

Royal Mencap Society

# Royal Mencap Society - Ashingdon Road

## Inspection report

296 Ashingdon Road  
Rochford  
Essex  
SS4 1TR

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

Date of inspection visit:  
28 October 2015

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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

The inspection visit took place on the 28 October 2015.

296 Ashingdon Road provides care and accommodation for up to six people who live with a learning disability. There were five people living at the service at the time of our inspection. The home does not provide nursing care.

A manager was in post and was in the process of registering with the Care Quality Commission. 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.

The service provided good care and support to people enabling them to live fulfilled and meaningful lives. Records were regularly updated and staff were provided with the information they needed to meet people's needs.

People were safe. People were cared for by staff that had been recruited and employed after appropriate checks were completed. There were sufficient staff available to support people.

Staff felt valued and supported. Staff underwent sufficient training and had the support and guidance they needed to deliver good care to people.

The manager and staff were able to explain to us what they would do to keep people safe and how they would protect their rights. Staff had been provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

The manager and staff had a full understanding of people's support needs. People were relaxed in the company of staff. Staff demonstrated they knew people well and treated people with dignity and respect. People enjoyed their meals and were supported to maintain their nutritional health.

People who used the service were supported to identify their own interests and pursue them with the assistance of staff. These person centred activities took place within the service as well as in the community.

The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance was sought from health care professionals, including people's GPs and the speech and language therapy team.

The manager had a number of ways of gathering views on the service including using questionnaires and by holding meetings with people and staff.

The manager carried out a number of quality monitoring audits to ensure the service was running effectively. These included audits on care files, medication management and the environment.

The manager demonstrated strong values and a desire to learn and implement best practice and had ongoing plans for improving the service people received.

## 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.

Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Staff knew how to recognise and report abuse.

Medicines were dispensed safely.

### Is the service effective?

Good ●

The service was effective.

Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available to meet people's needs.

People had access to healthcare professionals when they needed to see them.

People were supported to stay healthy, active and well.

### Is the service caring?

Good ●

The service was caring.

Staff showed a good understanding of people's care and support needs.

Staff treated people kindly and respected people's privacy and dignity.

### Is the service responsive?

Good ●

The responsiveness of the service was good.

The service was flexible and responded to people's needs.

People's care plans were well written and contained the relevant information needed to meet people's needs.

The service promoted a choice of activities based on individual need and people were supported by staff to access community activities of their choice.

**Is the service well-led?**

**Good** ●

The service was well led.

The manager promoted strong values and a person centred culture.

The manager was clear about their role, responsibility and accountability and was supported by the senior management team.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Staff told us they felt valued and supported.

# Royal Mencap Society - Ashingdon Road

## **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 visit took place on 28 October 2015. Our visit was unannounced and the inspection team consisted of two inspectors.

Before the inspection we reviewed all the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

During our inspection we spoke with four people who lived at the service. One person was out during the course of our visit. We spoke with four support staff as well as the manager. We observed interactions between staff and people. We reviewed five people's care plans, risk assessments and daily records of care and support. We reviewed four staff support records and quality assurance information. We also reviewed three people's medical administration record (MAR) sheets.

# Is the service safe?

## Our findings

People were protected from the risks of harm and abuse. The service had a clear policy for safeguarding vulnerable adults from harm and abuse. This gave staff information about preventing abuse, recognising the signs of abuse and how to report it. Staff had received training in safeguarding. Staff we spoke with knew how to keep people safe and protect them from harm. Staff were able to identify the different types of abuse and told us what they would do if they were concerned people were at risk. Staff told us, "It's keeping people safe; I would talk to the manager, or if the manager was involved get in touch with Essex Safeguarding Team or involve the Police, depends on nature of safeguarding, Mencap have a procedure to follow." Staff also knew the whistleblowing policy and procedure. Staff knew they could contact outside authorities such as the Care Quality Commission.

The manager carried out health and safety checks to ensure that people and staff were safe. The manager told us they had set up a list of local contractors to attend to maintenance issues around the home. This ensured any maintenance issues were dealt with promptly.

The provider had an effective system in place to record accidents and incidents. We saw records of fire alarm tests. On the day of the inspection a fire test was undertaken and we observed staff providing reassurance to people and the reason why the test was being undertaken. Staff told people, "We need to keep you safe and make sure you can hear the alarm". Staff told us a full fire evacuation test is undertaken every six months and people were given a certificate.

Each person had a Personal Emergency Evacuation Plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely evacuate a building themselves. The manager told us a ramp is being installed to the front entrance door to the building and the conservatory doors are being widened to support people to exit the building.

In the event of an emergency staff had access to a list of contact numbers to call which included the provider's on call management team. The service also had an emergency contingency folder which contained a 'quick grab' resource containing relevant information should the service need to be evacuated.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. For example, staff told us they checked the water temperature when people were bathing to ensure their safety and prevent scalding. These assessments identified how people could be supported to maintain their independence. The assessment covered access to the community, environmental risks and risks to people who could become anxious and distressed. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive.

Staff recruitment processes were robust. Staff records showed that before new members were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults or children. This supports employers to minimise the risk of

unsuitable people working with vulnerable people. The recruitment procedure included processing applications, conducting interviews and obtaining references and proof of identity.

There were sufficient staff on duty to meet people's needs. The manager adjusted staffing numbers as required, for example, if people required support when going out. The sample of rotas we looked at reflected sufficient staffing levels. Staff supported people in a timely way and people received care and support when they needed. People were supported to access community activities during the day and evenings. Staff told us, "We want people to be part of the community".

There were appropriate arrangements for the administration of medication and people received their medications as prescribed. Staff had received training in medication administration. We observed a person being given their medication safely. We also reviewed three medication administration records and found these to be in good order. The manager carried out regular audits of medication to ensure that people were receiving their medications as prescribed and safely.



# Is the service effective?

## Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide continuous good care and ensure people's safety. Staff received on-going training and training records showed that staff had received appropriate training in key topics. One member of staff said, "I have attended safeguarding, medication, first aid, mental capacity and manual handling. You can't work if your training is out of date."

Staff told us they had completed an induction programme before they started their role. Staff told us, "I had a very good induction" and, "I had a big book which told you everything about Mencap and learning disability. You had to shadow as well as doing the training. You could not start work until you completed all the training".

Staff received an annual appraisal and told us they received supervision on a regular basis and records we reviewed confirmed this.

Staff told us they had regular meetings and were able to put forward improvement ideas. One member of staff told us how their idea of putting staff photographs up for people, to see to lessen confusion and anxiety for people, had been introduced. We observed photographs of the staff on duty on the day of the inspection and saw people looking at the photos.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The manager understood their responsibilities and the service followed the Mental Health Act 2005 Code of Practice. We observed flowcharts in the staff room. This ensured staff followed the correct process and ensured the rights of people who may lack mental capacity to take particular decisions are protected. This included decisions on depriving people of their liberty so that they get the care and treatment they need. We observed records where the provider had followed the requirements of DoLS.

We observed staff offering people choices throughout the day about how they spent their time. For example, staff spoke with people about a day trip to London and supported people to choose a coach trip they wished to go on. Staff asked one person, "Are we going out this afternoon? We will need to sort out your money". Staff gained people's consent before supporting them.

Staff told us menus were planned with people living at the home. As well as planning and preparing meals people helped with the food shopping. People were given the choice of what they wanted to eat and food was cooked fresh. Alternative options were made for one person who was unable to eat certain vegetables. People helped to prepare the dinner and we observed people preparing vegetables and laying the table. People and staff sat together to eat lunch. It was clear from our observations at lunch time that mealtimes were relaxed and informal. People had enough to eat and drink. Support plans contained risk assessments specific to individuals' dietary needs.

People were supported to access healthcare as required and we saw this recorded in people's care records. We saw examples of records where advice and/or referrals had been made to healthcare services, for example, the incontinence service, psychiatrist, speech and language team, dentist and GPs. Staff told us they also contacted 111 helpline for advice. People had Health Action Plans and a Hospital Passport, an easy read document all about the person using photographs and symbols which informed other services how people needed to be communicated with. We also saw records which confirmed people were attending health care appointments such as with their GP, dentist and chiropodist.

# Is the service caring?

## Our findings

Staff provided a caring and supportive environment for people who lived there. When we arrived at the service at 09:00 one person had left to go to a day centre. Everyone was up and dressed. They appeared happy and were smiling. We were shown around the service by a person who lived at the service and a member of staff. Throughout the inspection we observed people being treated with kindness and compassion.

Staff had positive relationships with people. Throughout the inspection we saw people and staff were really relaxed in each other's company. There was free flowing conversation and exchanges about people's wellbeing and how they planned to spend their day. We observed staff were not rushed in their interactions with people and that they took their time to listen closely to what people were saying to them. When offering support staff spoke politely and with warmth and kindness

Staff were inclusive with people when carrying out everyday household tasks. Some people helped staff with cleaning, preparing food and laying the table.

Staff were attentive to people's needs. We observed a person listening to their radio through headphones. Staff frequently checked to ensure the radio was working and the person could hear it. We also observed a person indicating they were feeling hot and staff asked them whether they wanted the window open. The person indicated they did want the window open and staff opened the window and told the person to let them know if they felt cold.

Staff communicated effectively with people. For some people this meant using sign language to aid communication, for example, we observed a staff member signing asking whether a person wanted a drink. Staff spent time sitting down and talking to people and discussing day trips. Staff had requested the Speech and Language Therapist team (SALT) to support communication for one person. We saw a report from the SALT with actions which would supplement the person's understanding and to help them to express their wishes when it comes to activities. This showed the service was committed to respecting people's choice. We saw pictorial documents to support communication, for example, support plans and a pictorial activity book.

People's right to privacy was respected. Staff told us how they would support someone's privacy and dignity. They told us they would knock on people's doors before entering and ensured bedroom and bathroom doors were closed. We also observed staff knocking on people's doors before entering. One staff member told us, "If people are having a bath I wash their hair and backs and legs if they cannot reach, I then step outside the bathroom door to give them privacy to wash themselves." We observed staff discreetly asking people if they required any assistance and moving to a quiet area as required.

We looked at five support plans which included information specific to the individual. Support plans included detailed information about the person's health, medication and preferences and the outcomes the service was assisting people to achieve. Support plans were reviewed on a monthly basis. We saw daily

records which showed staff had been supporting people with their care and support as written in their support plans. People were involved in their care and staff were committed to people being involved and encouraged them to make decisions. When support plans were reviewed people had an opportunity to say if they were unhappy with the care and support provided to them. A desk and computer had been installed in a room on the ground floor. The manager told us, "This will enable people to sit with staff when reviewing their care plan and be more involved with the review."

We spoke with an advocate who told us, "Overall impression is very encouraging, I observe staff attitudes towards residents...I have access to people's monthly reports and I check what is going on and ensure what they are doing are what they are supposed to be doing.". The advocate told us the service constantly looked for improvements and told us about the recent improvements to the layout and redecoration of the home.

## Is the service responsive?

### Our findings

The service was flexible and responsive to people's individual needs and preferences and people's care and support needs were well understood by the service. This was reflected in detailed support plans and individual risk assessments as well as in the attitude and care of staff towards people. Each person has an allocated keyworker who supports them to maintain their support plan and support the person to attend activities of their choice. Staff told us they were flexible in their working patterns. This ensured people could attend activities at any time of the day.

People were supported to follow their interests and take part in social activities. Staff told us how one person enjoyed horse riding and is supported to go to the local riding centre. Another person showed us items they had made at pottery classes. People told us they were looking forward to the Halloween party. Risk assessments were completed for people which included risks associated with accessing the community.

Staff told us, "We need to make sure people do things so they don't lose it [independence]. We encourage [name] to walk about as much as possible, motivate as much as we can...[name] is making a pole for the garden in pottery class and will make a small flower bed around the pole." This demonstrated staff supported the person to remain as independent as possible, participate in an activity they enjoyed and reduced dependency on a wheelchair through walking.

Staff supported one person who wished to set up a sewing group and the group now met on a weekly basis. Some people who attended the sewing group lived in another service so people took turns to meet at each home. The person told us they were, "Very happy" and enjoyed the group they showed us a collection of the work they had made and were very proud of their achievements. Staff told us staff from the other service would be coming to the home from November to do woodwork with some of the residents.

Staff recognised the importance of social contact and maintaining relationships in and outside of the home. People were supported and encouraged to maintain relationships with their friends and family, this included visits to family. One person is supported to use skype to stay in contact with their relatives who live abroad. Adaptions were made to the service where needed to enable people to make the best of their personal relationships with those close to them.

People were listened to and their views taken into account. People had been involved in choosing how they wanted to decorate the communal areas. Wallpaper samples were taken to a residents meeting and people choose what wallpaper they liked. Staff told us whilst on a trip out looking for wallpaper samples one person saw some wallpaper with pictures of cars on it. They told staff they would like this paper in their room and staff supported them to have the wallpaper in their room.

One room on the ground floor was in the process of being converted to a music room and during our inspection we observed a person playing the organ.

We saw systems were in place for recording and managing complaints. The manager told us no complaints had been received about the service. Staff told us if a person or relative approached them with a concern or complaint they would speak to the manager. If the complaint or concern related to the manager they would speak to the area manager.

## Is the service well-led?

### Our findings

At the time of the inspection the service did not have a registered manager in place. The last registered manager left in September 2015. The manager at the service had submitted a registered manager application to CQC.

There was visible and good leadership in place in the service to support good care delivery. Staff had regular supervision and team meetings. We saw the minutes of team meetings which confirmed these were held monthly. Staff spoke highly of the manager and said they were accessible and approachable. Staff told us, "I feel supported with my new manager. [Manager] is very nice, it's good to be valued and supported... amazing" and, "I get support from management [manager] is really good and the changes [manager] is making are good. If I need to speak to [manager] I can". Staff told us they felt listened to and that the manager took into account what they had to say. They were able to discuss any issues within the service or any ideas they had for improving the service. A communication book was used to ensure important information was shared between staff. This demonstrated staff were well supported in performing their role.

The manager told us they received support from senior management and the resources required to drive improvement were available. The manager told us they attended meetings with other managers from other services owned by the provider which provided an opportunity to share good practice and drive improvement.

The service promoted a person centred, inclusive culture. Staff shared the same vision as the manager which was to enable people to develop and maintain skills to be as independent as possible. The provider had clear values which were linked to the provider's staff appraisal system. Staff had been given examples of positive and negative behaviours linked to these values. One member of staff told us, "We promote independence, quality of life, and support people so they can have the same quality of life like me and you".

Strong governance systems were in place to ensure the service was safe for people and continually improved. The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example, there were regular audits on people's support files, medication management and the environment. The majority of audits were completed monthly using the provider's on line quality monitoring tool. We checked this and observed the manager had completed these in line with the provider's quality assurance processes. The monitoring tool pulled through information and highlighted any areas which had not been completed. If there were incomplete areas an action plan was then developed for the manager to follow. The quality monitoring tool is monitored by the quality assurance team and senior management. The manager told us the quality assurance team also carried out unannounced spot checks and had recently undertaken a finance audit at the service.

People were actively involved in improving the service they received. The manager gathered people's views on the service not only through regular meetings but on a daily basis through their interactions with people. People's opinions were also asked for about how the service was decorated with regards to colour schemes

of their rooms and shared living areas.

Annual surveys were carried out for people who use the service, relatives and other stakeholders, for example health professionals and the local authority. The manager told us feedback from the surveys was used to see if any improvements or changes were needed at the service. We saw a copy of the survey. The return rate from stakeholders was poor but this showed the service sought views about its quality and effectiveness from external professionals. Anonymised staff surveys were undertaken annually. The results from the surveys were analysed by the provider's Head Office. Staff told us they had recently completed a 'Survey Monkey' staff survey.