of training to support them in meeting people's needs effectively. Staff understood the principles of the Mental Capacity Act (MCA), staff respected people's decisions and gained people's consent before they provided personal care.

People told us staff were kind and caring and had the right skills and experience to provide the care and support they required. Staff treated people in a way that respected their dignity and promoted their independence.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed. Care plans and risk assessments contained relevant information for staff to help them provide the care people required.

People knew how to complain and were able to share their views and opinions about the service they received. Staff felt well supported by the registered manager and were confident they could raise any concerns or issues, knowing they would be listened to and acted on. There were checks in place to ensure good standards of care were maintained, however we found that checks were not always accurate.

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.

Risks to people's individual health and wellbeing were identified and staff followed care plans to minimise these risks. There were sufficient numbers of suitably skilled staff to meet people's individual needs and staff were trained to protect people from the potential risk of abuse. People received their medicines as prescribed and the provider checked staff were suitable to deliver care before they started working with people at the service.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act 2005 and staff gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff provided a level of care that ensured people had a good quality of life. They respected people's privacy and dignity and encouraged people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to complain and were able to share their views and opinions about the service they received.

Is the service well-led?

Good 

The service was well-led.

People were satisfied with the service and felt able to contact the office and speak with the registered manager if they needed to. Staff felt well supported by the registered manager and felt able to raise any concerns. The registered manager was dedicated to providing quality care to people. Staff were encouraged to share ideas to make improvements to the service. There were checks in place to ensure good standards of care were maintained, however we found that checks were not always accurate.

Heart of England Mencap - 184 Drayton Avenue

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.

The inspection took place on 8 and 13 June 2016 and was announced. We told the registered manager prior to the inspection that we would be coming, so they and the staff were available to speak with us. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection we contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

The provider had not been sent a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Therefore, we gave the registered manager opportunity to provide relevant information during our inspection.

During our inspection visit we spoke with the registered manager and two support workers. We also spoke with two people who used the service and two relatives. Following our inspection visit we spoke with a health professional. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors.

We reviewed three people's care plans to see how their care and support was planned and delivered. We

looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

We observed that people felt safe because they were comfortable talking to staff about any concerns they had. Staff made people feel at ease and took steps to protect them and offer advice and support. A relative told us they knew their family member felt safe because, "If they didn't, they wouldn't want to come back [to the service following a stay with their family]."

People were protected from the risk of abuse because staff knew what to do if concerns were raised. A member of staff told us, "If it was after 5pm I would call the 'on call' manager and if nobody was available I would call the duty social worker." Records showed concerns about potential abuse had been appropriately reported and action was taken by the registered manager to keep people safe.

There was a procedure to identify and manage risks associated with people's care. When people started using the service, an initial assessment of their care needs was completed that identified any potential risks to them during their care and support. The registered manager told us key workers wrote people's risk assessments and these were reviewed regularly. A key worker is a member of staff who is allocated to support a person on an individual basis. A member of staff told us, "If a new risk crops up, the key worker will write a care plan." They gave an example where one person had changing health needs which affected their mobility. They explained they were responsible for reviewing the person's risk assessment to ensure information in it was up to date and staff knew how to support the person to keep them safe.

Risk assessments had been completed for people and care was planned to minimise risks wherever possible. For example, people's care plans described what events (triggers) may lead them to feel anxious and effect their behaviour. The support staff gave people reflected the information in their care plans and risks to people were managed which helped keep them safe.

Incidents were recorded and actions were taken to protect people and keep them safe. A relative told us, "We are always notified if something happens, straight away." We found records of incidents included the actions taken as a result of any incident. The registered manager explained how they assessed possible risks to people, by monitoring any incidents which took place and reviewing the information to identify any patterns. They said, "Staff will fill out the appropriate form, which will be copied to me. I monitor any patterns from this."

There were sufficient, experienced staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. People told us they had regular staff that they knew well. Staffing levels were organised by the registered manager using a rota, which identified when planned activities took place and times when people needed more support. For example, one person liked to go horse riding, so an additional member of staff was added to that shift to provide support. A member of staff told us, "When we need them, there are more staff."

The registered manager had an out of hour's on-call system when the office was closed. Staff told us they felt supported by this system and could always contact a senior member of staff for advice.

The provider checked staff were suitable to support people before they began working in the service, which minimised risks of potential abuse to people. Records showed the provider's recruitment procedures included obtaining references from previous employers and checking staff's identities with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

Staff administered medicines to people safely and as prescribed. A relative explained to us when their family member came to visit, staff went through all their medicines and they were carefully checked. One member of staff told us, "When people go home, their medicines are audited in and out." Staff had received training to administer medicines safely which included checks on their competence. They recorded in people's records when medicines had been taken and they signed a medicine administration record (MAR) sheet to confirm this. Staff knew what action to take to protect people if there was a medicine error.

Is the service effective?

Our findings

People we spoke with told us staff had the skills they needed to support them effectively. A relative told us, "We are happy with the way [Name] has settled in and the way they're looked after by staff."

Staff told us they completed an induction when they first started work, which prepared them for their role before they worked with people in the home. Records showed staff had obtained care qualifications. Staff received training considered essential to meet people's care and support needs. This included training in supporting people to move safely, first aid awareness, safeguarding people and positive approach training which helped staff to manage people's behaviour. Staff were happy with the training they received and told us they were supported to do training linked to people's needs. A member of staff told us, "Training is really good. If there's anything I've asked for, they've facilitated it. I asked for Diabetes training and it happened within weeks." They explained how the training they received helped them to improve the way they cared for one person.

Staff told us their knowledge and learning was monitored through a system of supervision meetings and observational checks of their practice (spot checks). Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. A member of staff told us, "Supervision is regular and I get feedback on my performance."

The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the registered manager was working within the principles of the MCA.

Staff we spoke with understood the requirements of the MCA. Two members of staff told us, "When people are not able to make an informed decision, we get people involved to help them make a decision" and ""It's about an individual's ability to make decisions concerning their lives and identify what areas they need extra support in." The registered manager told us there was no one using the service at the time of our inspection that lacked the capacity to make decisions about how they lived their daily lives. We were told some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they all had somebody who could support them to make these decisions in their best interest. For example, one person had a health problem which required treatment, so staff involved health professionals to support the person to make a decision in their best interest and the person received appropriate treatment to improve their health. We found there was information on people's care plans about what support they required to make decisions on a day to day basis and what help they needed with more serious decisions, for example support from their families and health professionals.

People told us staff gained their consent before supporting them. Staff told us they knew they could only provide care and support to people who had given their consent. During our inspection visit, we observed staff asked for people's permission before supporting them.

People told us they enjoyed the food in the home and they could make choices about what they wanted to eat. One person told us, "We sit down and do the menu together." They talked to us about what was on the menu for that day and told us if they didn't want it, they could have something else. Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that met their needs. We saw people's dietary requirements, food preferences and any allergies were recorded in their care plans. Staff were able to tell us how they supported one person to have thickened drinks to reduce the risk of them choking and this enabled them to be more independent. People were offered drinks and snacks, in accordance with their needs. We observed the evening meal and saw people made their own choices and were supported by staff according to their needs. Meal times were relaxed and staff ate their meal with people who lived at the home.

People's healthcare was monitored and where a need was identified, they were referred to the relevant healthcare professional, such as a consultant doctor. One person told us, "If I'm poorly, staff will get the doctor out and he comes and sees me." A relative told us, "Staff support [Name] with appointments. They arranged for the chiropodist to come. [Name] has been healthier since they've been here." A health professional we spoke with following our inspection visit told us staff supported people to attend outpatient appointments and always provided any required information. They told us staff followed their recommendations. People's care plans included a 'health action plan', which gave details of their health issues, medicines and any health professionals related to their care.

Is the service caring?

Our findings

People told us staff were caring and treated them with kindness. One person who lived at the home told us, "Staff are friendly and caring." Relatives told us, "The atmosphere is good" and "Staff know [Name] well, they know what they like and don't like." A health professional we spoke with following our inspection visit told us staff were caring and put the needs of people at the heart of their care.

Staff told us they liked working at the service and they enjoyed helping people to be independent and supporting people according to their individual needs. One member of staff told us they supported people to be independent by, "Following support plans for skills people already have, supporting them to use those skills and encouraging them to develop new skills if it's something they want to do." During our inspection visit we saw staff supporting people and we saw there was good communication between them. Staff knew people well and we observed them sharing jokes with people and enjoying each other's company. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way.

Staff were compassionate and took time to listen to people and supported them to express themselves according to their abilities to communicate. For example, staff told us they used different communication methods to meet people's needs, such as using objects of reference to help one person make choices. Communication methods were recorded in people's care plans. Staff sat with people and took time to interact with them on a one to one basis about things they were interested in, such as menu choices and hobbies. We observed staff supported one person to check their 'jobs rota' in the kitchen. They asked staff if they could clean their room. Staff discussed how they would like to do this and then supported them to complete the task. The person clearly enjoyed the task and talked about how they had finished their jobs that day. Records showed that routine was important to this person and we saw the support staff gave them, reflected the information in their care plan.

People told us staff were kind and treated them with dignity and respect. A relative told us, "I have never seen [Name] treated without respect by staff." Two members of staff explained how they maintained people's dignity whilst supporting them. They said, "By not talking over people or speaking for people and by asking their opinion" and "Everyone needs privacy. I don't bother people when they have private time."

Is the service responsive?

Our findings

People told us they were happy with their care and told us their support needs had been discussed and agreed with them. They said staff knew their likes and preferences. One person told us, "We know the staff well. They know what I like and what I don't like." Staff told us they read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. A member of staff told us, "If someone says something they'd like to do, I pass it straight onto the manager so they can facilitate support for them. I think this is a really important part of the job." Care plans contained detailed information about people's personal history and preferences.

People were supported to develop and maintain relationships with people who were important to them. People told us their relatives visited them regularly and staff told us they encouraged as much contact with people's families and friends as possible. A relative described how staff had taken time to introduce their family member to the service in a person centred way. How they had built up the amount of time the person stayed and gradually met people who lived at the home and staff members. The relative told us how the registered manager ensured that their family member's relationship with their best friend was promoted, by supporting them to meet up as often as possible. The relative said, "[Name] has not lost touch with their friends."

People had fulfilling lives because they were engaged in activities that were meaningful to them. One person told us about a holiday they had been on with support from staff and how they enjoyed it. They told us they liked gardening and went to the market to buy flowers. They enjoyed showing us some flowers they had recently bought. The service was actively involved in building links with the local community and people were supported in individual ways that suited their needs. For example, people were encouraged to attend local social clubs. The registered manager explained people also attended events held by the provider, such as the 'Mencap awards', where the provider held an evening event to celebrate people's achievements. For example, one person showed us their award for 'outstanding letter writing', which they were very pleased about. A member of staff gave an example of one person who was supported in their hobby of horse riding. They explained how the person was supported to take part in national competitions. We spoke with the person who told us about their hobbies and they were very proud of their prizes.

We saw people's views about their care had been taken into consideration and included in care plans. Relatives told us they were invited to meetings to review their family member's care where appropriate. A member of staff told us that people were supported in individual ways to take part in their care planning. They said, "[Name] likes to be involved in their care planning, they are able to tell us if they are not happy with something. But [Name of another person] doesn't enjoy the process, so we have conversations around it and record them in the daily records." The registered manager told us key workers reviewed people's care plans with them. They said, "Key workers sit with people informally and get to know them."

Communication between staff allowed them to share information and ensured people received care which met their needs. A member of staff told us, "We record in the message book and ask staff to look at things. For example, if there's a change in medication." The registered manager explained it was all staff's

responsibility to share information if there were changes to people's needs. Records confirmed this was done and staff shared important information.

People were able to express their opinions about decisions which affected their care. For example, the registered manager told us people who used the service had been involved in the recruitment of new staff. They asked people to take part in interviewing potential candidates and ask their own questions, so they could choose suitable people to support them. A member of staff told us, "[Name] has their own questions and they sit down with support staff who help them to write the responses down."

People and their relatives said they would raise any concerns with staff. One person told us, "If I had a complaint I would speak to [manager's Name] or to head office, they are easy to get hold of." A relative told us, "I would email [manager's Name] about it, but there's no need." People told us they had the information they needed to make a complaint. The provider's complaints policy was easy to read, it had pictures to help people's understanding and it was accessible to people in the home. Staff knew how to support people if they wanted to complain. Records showed there had been no complaints in the last 12 months. However we saw previous concerns had been dealt with in a timely way and in accordance with the provider's policy.

The registered manager explained people could share their experiences of the service using resident's meetings and surveys. They told us meetings were held regularly and people could talk to staff about things they were interested in, for example how they would like their bedroom decorated.

Is the service well-led?

Our findings

Everyone we spoke with told us they were satisfied with the quality of the service. A relative told us, "We are happy with care [Name] is getting." Some staff had worked at the service for several years. A member of staff told us, "I enjoy working here."

Staff told us they felt well supported by the registered manager and senior staff at the head office. Staff understood their roles and responsibilities and what was expected of them. They knew who to report concerns to and were aware of the provider's whistle blowing procedure. One member of staff told us, "When I raise concerns [manager's Name] will get back to me about what's happening." Staff were positive about the leadership of the service and about the support and guidance they were offered. A member of staff told us they felt motivated because they received good feedback from the registered manager. They said, "When I say I'm struggling, [manager's Name] helps me." The registered manager told us, "We are quite an open team. Staff ring me up straight away if there's a problem."

People told us communication was good within the service and they were able to contact staff and raise any issues they wanted to. A relative told us, "We can speak to [manager's Name]. We had a progress meeting about two months ago. We felt able to suggest things and we were happy with the way [manager's Name] dealt with our suggestions. For example, they tweaked the menu for [Name]." Another relative said, "[Manager's Name] is good, they notified us of an incident straight away and it was resolved the following day."

Staff confirmed there was good communication within the service and they were asked for their opinions on how the service could be improved. We saw there were regular staff meetings where staff were asked to contribute and raise issues to discuss. There were different types of meeting to allow staff to share their ideas for development of the service and where new guidance was shared. A member of staff told us, "We can make suggestions anytime to the manager, through text or at supervision. [Manager's Name] is great at listening and willing to give our ideas a go." Another member of staff told us how they had suggested making a change to someone's routine because they noticed they were always tired on the day they carried out household tasks. They told us changes were made to the person's routine straight away, to improve the quality of their life. The registered manager told us manager's information sharing meetings had been suspended since April 2016 by the provider, due to an internal staffing restructure. They told us, "Information is being emailed to us instead [by the provider]."

People were encouraged to provide feedback on how things were managed and to share their experiences of the service by completing surveys. The registered manager explained there were questionnaires for people who used the service and people were supported by staff to complete these according to the person's communication needs. The registered manager told us questionnaires had last been sent out in April 2016 and the responses were still being collated by the provider. The questionnaires used pictures to help people understand them. Staff told us if there were any issues in people's responses, they received an action plan from the provider. They told us they liaised with people about their responses, in order to make improvements to their care. We looked at the previous survey results from 2015 and saw the results were

very positive. For example, one person had asked to be involved in interviewing new staff and records showed they had done this.

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. The registered manager was aware of the achievements and the challenges which faced the service. They gave an example of one of their achievements, where one person had been supported to leave the service to live in a different type of accommodation, due to their change in needs. They had enabled staff to provide person centred care to support the person to choose their new accommodation and ensured their move was as smooth as possible, to prevent them from becoming anxious. The registered manager told us how they kept up to date with best practice by receiving newsletters from organisations, such as the Health and Safety Executive and the autism society. They kept staff up to date with best practice by sharing information in staff meetings.

The provider had received an Investors in People award, which is an internationally recognised accreditation for good people management. They had signed up to the Social Care Commitment with Skills for Care. The Social Care Commitment is a promise made by people who work in social care to give the best care and support they can. The provider was also a member of the United Kingdom Accreditation Service (UKAS). This meant the service was independently evaluated against recognised standards, to improve the quality of the service and share good practice.

There were systems in place to monitor the quality of service. This included checks made by the registered manager on a three monthly basis, spot checks carried out by the team leader on a monthly basis and additional checks carried out by senior staff from head office on an ad hoc basis. Spot checks looked at issues to do with the safe maintenance of the property such as lighting and water. A spot check carried out in June 2016, had identified that water temperature testing had not been carried out in March, April or May 2016. We saw a service checklist had been completed by in May 2016, which looked at issues such as people's care plans, risk assessments and fire procedures. We saw where actions were required, action plans were followed and improvements were being made. The checklist results were sent to the provider to enable them to monitor any issues. However when we looked at a health and safety checklist completed in April 2016, we found that some information was not accurately recorded. It stated that all water testing had been carried out in the last quarter, whereas June's spot check recorded this had not been done. We discussed this with the registered manager who told us they had completed the health and safety checklist and had not realised the water testing had not been carried out, they agreed that the results of the check were inaccurate. There was no evidence that checks for legionella in the water system, had been carried out. We raised this issue with the registered manager who told us they thought the property landlord was making checks and they would follow this up as a matter of urgency. This meant the systems in place to monitor the quality of the service were not all effective and some inaccurate information had been shared with the provider.

Records showed the registered manager made additional reports to the provider on a weekly basis, including information about accidents, complaints and other events which may call into question people's safety.