Royal Mencap Society

Royal Mencap Society - 178 London Road

Inspection report

178 London Road
Waterlooville
Hampshire
PO7 5SP

Website: www.mencap.org.uk

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13 May 2016
16 May 2016

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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

Royal Mencap Society - 178 London Road is a care home service without nursing, which provides personal care and accommodation for three younger adults with learning disabilities. Staff support the people who use the service to access the community and develop their daily living skills.

We inspected the home on 13 and 16 May 2016. The inspection was announced 24 hours in advance because the service was a small care home for younger adults who may be out during the day. There were three people living in the home at the time of our inspection.

The service had a registered manager who had been on an extended secondment since 5 October 2015. Interim management arrangements were in place. A registered manager is a person who has registered with to 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.

Due to their difficulties communicating verbally, we were not able to seek people's views about the care and support they personally received. However, a relative we spoke with told us they felt the service provided safe care and support.

A relative we spoke with was confident their family member was safe. People were cared for by staff in ways that met their needs and maintained their dignity and respect. Staff understood how to identify, report and manage any concerns related to people's safety and welfare. There were systems and processes in place to protect people from harm, including how medicines were managed.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Where people's liberty or freedoms were at risk of being restricted, the proper authorisations were in place or had been applied for.

People and their relatives were involved in planning and reviewing the care and support provided by the service. Staff listened to people and understood and respected their needs. Staff reflected people's wishes and preferences in the way they delivered care. They understood the issues involved in supporting people who had lost capacity to make some decisions.

People were supported to eat and drink enough to meet their needs and to make informed choices about what they ate. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health or when their needs changed.

The service was responsive to people's needs and staff listened to what they said. Systems were in place to help ensure concerns or complaints were responded to appropriately. People were encouraged and supported to engage in activities and events that gave them an opportunity to socialise.

There was a friendly, homely atmosphere and staff supported people in a kind and caring way that took account of their individual needs and preferences. The staff and management team shared common values about the purpose of the service. People were supported and encouraged to live as independently as possible, according to their needs and abilities.

There was an open and inclusive culture within the service, which encouraged people's involvement and their feedback was used to drive improvements. There was a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

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.

People were protected from the risk of abuse because staff understood their responsibilities.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

The provider checked staff's suitability for their role before they started working at the home.

Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective.

People were cared for and supported by staff who had relevant training and skills.

Staff understood their responsibilities in relation to consent and supporting people to make decisions.

People's nutritional and specialist dietary needs were taken into account in menu planning and choices.

People were referred to other healthcare services when their health needs changed.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with people using the service

Staff knew people well and respected their privacy and dignity.

Staff promoted people's independence, by encouraging them to make their own decisions.

Is the service responsive?

Good

The service was responsive.

Staff listened to people and were responsive to their needs. They had a good understanding of people's needs, choices and preferences and the knowledge to meet people's individual needs as they changed.

Relatives knew how to complain and were comfortable to raise any concerns about the service people received.

Is the service well-led?

Good

The service was well led.

Staff were aware of the values and aims of the service and were supported in their roles.

Relatives, staff and external professionals were encouraged to give their feedback about the service.

The manager and the provider played an active role in quality assurance and ensured the service continuously developed and improved.

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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.

We visited this service on 13 and 16 May 2016. The inspection was announced 24 hours in advance because we wanted to make sure we could meet people who used the service. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

None of the people who used the service were able to communicate verbally with us. We spent time observing how staff provided cared for people to help us better understand their experiences of the care and support they received. We spoke with the temporary manager and area operations manager and three members of the care staff team. Following the inspection visit we contacted a relative who provided us with feedback about the service.

We looked at a range of documents and written records including three people's care records, risk assessments, medicine administration records and staff recruitment files. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

Good

Is the service safe?

Our findings

A relative we spoke with was confident their family member was safe. They told us "Staffing levels are okay when we are there".

Staff were aware of the policy and procedures for protecting people from abuse or avoidable harm. They understood the possible signs that could indicate abuse and were confident that any issues they reported would be responded to appropriately by the organisation. There was also a policy protecting staff if they needed to report concerns to other agencies in the event of the organisation not taking appropriate action.

People were supported to take planned risks to promote their independence. Risk assessment and management plans were in place to support people to do activities they enjoyed, including accessing the community. Staff were able to tell us about the risks associated with certain situations and people, demonstrating they knew people well. A handover took place between staff on different shifts, so that any new identified risks were communicated.

Occasionally people became upset, anxious or emotional. Staff were aware of the strategies in place for responding to this. For example, there were detailed support plans for a person who occasionally self-harmed. The plans provided clear guidelines for staff, including potential triggers or causes and proactive approaches, which supported staff to provide consistent and effective care and support to the person, such as redirecting them to other activities. Staff demonstrated their awareness and understanding of the guidance.

Records showed that checks were carried out on the premises and equipment to help ensure they were safe and in good working order. Each person had a personal emergency evacuation plan. These included important information about the care and support each person required in the event they needed to evacuate the premises. The house and garden were secure. A stair gate was fitted and used at particular times to protect a person who had limited mobility. Staff described the method they used for walking with another person to keep them safe.

The provider followed safe recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the records for three of the most recently employed staff. These included evidence that pre-employment checks had been carried out, including written references, employment histories, and satisfactory Disclosure and Barring Service clearance (DBS).

There were sufficient staff to meet people's needs and provide personalised care and support with activities. The service employed 12 care staff and also had four relief staff, who received the same training as the regular staff. The three people living at the home had been assessed as requiring one to one staff support during the day. There were three staff on duty when we arrived and at all times during the two days of the inspection. Staff were clearly deployed to provide one to one staff support to each individual. We saw that staff responded quickly so that people did not have to wait for support or assistance. Staff told us there was enough staff on duty to meet people's needs and support them with their activities.

The rota clearly showed when staff were on leave or other occasions and the bank/relief staff member covering for them. It also showed who the cover/support was for, so the most suitable member of staff would be asked to cover. For example a male person enjoyed sometimes having a male support worker on activities.

People's medicines were stored appropriately and managed so that they received them safely. Up to date records were kept of the receipt and administration of medicines. There were detailed individual support plans in relation to people's medicines, including any associated risks. Clear guidelines were in place for when prescribed 'as required' (PRN) medicines should be given and a member of staff demonstrated a thorough knowledge of these. They were also able to describe the procedure they would follow in the event of a medicines error. Staff received training in the safe administration of medicines and this was followed by competency checks. This included training in epilepsy awareness and administering medicines for the treatment of epileptic seizures.

Good

Is the service effective?

Our findings

A relative confirmed the staff team worked effectively to ensure people had appropriate care and support. They told us "Staff know (the person) well". They said their relative was supported to stay in good health and to eat and drink well.

Staff followed a programme of training so their skills were updated and they worked in accordance with good practice. A computer record was kept of the training each member of staff completed and this also showed when training updates were due. Staff confirmed they received training that included an induction, moving and handling, first aid, food hygiene, safeguarding and safe handling of medicines. A member of staff who had recently started working at the home told us they had an induction, which included elements of essential training before they worked on shift. They said "I ask a million questions and no-one has got sick of me". They had a period of shadow working' alongside experienced staff to introduce them to the people they would be supporting and working with. We saw the induction workbooks for new staff, which provided a thorough introduction and further training over a twelve week period.

Staff told us the training they had received helped them to deal with situations confidently. We observed that they interacted with people using the service in a calm and positive manner. They were aware of people's behavioural support plans and the procedures for reporting any incidents. Staff were further supported using a system of meetings and yearly appraisals. They told us there were regular meetings with the manager, which provided an opportunity to discuss their personal development and training requirements. They demonstrated knowledge and understanding of people's needs and said they felt well supported in their work.

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.

Staff showed an understanding of the principles of the MCA in relation to people they supported. Before providing care, they sought consent from people and gave them time to respond. Staff recognised that people could make some decisions but not others and supported them to make as many decisions as possible. People's support plans stated that in the event that decisions needed to be made about issues such as medical care, these would be made by others in the person's best interests. Records showed that a capacity assessment and best interest decision had been made for one person prior to a medical procedure. A best interest decision for another person had involved an advocate. Care plans also contained guidance for staff about how to support people to understand choices and be involved in making decisions. This included the best times to engage the person.

We discussed with staff that it would be useful to record in support plans whether people's next-of-kin had power of attorney for people's health and welfare.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. A DoLS authorisation had been applied for in respect of each person living in the home, to ensure that their rights were protected and they could continue to receive the care and support they needed in the least restrictive way.

People were effectively supported to eat and drink enough to meet their needs. A four week rolling menu showed alternative meals were offered. We observed staff offering choices of drinks and people sat in their chosen places to eat. People were supported to help with the food shopping if they wished. Each person had a detailed eating and drinking support plan based on their requirements, routines and preferences. Plans included behaviour support guidelines for mealtimes and how to minimise the risk of choking for one person. The plans were kept under review. For example, one person used to use plastic cups and beakers for safety reasons but now used china cups to drink from, apart from cold drinks which they still preferred to drink from beakers.

People's changing needs were monitored to make sure their health needs were responded to promptly. Care records showed they received regular and on-going health checks and support to attend appointments. One person was awaiting the outcome of a referral for a surgical procedure. The community nurse, physiotherapist and occupational therapist were involved in the person's care and support. There were effective communications systems in place. We saw people's health appointments were recorded in the diary and reminders for staff when these were due. There was also a staff communications book that was used in conjunction with verbal handovers to help ensure staff were kept informed of changes in people's needs. A relative told us staff kept in contact with them and called them If there were any problems, such as their relative becoming ill.

Good

Is the service caring?

Our findings

Through observation and talking with a relative and staff it was evident that positive caring relationships were developed with people using the service. A relative told us "Staff are pretty tuned in to their likes and dislikes". They said their relative was "happy and chilled out" and there was "never a problem "when it was time for them to go back after visiting the family. They commented that their relative was "always very well presented when we arrive".

We observed a member of staff supporting a person to have a drink and to prepare to go out. They helped to make sure the person was dressed appropriately for the weather and encouraged them to transfer from a chair to a wheelchair safely and as independently as possible. The member of staff had a friendly and caring approach and the person appeared comfortable and relaxed with the support.

The service supported people to express their views and be involved in making decisions about their care and support. Regular meetings took place between individuals and their key workers, to ensure that they were consulted and informed about their support and what happened in the home. Key working is a system where one member of care staff takes special responsibility for supporting and enabling a person. The aim of this system is to maximise the involvement and help to build relationships between people using the service and staff.

Staff respected people's choices and encouraged them to participate in daily activities within the home. Staff had a good rapport with the people they supported. We saw people smiling and approaching staff and there was a relaxed and friendly atmosphere in the home. We observed staff talking with people about the activities they had planned for the day. Activity plans were continuously reviewed and changes made, giving people opportunities to try different activities. People were also supported to choose holidays that suited them individually.

Staff spoke to and about people in a respectful manner and demonstrated understanding of their individual needs. Staff were knowledgeable about people's preferences and what mattered to them, enabling them to communicate positively and valuing the person. People's care and support plans were written in a respectful way that promoted people's dignity and independence.

Good

Is the service responsive?

Our findings

A relative told us the service was responsive to their family member's needs. Staff informed them about any changes and they were aware when reviews took place.

A personalised approach to responding to people's needs was evident in the service. Before people moved to the service they or those acting on their behalf participated in an assessment of their needs to ensure the service was suitable for them. Following this initial assessment a care and support plan was developed that was tailored to the individual, reflected their personal preferences and how they expressed themselves and communicated with others.

Support plans contained detailed guidance for staff about how to provide personalised care and covered all aspects of support including health, social interests and community inclusion, and communication. Records of reviews showed plans were updated to reflect changes in people's support needs. Staff were currently developing a bank of photographs to use as visual aids for communication with one person. The support plans contained a range of risk assessments and staff told us the organisation were in the process of changing the format of these to be more personalised, which meant focusing more on the individual being supported rather than each activity undertaken.

Staff demonstrated knowledge and understanding of people's care and support needs and the strategies in place for meeting them. They were consistent in what they told us about how individuals communicated their needs and wishes and the agreed methods for staff supporting them. This demonstrated that care and support plans were accurate and up to date.

People had opportunities to take part in activities that they enjoyed inside and outside of the home. The staff rota was planned in advance and helped to ensure that suitably experienced staff were available to support people on activities and provide continuity of support. One person met friends at during visits to church and local pub. Another person met people and exercised during a gym session designed to meet their needs. Two people attended a day service. The manager and staff were currently discussing how to improve how they recorded people's activities, in order to include more observations of what people did and their experiences. A relative told us their family member was supported to do activities they enjoyed, including being outside and community activities such as shopping with staff.

The manager told us they had received no complaints. A complaints procedure was available in written and pictorial formats to assist people to make a complaint. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns. A relative said they had no concerns and knew who to contact if they wanted to discuss anything. There had been a security issue with the back gate but this had been sorted out.

Good

Is the service well-led?

Our findings

A relative told us they thought there was "Nothing to improve, we are quite happy with the service".

The registered manager had been on an extended secondment since 5 October 2015. The interim manager was currently on maternity leave and the post had been covered by a temporary manager since March 2016, who was supported by the area operations manager.

Staff on duty said they felt supported by the manager, who they could approach to discuss any issues. Monthly team meetings were held, which gave staff opportunities to provide feedback about how the service was being delivered. Any actions identified at previous meetings were reviewed and updated at subsequent meetings. We saw minutes were kept of the staff meetings.

Staff received annual appraisal based on the organisational aims and values and were encouraged to set goals, for example further training. Staff told us they had enquired about further training in relation to supporting people with epilepsy, following changes in people's needs. The manager was looking into sourcing specific training to meet this request.

Staff were aware of the values and aims of the service and demonstrated this by promoting people's rights, independence and quality of life. Probationary evaluations were followed for all new staff and we saw that staff performance issues were addressed in line with company policy. There were clear lines of accountability within the service with each shift having a clearly designated member of staff in charge. An on-call manager was also clearly identified at all times in case of emergencies.

Quality assurance systems were in place and used to identify improvements within the service. The service had a computer programme for monitoring all aspects of the running of the home. The data was inputted by the manager and signed off by the area operations manager (AOM). The AOM visited the home and carried out observations, sampled paperwork and talked with staff as part of their quality and safety monitoring. The computer programme highlighted if any action was overdue. This included, for example, staff training, team meetings and reviews of care plans. Areas for improvement had been identified and plans were in place for further developing support plans and risk assessments to make them more person-centred and accessible. The organisation also had a quality team who were available to support services to maintain standards of quality and safety if needed.

The AOM told us the organisation's annual quality assurance survey asked relatives and external professionals for feedback about the service. While there had been very few responses, the area manager said there were good day to day relationships with relatives and professionals. A relative confirmed the organisation carried out an annual survey, which gave them an opportunity to formally give their views about the service.

There was a system for recording, monitoring and taking action in relation to accidents and incidents. For example, as a result of systematic monitoring of a person's changing behaviours, staff and external health

and social care professionals were looking into possible medical triggers.