Royal Mencap Society

Royal Mencap Society - 3 Meadow View

Inspection report

3 Meadow View
The Lawns, Bempton Lane
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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 - 3 Meadow View is registered to provide care and accommodation for up to four people. At the time of our inspection three people lived at the home. The home specialises in care for people who have learning disabilities or autistic spectrum disorder. The home is situated in a cul-de-sac and has outdoor garden areas and off street parking.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Procedures were in place which helped to ensure people were supported by care workers who understood the importance of protecting them from avoidable harm and abuse. Care workers had received training on how to identify abuse and report any concerns to the appropriate authorities.

There were sufficient care workers with appropriate skills and knowledge to meet people's individual needs and the registered provider had a robust recruitment process that ensured only care workers deemed suitable to work with vulnerable people had been employed.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Where people received support with their medicines, systems and processes were in place that ensured this was managed and administered safely and in a timely manner. Accurate records were maintained and reviewed.

Everybody living at the home was involved in their care planning as much or as little as they wanted or were able to be. People's records of their care were reviewed and included up to date information that reflected their current needs.

People were provided with a wholesome and nutritionally balanced diet which was of their choosing.

People were supported to access other healthcare professionals where this was required.

Care workers had a good understanding of people's needs and were kind and caring. They understood the importance of respecting people's dignity and upholding their right to privacy.

People were supported to undertake activities of their choosing and these included holidays, and involvement with the local and wider community.

Systems and processes were in place to encourage, manage and investigate any complaints.

People who used the service, and those who had an interest in their welfare and wellbeing, were asked for their views about how the service was run.

Regular audits were carried out to ensure the service was safe and well run.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Royal Mencap Society - 3 Meadow View

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 registered 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.

This inspection took place on 12 and 13 April 2017 and was unannounced. The inspection was completed by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance, their area of practice was learning disability services.

Prior to this inspection, we consulted with the local authority commissioning and safeguarding team and we looked at information we held about the service. This included notifications and a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spent time talking with people who used the service and their relatives. We spoke with care workers, observed daily life and completed a review of records. Not everyone who lived in the home was able to verbally communicate with us or they were out undertaking activities at the time of the visits. We spoke with three people who lived in the home and a relative of a person who was visiting the home. We spoke with three care workers, the assistant manager and the registered manager.

We looked at two care files which belonged to people who used the service and we inspected recruitment and training files for two care workers. We also looked at other important documentation relating to the management and running of the service. We observed meal times for people at the home. We looked around the building and in people's rooms with their permission.

Good

Is the service safe?

Our findings

People who used the service confirmed they were happy and felt safe living at the home and with the care workers and others involved in their care and support. One person said, "Yes, I am safe here and the staff are kind". Care workers told us they had no concerns about any individuals who were involved with providing safe care and treatment. A care worker said, "We have a great team; we have the needs of people who live here at the heart of everything we do".

Care workers told us, and records confirmed, they had received training in safeguarding adults from abuse. The registered provider showed us a safeguarding policy and procedure that, along with other guidance around the home, ensured all concerns were escalated. The registered manager told us, "It is important that care workers are able and willing to raise any concerns they have no matter how small they are." At the time of our inspection no concerns had been raised since our previous inspection. However, the registered manager showed us how concerns were recorded and managed electronically. These records were escalated to senior management for further learning. The registered manager told us, "We discuss concerns with the local authority for their feedback and any additional investigation that may be required". This meant systems and processes were in place that helped to keep people safe from avoidable harm and abuse and that care workers were aware of their responsibilities and how to report their concerns.

People were supported to live their lives as they choose to and we saw risk assessments were in place which supported this approach with minimal restrictions in place. Care plans we looked at included comprehensive assessments associated with people's care and support and, where risks had been identified, these were recorded with associated support plans that helped to keep people safe. We saw risk assessments included, and were in place for health, finance, use of hoists, medication, choking, bathing, activities and personal care. The risk assessments covered areas of daily life which the person may need support with, for example, personal hygiene, mobility, seizures and behaviours which may challenge the service or place the person and others at risk. These were detailed and provided care workers with guidance in how to mitigate the risks and keep people and themselves safe. We saw the risk assessments were reviewed for their effectiveness and included input and guidance from other health professionals.

Regular checks were carried out where bed rails were in place to keep people safe from falling. However the records completed did not show the checks fully met current guidance in the safe management of bed rails. The registered manager confirmed the checks were thorough and they would amend the record format to record this information.

Other assessments for the home and environment had been completed. This helped to ensure equipment, maintenance and checks on utilities were completed in a timely manner to ensure everybody's safety. The home had infection control policies and procedures in place and care workers had access to and used personal protective equipment such as gloves and hand soap to reduce the risks associated with infection. The home was clean and tidy and was free from any unpleasant odours.

We observed some areas of the home that required attention and we discussed these concerns with the

registered manager who was aware of these issues. We saw they had implemented corrective actions during our inspection which ensured measures were in place to minimise the risks associated with infection and hygiene.

We looked at staff rotas which confirmed there were sufficient care workers on duty at the time of our inspection. The registered manager told us they would only use agency care workers as a last resort in order to ensure consistent care and support for people. They showed us the home had access to bank care workers when required and had access to care workers in the adjoining properties. Care workers we spoke with told us there were enough qualified and competent care workers to meet people's individual needs. We observed care workers were not rushed in carrying out their activities with people and had time to complete activities and socialise on a one to one basis where people requested this.

We saw recruitment processes ensured people were not exposed to care workers who had been barred from working with vulnerable adults and helped to ensure that only care workers deemed suitable to work with vulnerable adults were employed.

Care workers received training in medicines management and the registered provider showed us documented observations, carried out annually which ensured they were competent in this task. Systems were in place to ensure medicines were ordered, stored and administered safely. Suitable arrangements were in place for the storage of specific medicines that required cooler temperatures and checks were carried out on a daily basis to ensure the manufacturer's guidance was adhered to.

We observed medicines being administered and saw people who used the service received them as prescribed. Medicines Administration Records (MARs) were used to record when people had taken their prescribed medicines. The MARs we saw had been completed accurately.

Good

Is the service effective?

Our findings

It was clear from our observations with people and from talking with care workers that they were skilled in their role and understood people's needs. A care worker told us, "I have worked here for a long time; when anybody new joins the team they shadow us and we ensure they are fully conversant in aspects of people's needs and requirements of their role before they work independently with anybody".

Care workers told us and we saw from their records they completed an induction and a period of shadowing existing care workers before they commenced independent duties with people. Training records confirmed care workers had received generic training on topics such as fire, health and safety, first aid, moving and handling, medication and safeguarding. We saw where a person required specific areas of individual support, for example with epilepsy; care workers had received training in epilepsy awareness and administration of prescribed Buccal Midazolam. Buccal Midazolam is an emergency rescue medication prescribed by a medical practitioner or nurse prescriber for the control of prolonged or continuous seizures which can be a lifesaving procedure.

Care workers received annual observations that ensured they were competent in their role and identified any areas where they could improve their practice. Care workers received regular supervision and an annual appraisal. This ensured care workers were supported in their role and had the appropriate skills and knowledge to provide people with safe care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked and found the service was working within the principles of the MCA. Where people had been assessed as lacking capacity under the MCA, DoLS applications were in place. Where these had expired we found applications had been made to the supervisory body by the registered manager who was awaiting the outcome of these.

Throughout the inspection we saw care workers gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions themselves. These were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care and welfare.

We saw people's care plans contained information about their medical needs and how care workers were to support the person to maintain a healthy lifestyle. Previous and current health issues were documented in people's care plans and healthcare professional were contacted when support was needed, for example, epilepsy nurses and dieticians. People were supported to access their GP when required and regular reviews were undertaken to ensure people were healthy.

People's dietary intake was closely monitored by care workers and healthy eating was promoted. There was

a choice at all meal times and drinks and snacks were available throughout the day. Records showed that healthcare professionals were involved with people's dietary needs and visits were made when required. During meal times we observed care workers patiently assisting people into the dining room. We listened as care workers discussed with people what they would like for their lunch and provided information about the food being prepared and served. A care worker ensured a person they were assisting was sat at the table and was able to reach their food comfortably. People were supported as much or as little as they needed to be and it was clear they enjoyed their food.

Good

Is the service caring?

Our findings

Everyone we spoke with told us how caring and compassionate staff were, both with people who lived at the home and to each other. Our discussions and observations confirmed this. A care worker said, "We watch out for people and respond to their individual's needs and requests; that is why we are here". Another care worker said, "We are a great team, including management, and we are all very supportive of each other".

We saw people who used the service and care workers had good, respectful relationships. Care workers were aware of people's needs and the support required to lead a fulfilling life. There was lots of laughter and good humour around the service and it was clear people enjoyed the care workers and each other's company. Care workers told us how they had developed long-term working relationships with people and understood their needs and aspirations. A care worker said, "It is lovely here and I am very happy; I have been here 6 years and love every minute of it".

We observed care workers knocking on doors and asking if it was alright for them to come in before entering people's private rooms and occupied toilets Care workers described how they would uphold someone's dignity. They said "We always wait to be invited before we go into someone's room", and, "I always make sure I have enough towels available to keep people covered up when I help them with bathing and personal care." Care workers also told us they asked people what they would like to do and provided options, for example, when to get up, what activities they would like to undertake or how they would like to spend their day.

People were involved in decision making about their care and support. Care plans we looked at included a monthly 'keyworker review'. The registered manager told us each person had a keyworker who was a key point of contact and referral for meetings with each person living in the home. The keyworker review was completed electronically in a communal area and, where people had the capacity, they were included in these reviews as much or as little as they wished. Care workers were also heard to ask people what they would like to do and how they would like to be supported throughout our inspection.

The registered manager told us, "We ensure the service is suitable for people and try and slowly integrate anybody new to ensure their final move will be successful." During our inspection we spoke with a relative of a person who was moving into the home. The relative told us, "[Name] does not like crowds or changes". We observed how a care worker sat with the person and held their hand in a reassuring gesture. They asked the person if they would like to go for a cup of tea and a slice of cake. The person smiled and nodded their head in agreement and went to the kitchen hand in hand. The relative told us, "We have been looking around different places and we were getting worried about where to go next but then we found this home. We are all so impressed with the care, attention, atmosphere and the rooms, we are all so relieved."

People had been consulted on their wishes and preferences for end of life care and support. Where they had agreed this information was available and recorded in their care plans.

Good

Is the service responsive?

Our findings

People who lived at the home received personalised care and support. Everyone knew what needed to be done and care workers were proactive in supporting people to meet their needs.

Care plans contained information that was written from the person's point of view and people's personal daily preferences were recorded. For example, we saw records included details of people's choice of clothes, whether they liked to have a lie in bed in the morning and how they liked to spend their day. Information about individuals involved in people's lives were recorded and relatives confirmed they were able to visit people and take them out without any restrictions. We saw that information in people's files was regularly reviewed and updated. This helped to make sure care workers were aware of people's latest needs.

People received support and were encouraged to participate in activities of their choosing. This included support with going to church, day clubs and going on holiday. Other records included how people liked to spend their day, their birthday and Christmas. An outreach worker was visiting the home to take a person out for part of the day. They told us, "This is one of the best homes I come to; lovely people and friendly staff".

People were encouraged to express their views. We saw minutes of meetings with people who lived in the home. The meetings provided an opportunity for people to raise any concerns and discuss issues in an informal setting. The registered manager told us they dealt with most concerns as they occurred, but where people, their relatives or others involved with their care had a complaint, systems and processes were in place to record, investigate and implement outcomes.

The registered provider had a complaints procedure which was displayed around the service. This was also available in alternative formats to meet people's individual needs. At the time of our inspection no complaints had been recorded. The registered manager told us, "We get very few if any complaints, but if we did they would be investigated and responded to".

Other records included reviews of people's health, activities, weight records, food and fluid charts, behaviour charts, care plans, risk assessments and, where appropriate, the registered provider had sought the views and input of other health professionals to ensure the person's needs were holistically provided for.

The registered provider involved advocacy services where these were required. An independent advocate will help to change things for another person and help them to live as independently as possible, making their own choices and achieving their goals and ambitions.

Care plans included a 'health passport'. This contained information regarding a person's medical and health support needs and provided information to other health professionals should the person need to attend or transfer between other health appointments,

Good

Is the service well-led?

Our findings

We were supported during our inspection by the registered manager and an assistant 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. They understood their responsibility to ensure the CQC was informed of events that happened at the service which affected the people who received a service.at the home.

The atmosphere of the home was very relaxed and homely. Everybody we spoke with told us they found the registered manager and the assistant manager open, honest and approachable. We found that management was clearly involved with every aspect of the service. People We observed people were happy and approached the registered manager as we moved about the home and came to chat with them in their office throughout the day. We saw relationships in the home were all friendly and care workers acted as companions to the people who lived there.

Care workers told us how staff meetings kept them informed about any changes and provided them with an opportunity to discuss people's individual needs, what was working for people, what required improvement and any areas of concern they had. A care worker confirmed "We have regular staff meetings; we discuss all sorts of issues, about new events that are taking place and anything that we need to be aware of. For example training we need to go on or things we all need to be aware of if a person's needs have changed". Minutes of the meetings confirmed this information was recorded and discussed.

The registered provider sought the views of people who lived at the home and their relatives. The registered manager sent out annual questionnaires to each family member, but told us this was not always the best way to obtain feedback. They said, "We don't have many people so we try and capture information in other ways such as the monthly reviews, where we reflect on what is working and what people need." The registered manager held meetings with the people who used the service on a regular basis. Minutes of the meetings showed the topics under discussion and included any issues, holidays, and discussions around decoration in the home and in particular personalisation of people's rooms. This showed the service provided was directed by the people who used it and they had an input on how it was run.

The registered provider had a quality monitoring system in place which ensured the smooth running of the service. This included audits which the registered manager had to undertake on a regular basis. Independent audits were also undertaken by other registered managers from other services. Time limited action plans were put in place to address any issues identified.

The registered provider had developed good working relationships with local health and social care professionals. Those we spoke with confirmed the service was well-led and care workers were knowledgeable about people's needs and followed their guidance.