

Royal Mencap Society

Royal Mencap Society - Churchfields

Inspection report

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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

This was an unannounced inspection carried out on 11 November 2015.

We last inspected Churchfields in November 2013. At that inspection we found the service was meeting the legal requirements in force at the time. The service is

registered to accommodate up to 34 people with a learning disability. At this inspection 28 people were resident. Accommodation is in small scale bungalows and flats with a central office and small day centre.

A registered manager is in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

Staff had received training about safeguarding and knew how to respond to any allegation of abuse to assist them to protect people from harm. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, where decisions were made on behalf of people who were unable to make decisions themselves. Other appropriate training was provided and staff were supervised and supported.

People received their medicines in a safe and timely way. People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed.

Menus were individual and staff were aware of people's likes and dislikes and special diets that were required. Activities and outings were provided according to people's preferences.

Staff knew the people they were supporting well. Care was provided by the staff with patience and kindness and people's privacy and dignity were respected. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People we spoke with said they knew the staff well that supported them and felt able to bring up any concerns. There was an effective complaints system in place to respond to concerns raised. The provider undertook a range of audits to check on the quality of care provided. There was regular consultation with people and/ or family members and their views were used to improve the service.

Staff and relatives said the management team were approachable. Communication was effective ensuring people and their relatives were kept up to date about any changes in people's care and support needs and the running of the service.

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 were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff would be able to identify any instances of possible abuse and said they would report it if it occurred.

Policies and procedures were in place for staff to follow for the purpose of people receiving their medicines in a safe manner.

There were enough staff employed to provide a supportive and reliable service to each person.

Good



Is the service effective?

The service was effective.

Staff had received the training they needed to ensure people's needs were met effectively. Staff were given regular supervision and support.

People received appropriate support to meet their healthcare needs. Staff liaised with GPs and other professionals to make sure people's care and treatment needs were met.

People received an appropriate individual and varied diet.

Good



Is the service caring?

The service was caring.

People we spoke with said staff were kind and caring and were very complimentary about the care and support staff provided.

People's rights to privacy and dignity were respected and staff were observed to be patient and interacting well with people.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person.

People were helped to make choices and to be involved in daily decision making.

Good



Is the service responsive?

The service was responsive.

People received support in the way they needed because staff had detailed guidance about how to deliver people's care. Support plans were in place to meet all of people's care and support requirements.

People were provided with a range of opportunities to access the local community. They were supported to follow their hobbies and interests and were introduced to new experiences.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had a registered manager in post.

People using the service, their relatives and staff praised their approach and commitment.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. Action had been identified to address shortfalls and areas of development.

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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.

Before the inspection we reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

The inspection took place on 11 November 2015 and was an unannounced inspection. It was carried out by two adult social care inspectors and two experts by experience.

An expert by experience is a person who has personal experience of using a similar type of service or caring for someone who uses this type of care service. We had both types of experts on this inspection.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. However we spent time with people and spoke to 20 people living at the service and eight staff and the registered manager.

We reviewed a range of records about people's care and checked to see how the service was

managed. We looked at care plans for six people, the training and induction records for staff, staffing rosters, staff meeting minutes, and the quality assurance audits that the registered manager and other managers external to the service completed.

Is the service safe?

Our findings

People were protected from bullying, harassment and avoidable harm. We saw that staff were aware of when and how people were vulnerable and that measures had been put in place to keep them safe. An example of this was within money management. We checked the financial records for people and found these to be correct. Staff were aware of how to keep people's money safe, through procedures in place and accounted for, but enable people to have access when needed. People told us that they felt safe in their homes. One person said, "If I worry I go to my keyworker or sister." Another person said, "I talk to the staff." One person gave us an example of how the staff helped them to be safe. The person said that they had got a key to their bedroom now. The person showed us the key.

Staff knew how to access the procedure on safeguarding vulnerable adults from abuse. We were sent an up to date copy. This was very informative and described how they might recognise different types of potential abuse. Staff confirmed that they had received training. We have received appropriate notifications about safeguarding incidents and the local authority confirm that the manager had worked with them to safeguard the vulnerable people in their care.

Risks to individuals and the service were appropriately managed. Care plans contained detailed risk assessments and had had been reviewed appropriately. An example being one, relating to access to the community, had been promptly reviewed after a person was diagnosed as living with dementia. We also saw specific risks related to increasing or maintaining independence had been assessed such as using household equipment. One person told us that they did their shopping at Tesco and, "Made my own spaghetti bolognese last night."

We found that other risks had been assessed to ensure that preventable harm was considered in events relevant to people such as choking, falls and taking medication had been assessed.

Information regarding risk had been shared with people and they had clearly been part of the assessment process.

Staffing levels were different in each bungalow/flat based upon the number of people and the assessed needs of those people who lived there. People living at the service told us there was sufficient staff to support them, saying

staff came quickly if needed. One person who lived in a bungalow without staff support at night told us, "At night time if anyone needs something you press the number and staff come to help you." All staff said there were enough staff to supervise meals and keep people safe. An agency staff said, "Two staff is enough – we can call on other colleagues if we need to". We saw that rosters were worked out well in advance and that the roster over the holiday period had been agreed.

One support worker had taken someone shopping and staff told us that two staff remaining was enough to meet the needs of those who stayed at the service. One person told us, "I go outside". Staff explained that they support them to go out in a wheelchair and that they do shopping together. The person nodded and said: "Yes, I do, its lovely. We went out for lunch with the staff last week." Then they said: "When I go shopping I need someone with me. Someone is with me in case I need help. And I go out with the staff at the weekend." The person also told us that they went on holiday locally with the staff. Our observation was that people's needs were met fairly promptly, specifically requests for drinks, lunch and the need for personal care was attended to.

People did receive medicines that were prescribed for them. We spoke to people and they were aware of what their medicine was. One person said it was to prevent the seizures and knew when they needed to take the medicine. They said, "Morning and night time". Another person was also well informed about what medicine they had been taking and why. They said, "Morning, afternoon around four, I take it for blood pressure". We observed that some people self-medicated and staff supported people to manage medicine such as insulin well. There were appropriate risk assessments and checks in place to keep this safe, but encouraging independence and personalised care and support. There were processes in place to order medicine and it was stored appropriately with staff ensuring the temperature of storage was maintained. Staff confirmed that they had training before they administered medicines. We examined the medication administration records and found these were generally well managed, but could be tightened up where signatures were missed on occasion. We checked stock of medicines and concluded this was a records issue and not that people had missed their medicine. Medicine was regularly audited so ensured people had received their medicine as intended. There were protocols in place for 'as and when required

Is the service safe?

medicines', staff spoken to understood these. Staff were trained to administer specialist medicines such as Buccal Midazolam a medicine for peoples epilepsy that needed to be administered at specific times.

Some people had their medicines in food, a correct process around permission and authorisation of safety was in

place, one letter could not be found on the day, but information was sent on to us. On the whole medicines were safe, but steps around recording would improve accountability.

Is the service effective?

Our findings

We found staff that were knowledgeable and skilled to carry out the role they had been employed for. People told us that they got on well with the staff and were supported by them to do what they liked at home and in the community. One person said, “I like to sit here and play my cards. I make cakes on Sundays with the staff.” They also told us that they liked watching TV with others at home and that had her nails painted with help of the staff. They showed us their newly polished nails and said that they liked them.

Staff told us they had received an induction before they started working. This matched what we were told and shown by the manager. The induction not only covered topics that related to health and safety matters but covered values and philosophy of supporting and caring for adults with a learning disability. All staff spoken with praised the training they received. One said, “There’s training for everything”. Staff felt they had the training they needed and when asked none felt put in a position where they were expected to carry out something they were not trained for.

Some staff in one bungalow had received training in caring for people living with dementia and it was planned for other staff the following week. Some staff told us they had more specialist training such as training on Rhett’s syndrome and epilepsy. Staff also said they worked with staff from the community team and district nurses on matters such as dementia care, pressure ulcer prevention and people’s sensory needs. Sensory equipment was installed in one person’s room and the staff supporting them were able to demonstrate how it worked.

Staff confirmed they had regular supervision and that there was always someone to ask if you needed guidance or support. There were management systems in place to meet with staff regularly individually and regular team meetings were in place.

We found good examples of staff seeking consent and acting within relevant legislation and guidance. Staff were routinely seeking people’s consent to care and support and this was often done very sensitively. People were presumed to have capacity and were asked their views and opinions on how they wished to live their lives. Information was presented in a manner that people could understand. People were involved with their care support plans and

knew who their keyworker was and felt very involved in determining the support they needed. People were free to come and go as they pleased, but staff discreetly monitored people’s whereabouts to keep them safe. There was a deprivation of liberty safeguard (DoLS) application being prepared for a person recently diagnosed as living with dementia.

One person had a Best Interests meeting held regarding a holiday they were going on. The records were an excellent example of how they involved the person in every decision about the proposed holiday. Staff were all really clear about people’s capacity to be able to give consent for some things and not others and this was clearly documented in care plans. Some people were having a flu jab on the day of our visit and appropriate consent had been sought.

People were supported to maintain good health. Health plans in place showed that people had access to health professionals such as their GP, dentist and district nurses, along with more specific health professionals such as physiotherapists, speech and language and neurologists. People told us about visits to the optician and the dentist and that a chiropodist came for everyone’s feet. People were taken promptly to a GP if they became unwell. The service was proactive with regard to health and had advocated well for one person who had a diagnosis of dementia. They had pressed for further investigation, based on their knowledge of the person, and the person was now appropriately diagnosed and supported.

We found that health care support was personalised for the individual. One person received lots of staff support to access a health appointment which they had been unwilling to attend. Strategies to assist them with this were noted in their care plan. They also had a detailed care plan around managing their diabetes. This included information for staff and clear guidelines about action to take in response to particular blood sugar level readings. The plan also documented how they should be involved in managing their own health care. One person we spoke with told us about that they had a “big check up” as she has a number of health concerns including diabetes. They told us that they “had a taxi to hospital”. We were assured through a range of information found that people’s health was managed well and monitored.

People decided what they wanted to eat and the times of meals. One person was eating a shop bought prawn and pasta salad and told us they would like to eat it every day.

Is the service effective?

We were informed that staff encouraged people to eat a varied diet. One person explained that they did their food shopping with the support of staff. Some people had menus in place, the menu we saw was varied and balanced and based upon a choice made by the people living at the service. One person was sitting at a table eating beans on toast which they had cooked with support. They said that “I like cooking most things really”. Some people had support to cook for themselves whilst others had staff prepare meals of their choosing. Staff showed good knowledge of people’s dietary needs. Information was displayed in one

kitchen regarding pureed foods, soft diets and those diets for lactose intolerance. We found that staff were clear about meal preparations, including an agency member of staff who prepared lunch. Plate guards were used to help one person be independent and this was noted in their care plan. There were dieticians and speech and language therapists involved where needed. We observed that at lunchtime staff supported people sensitively and people were offered choice. Food and drink charts were completed where appropriately, but would benefit from more consistency.

Is the service caring?

Our findings

People told us that they felt well supported and looked after by staff. We observed positive, meaningful relationships between staff and people living in the service. People were treated with kindness and compassion. People were encouraged to make choices and staff showed patience when waiting for a response. We observed staff using distraction techniques several times when one person became distressed. Staff took the person out for a walk in the garden having quickly noted their distress. At other times they brought out colouring for them to do or chatted to them calmly. Staff were kind and chatted easily with people throughout the day. The atmosphere was happy and relaxed and people were listened to.

People told us that they had friends at Churchfields and that they visited each other and met up in the gardens by their homes to chat or have a meal together and that they liked it. One person said, "I like it here. I have my friends here." Another person put their thumb up and said, "It's really good. I like to talk to my friends I have here." One person's care plan contained really specific information about how to ensure that they felt they mattered. It stated, 'it's important to acknowledge [service user] when [they] come into the room' and was part of the person's positive behaviour support plan. We saw staff giving the person lots of attention and reassurance.

One person had originally been placed in one bungalow but staff quickly realised that this was not best suited to them and had discussions with them and their relative about moving them to another one. This had now happened and they were more settled with like-minded people who offered more companionship. We saw that relationships had already developed.

People were involved in making decisions about their care and support. One person was not sure what a support plan was and needed their key worker to help them to remember what it was. The member of staff talked calmly

and with respect. They reminded them how they plan together what they will be doing and then write about it in the book. The staff member showed the person the support plan. The person nodded in agreement and said: "Yes, I have the support plan." The staff member was patient while talking to the person and also prompted the person to answer our questions rather than answering the questions for them. We talked to the person in their bedroom and when the staff member came to help to answer some of our questions they knocked on the door before coming in. They also asked the person for permission to sit down in the bedroom while talking to us. We saw that staff supported with respect and did not become overfamiliar despite knowing the person well.

The more independent people were clearly involved in all decisions about their care and took an active part in reviews. A new system was being brought in and we saw that one person had a new form called, 'Important things to do'. They noted that it was important for this person to have a 'planned and scheduled activity programme'. This was not happening at the moment but there was evidence that the service had acknowledged this.

Staff were respectful and maintained people's dignity. People were asked discretely about personal care and staff took time to make sure people had time on their own if they wanted it. Staff were mindful of confidentiality and when discussing people we saw that they were mindful that others were not present and on one occasion asked someone if they minded coming back in a short while. People were encouraged to be independent where possible with their individual daily tasks and this was reflected in their care plans and the daily rhythm of the bungalows and flats. Independence was encouraged for quite dependent people and example was, one member of staff told us that one person had a sight problem on one side. Staff offered drinks to their right side so they could see them more easily and help themselves. We saw all staff respecting this.

Is the service responsive?

Our findings

People told us that they were happy living at the service. We found that staff provided good, person centred care which met people's needs. Staff demonstrated a good understanding of the people that they supported. This meant that they were able to support people in a way that they preferred. We saw evidence in care plans that people and those who were important to them had been involved in planning their care and in deciding how the support was delivered. A full needs assessment was carried out before a person was admitted. Care plans were developed from this and covered all aspects of a person's care and support needs. Care plans had all been appropriately reviewed and were detailed. An example being, that one person's pressure care needs were documented and that they had a pressure relieving mattress in place and were given a change of position regularly. They had no current pressure concerns and had not had any in the last year. Staff were very clear about this person's pressure care needs and we observed staff repositioning them.

Staff supported people to keep in contact with relatives and maintain relationships with people externally from the service. We saw that staff encouraged people to participate in activities within the service and in their community. People had a lot of hobbies and interests. Two people went off to a drama club and one person had gone shopping with a member of staff and bought themselves a winter coat. A more independent person told us that they had a number of interests and regularly went to the gym, swimming, bowling and wheelchair basketball. They told

us, "I volunteer at a library two days a week and tidy the shelves". They explained how they decide how they want their care to be delivered. "Staff come at 8am or 10am – when I want to get up... They help me make my meals, shower me and put washing in the machine. I can put the washing in the machine but they help me put it on the right cycle". Another person told us that they often went out with staff and that they were looking forward to seeing their relative at the weekend, "I see [my relative] a lot. I go out with staff for a cup of tea and diner out". They also showed us that someone came in to give them a manicure. They said, "Somebody came here to do my nails".

People told us that they knew the staff who supported them well and felt comfortable to talk to them about whatever they might need help with. Some people told us that they plan what they do with their keyworkers. Each person had a monthly meeting with their keyworker and can give feedback at that time. Some people at the service would have difficulty in raising a concern or complaint due to the nature of their disability, however there were systems in place to listen to people and we saw that staff did advocate for people and relatives and families were involved with many people using the service.

We looked at the complaints system in place and found that each concern raised was logged into a computer system and therefore senior managers within the organisation had oversight and could monitor the responses given by the manager who investigated and responded to all concerns raised. Since January 2015 three complaints had been logged and in each case had been resolved to the satisfaction of the complainant.

Is the service well-led?

Our findings

We found a staff group and service user group that felt involved in the running of this service. Staff had all undergone an induction that covered the values and vision that the service aimed for. There was a strong understanding of people's rights demonstrated by the staff. We found that staff presented and interacted in a positive way, putting people at the centre of what they did. The values of everyday living within one's own community were clear from the comings and goings throughout the day. We found a manager who was open and communicated well with us. We brought some matters around a shower chair hygiene and lack of cleaning schedules to their attention and found a rapid response to these concerns. These were addressed before we left the premises at the end of the day. All staff commented on the open door policy of the manager and senior staff. One staff member said, "It's always ok to ask someone – the house managers will talk to you". Relatives were appropriately involved with people's care and we saw that they had been consulted where this was required. For example where they had power of attorney or as part of Best Interests decisions.

The manager was relatively new in post but had assessed the service well and was aware of the challenges faced by the service and had a clear plan in place that included appropriate recruitment and training plans going forward. The manager was aware of their responsibility under 'duty of candour'. This relates to keeping people informed of significant events, investigating where needed and apologising when things go wrong. We received appropriate statutory notifications from the manager and they were aware of their duties under our regulations.

All the policies and procedures we examined were up to date and based on current guidance and good practice.

Staff were keen to deliver the best possible support to people to meet their needs. A person at the service had recently been diagnosed with a new medical condition that impacted upon their learning disability. Staff had to strongly advocate but work with other health professionals to achieve the appropriate care for this person. In another case a person was complex in their medical healthcare needs and staff worked well with other clinical experts and took advice seriously to maintain this person's health. This was to ensure that they were providing the best care for people living in this service.

There were a range of systems in place to check the quality of the care provided. Several of these were captured in the computer systems used for managers external to the service to monitor and ensure action was taken. We met the maintenance person and spoke with them and examined records. We could see that systems and checks were in place that ensured water temperatures, checking for legionella, the call bell system, first aid box supplies; electric equipment visual check and wheelchair visual check were taking place to ensure the safety of people. External engineers came to maintain fire, electrical items and servicing hoists and profiling beds. Medicine audits were undertaken monthly, but we brought some minor issues to the manager's attention and they were keen to address these matters promptly. Following the inspection and feedback given, we received prompt information and evidence that the manager had listened to us and action was taken to raise the quality of the service on offer. During our visit we were shown different methods that were used to seek the views of people using the service. These were sometimes pictorial or meetings with minutes kept in the format of 'a service reflection event'. These were meaningful ways of capturing what was important to people and for the staff and managers to listen, reflect and take action to improve the service.