

Royal Mencap Society

Royal Mencap Society - 16 Lumley Road

Inspection report

16 Lumley Road
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Date of inspection visit:
23 November 2016

Date of publication:
05 January 2017

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

This inspection took place on 23 November 2016. We gave the provider 24 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in. The last inspection of the service was in November 2013 when we found it was meeting all of the standards we inspected.

16 Lumley Road is a care home for up to six people with a learning disability or people living on the autistic spectrum. When we inspected the service, six people were living there. The service had a registered manager who had been in post for 21 years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service and their relatives told us people were cared for safely in the service. The provider had systems to protect people that staff knew about and followed.

There were enough staff to support people and the provider carried out checks to make sure new staff were suitable to work in the service. Staff received the training they needed to support people, they treated people with kindness and patience and people did not have to wait for support from staff.

People were able to choose where they spent their time and they told us they enjoyed the activities and holidays they went on and the food provided in the service. People took part in a range of activities in the home and the local community, both with staff support and alone if they were able to go out independently. The provider produced care plans in formats people could understand and involved people and their relatives in planning the support people received.

People had access to the healthcare services they needed and received the medicines they needed safely.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). We saw no examples of people being deprived of their liberty unlawfully.

The service had a registered manager who had worked in the service for a number of years. The provider and registered manager had systems to monitor quality in the service and make improvements.

The provider encouraged people using the service and their relatives to comment on the care and support 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.

People using the service and their relatives told us people were cared for safely in the service.

There were enough staff to support people and the provider carried out checks to make sure new staff were suitable to work in the service.

People received the medicines they needed safely.

Is the service effective?

Good ●

The service was effective.

Staff received the training they needed to support people.

We saw no examples of people being deprived of their liberty unlawfully.

People enjoyed the food provided in the service.

People had access to the healthcare services they needed.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and patience.

People did not have to wait for support from staff.

People were able to choose where they spent their time.

Is the service responsive?

Good ●

The service was responsive.

The provider produced care plans in formats people could understand and involved people and their relatives in planning the support people received.

People took part in a range of activities in the home and the local community, both with staff support and alone if they were able to go out independently.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager who had worked in the service for a number of years.

The provider had systems to monitor quality in the service and make improvements.

The provider encouraged people using the service and their relatives to comment on the care and support people received.

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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.

This inspection took place on 23 November 2016. We gave the provider 24 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service. This included the last inspection report and any statutory notifications the provider sent us about significant events affecting people using the service. We also contacted three social care professionals by email but we did not receive any comments from them.

During the inspection we spoke with three people using the service, the registered manager and three members of staff. We also met briefly the other three people using the service when they returned from their daytime activities. We reviewed the care records for two people using the service, including their support plans, risk assessments and medicines management records. We also checked staff recruitment files for two staff, the staffing rota, complaints record and health and safety checks the registered manager and care staff carried out.

Following the inspection we spoke with the relatives of two people using the service.

Is the service safe?

Our findings

People using the service told us they felt safe in the service. Their comments included, "I'm safe here, the staff look out for me" and "Yes, I do feel safe." People's relatives also told us people were cared for safely. Their comments included, "I don't worry about [family member's name] I know they are safe there" and "We've never had any worries about safety."

The provider had policies and procedures for safeguarding people using the service, as well as a whistle blowing procedure and we saw they reviewed and updated these regularly. The provider trained staff in these areas and the training records confirmed this. Staff had the information they needed to recognise the types of abuse that could occur in a care home and they understood the importance of reporting concerns without delay to help prevent abuse occurring. All of the support staff we spoke with knew what to do if they suspected someone was being abused or at risk of abuse. Their comments included, "I'd make sure the person was safe and tell my manager" and "I would tell [registered manager's name] immediately if I thought there was any abuse. If they did nothing, I'd go to the area manager or use the whistle blowing procedures."

The provider carried out checks to make sure staff were suitable to work with people using the service. Staff recruitment checks included references, identity checks and Disclosure and Barring Service (DBS) checks. All staff had completed an application form detailing their employment history.

The provider took action to identify and manage possible risks to people using the service. People's care records included assessments of possible risks and guidance for support staff on how they should manage these. Risk assessments covered the support people needed to manage their medicines, accessing activities in the local community, going on holiday, nutrition and fire safety. Risk management plans included clear guidance for support staff on how to manage identified risks. The information for staff was based on people's individual needs, methods of communication and preferences. While the guidance emphasised the importance of promoting people's independence, staff also had the information and procedures they needed to keep people safe. For example, providing sufficient numbers of staff to support some individuals when they accessed community activities or went on holiday.

The provider made sure there were enough staff to meet people's care and support needs. Support staff worked well together and people did not have to wait for help or support. The registered manager had introduced shift planning tools so that staff understood what they needed to do on each shift and who was responsible for each activity. People were able to take part in activities they chose and there were enough staff to support them to do this. Staff rotas showed a minimum of two staff each morning and afternoon. During the night, one member of staff slept in the home to provide support, if required. Staff told us there were enough staff to support people in the home and to access activities in the local community. They told us the manager also worked directly with people using the service when needed. Their comments included, "It's about team work. We're a good team and we work well together to help the people living here" and "It's a very good place to work. We have all worked here a long time and we all understand we must work together to support people."

People received the medicines they needed in a safe way. The provider had a policy and procedures for managing people's medicines and they had reviewed and updated these regularly. Care records included information for staff on the reasons for, the dose and possible side effects of each medicine. Support staff we spoke with told us the provider had trained them to give people their medicines and the training records confirmed this. Each person had a lockable space in their bedroom to store their medicines. We looked at a sample of the medicines held and the records relating to this. The records were accurate and medicines were appropriately stored.

The provider, registered manager and support staff carried out health and safety checks and environmental risk assessments to make sure the service was safe for people. Support staff carried out a check of the premises each month and this included checks of opening restrictors on windows above the ground floor. These checks were up to date, with the last check on 21 November 2016. Records showed the service's emergency lighting and firefighting equipment were regularly serviced, most recently in October 2016. Support staff kept records of hot water and food storage temperatures and regular checks of the service's vehicle.

Is the service effective?

Our findings

Staff had the skills and knowledge they needed to support people using the service. They told us they were well supported, had the training and information they needed to care for and support people and enjoyed the training they attended. One member of staff said, "The training is good and I have regular supervision with [registered manager's name]. A relative also told us, "Some of the staff have been there a long time and they know what they are doing."

Training records showed new staff completed a planned induction to their work in the service, although there had been no new staff appointed to the service for more than three years. The registered manager confirmed that the provider had introduced the Care Certificate for new staff. The Care Certificate provides a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support. The registered manager also told us they would review the training needs of existing staff in supervision to make sure they met the requirements of the Care Certificate. Training records showed staff completed training in emergency first aid in the workplace, fire safety, safeguarding adults, health and safety, food hygiene, and medicines administration. Support staff told us the provider recorded all training and reminded them when refresher training was due. Training records confirmed this.

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.

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. We found the registered manager understood their responsibilities under the MCA and had sent applications to the local authorities responsible for funding four people's care for authorisation to restrict their liberty in order to keep them safe. For example, where people needed constant supervision, the registered manager applied for authorisation from the local authority. Although there had been a delay with the local authority assessing and agreeing the applications, we saw no examples of people being deprived of their liberty unlawfully.

We saw people enjoyed the food provided in the service. During the inspection we saw support staff prepared a variety of nutritious meals from fresh ingredients. Support staff recorded people's preferences and dietary needs. People using the service and support staff were involved in planning the weekly menu for the home, shopping and preparing meals. Support staff used a number of methods, including objects of reference and pictures to help people understand the food choices that were available.

People had access to the health care services they needed. People's care records included information about their health care needs and who would support them with these. People's care records included evidence of regular consultation with health care professionals. Support staff had also included information from these professionals in people's support plans. The registered manager told us they worked closely with GP's and specialist health services for people with a learning disability or mental health needs. For example, people's care records included advice on healthy eating and smoking cessation. We also saw that one person had been identified as needing support with healthy eating to enable them to lose weight. Staff had worked with the person and their family to produce a healthy diet plan and the person had successfully lost the weight they needed to.

The provider also produced an annual Health Action Plan and Hospital Passport for each person using pictures and plain English to make the information easier for people to understand. This meant people using the service and healthcare professionals working with them had the information they needed to meet their health care needs.

Is the service caring?

Our findings

People's relatives told us people were well cared for in the service. Their comments included, "Yes, I'd say most of the staff are caring but for some people it's just a job" and "The staff seem to care."

During the inspection, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and people did not have to wait for staff to help them. Most of the people using the service went out for part of the day during our visits.

The manager and some of the support staff we spoke with had worked in the service for some time and knew people's care and support needs well. They were able to tell us about significant events and people in each person's life, their individual daily routines and preferences. People's care records also included this information.

People using the service were able to choose where they spent their time. During the inspection, people spent time in their rooms when they wanted privacy and in communal areas when they wanted to be with other people. Staff respected people's privacy and dignity when they supported them with their personal care. For example, staff told us they made sure they closed bedroom or bathroom doors if they supported people with their personal care and always knocked on the door and waited for people to invite them in.

During the inspection, support staff offered people choices about aspects of their daily lives. We saw people made choices about what to eat and how and where they spent their time. Support staff made sure people understood what they were being offered and gave them time to make a decision. If staff were not able to respond immediately to a person's request, we saw they explained the reasons why and agreed a time when they would be able to support the person. If people chose not to accept the support they were offered, we saw support staff respected this choice and offered the support later.

The provider produced information for people using the service in a format they could understand. We saw the provider's care planning and risk management forms included pictures and symbols to make the information easier for people to understand. Easy-read versions of the provider's complaints and safeguarding procedures were also available.

We saw staff recorded people's needs in respect of their gender, religion and culture in their support plans. For example, people were asked about their preference of the gender of staff who supported them with their personal care and this was respected and reflected in the staff rotas we saw. Care records also included information about people's spiritual and cultural needs.

Is the service responsive?

Our findings

The provider assessed and recorded people's care and support needs before they started using the service. One person told us they had visited the service and said they had made the decision to stay. A second person said they were unsure whether they had visited the service before they moved in, but added, "If I didn't like it, I could move somewhere else." Assessments included information about the person and their individual needs, including their physical and mental health needs, interests, likes, dislikes routines and preferences.

Information in the support plans was person centred and focused on people's preferences and abilities. Personal details that staff would need to know were recorded, for example information about how people maintained contact with their families and other important people. Support plans covered people's health and social care needs, communication, nutrition, finances and community inclusion. Support staff reviewed each care plan area monthly and there was evidence that people had been involved in discussions about their care, support and any risks that were involved in helping them live their lives. In addition to these care plan areas, people's care plans included two or three 'What Matters Most' goals. These were areas that people's key workers had discussed with them and agreed they would address, for example, help to stop smoking and healthy eating. Support staff completed daily care notes that showed they delivered people's care and support in line with their support plans. For example, one person's plan showed that, with support from staff in the service and their GP, they had reduced the number of cigarettes they smoked each day and another person's plan showed they had lost weight.

Staff worked closely with people and their families in developing and reviewing people's support plans so care and support was provided in line with their wishes. Staff spoke about people confidently and were knowledgeable about people's individual needs, which enabled them to provide a personalised service. The registered manager and support staff also worked with other agencies to develop and maintain people's independent living skills. For example, the registered manager had worked with the local GP practice to develop a recording form that would enable two people using the service to attend GP appointments without staff support. Staff supported the person to record the reason for the appointment and the form had space for the GP to record any advice or required treatment.

The registered manager told us that they had recently introduced a shift planning form to ensure people using the service received the support they needed on a daily basis. This also enabled support staff to plan each shift to make sure people were supported in the way they preferred and all required tasks were completed. People met with their keyworkers every month, if they agreed to these meetings to talk through any concerns and to look at their needs and see how they were progressing in their lives.

People took part in a range of activities in the home and the local community, both with staff support and alone if they were able to go out independently. People told us, "I like going out, I go to town and do my shopping." Another person said, "I go out with the staff."

People told us they knew how to make a complaint and that staff listened to them if they expressed any

concerns. One person said, "If there's anything wrong I talk to [registered manager's name]." This person added that they were confident the registered manager would help them to resolve any complaints. A relative said, "We've never made a complaint. There were a few small things but they were sorted out." The provider kept a record of any complaints they received from people using the service or others. The registered manager recorded all complaints and included details of any investigation and the outcome for the complainant. People using the service had access to an easy read version of the provider's complaints procedure and this was also displayed on the notice board in the service's office. We saw that most of the recorded complaints arose from disagreements between people using the service. The registered manager responded to each complaint in line with the provider's procedures.

The provider involved people's families in discussions about their care and support, where the person wanted this to happen. When it was identified as a need, staff met with relatives on a regular basis to ensure they had time to ask questions about their family member and to hear any updates from staff. We saw this was working well where people wanted their relatives to have more regular communication with staff. We saw the registered manager used these meetings to update people's relatives on health care issues, holidays and activities and the person's finances.

Is the service well-led?

Our findings

People using the service and their relatives told us they knew who the registered manager was. One person said, "[Registered manager's name] is the manager, he's the boss." Another person told us, "[Registered manager's name] is in charge." People's relatives commented, "The manager has been there a long time" and "You can always contact the manager and he will call you back."

The registered manager told us they had started to work in the service as a support worker and had been in the manager's post for 21 years. They held the Registered Manager's Award. They told us they attended a forum for local service providers, Mencap conferences and training to keep up to date with developments, as well as reading professional magazines and reviewing information on the Care Quality Commission (CQC) website. The registered manager told us they had attended a Mencap Quality Day the day before our inspection where they had learnt about the provider's changes to the way they measured quality in the service. They were able to talk confidently about the new systems and told us they had already begun to introduce these to the staff team.

There were systems to monitor the quality of the service and to make sure people's needs were being met. These included regular checks on health and safety, records, medicines and the environment. Where problems had been identified we saw action had been taken to put these right. For example, the provider's area manager carried out monthly monitoring visits to the service and sent a written report to the registered manager following each visit. The reports were based on the five questions CQC asks when we inspect services. Issues identified by the area manager were included in a continuous improvement plan for the service and checked at subsequent visits.

The manager met with people living at the service and staff regularly to discuss the service and how they felt about it. Records showed the provider held regular meetings for people using the service. The minutes of meetings held in October and November 2016 showed people were supported to comment on staffing issues, menus, health and safety, holidays and their plans for Christmas. Each person using the service signed the record of the meeting. The registered manager also arranged for monthly staff meetings. Minutes of meetings held in October and November 2016 showed the registered manager updated staff on developments in the provider organisation and staff had the opportunity to discuss the support they provided for each person using the service. Staff told us they found these meetings helpful. One member of staff said, "It can be hard to keep up, there's so much information, but the meetings help and they make sure I know what's happening with all of the people living here."

The provider encouraged people using the service and their relatives to comment on the care and support people received. We saw that, in August 2016, an independent person supported all six people to complete questionnaires that asked for their views on the service they received. People's responses were largely positive. A relative commented in September 2016, "The care [family member's name] gets could not be better in my opinion."

During our inspection, the atmosphere in the home was open, welcoming and inclusive. Support staff spoke

with people in a kind and friendly way and we saw positive interactions between staff and people who used the service.