

Royal Mencap Society

Woodhouse Road Care Home

Inspection report

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Date of inspection visit: 21 May 2015
Date of publication: 26/10/2015

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 inspection took place on 21 May 2015 and was unannounced.

Royal Mencap Society is registered to provide accommodation and care at Woodhouse Road Care Home for to up to eight adults with learning disabilities. There were eight people living in the home when we visited.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

We found that people felt they were safely cared for by sufficient staff, who knew what action to take to keep everyone safe. The provider used safe systems when new staff were recruited. All risks to safety were minimised and medicines were well managed to make sure people received them safely as prescribed.

Summary of findings

Staff received regular training and knew how to meet people's individual needs. Any important changes in people's needs were passed on to all staff when they started their shifts, so that they all knew the up to date information. People consented to the care they received and their rights were protected by the use of the Mental Capacity Act 2005 when needed.

Staff were kind to people and cared about them. People had appropriate food and drink and staff helped them to ensure their health needs were met. We saw that choices were given to people at all times. We found people's privacy and dignity were respected and all confidential information was respectfully held securely.

Staff understood how to manage people's individual needs and assisted people to take part in appropriate daily individual activities at home and in the community. There was a clear system to respond in full to any concern or complaint.

A culture of openness and honesty was encouraged at all times and there was a registered manager, who led the staff team by example. A representative of the provider company visited regularly and actively monitored the quality of the service together with the registered manager.

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.

Staff understood what action they needed to take to keep people safe and new staff were thoroughly checked to make sure they could safely work with people at the service.

Action was taken to minimise all risks to people's safety and there were enough staff employed to keep people safe at all times.

Medicines were well managed, so that people received them safely.

Good



Is the service effective?

The service was effective.

Staff were trained to support people with their individual needs and refresher training was given when needed.

People consented to the care they received and their rights were protected by the use of the Mental Capacity Act 2005 when needed.

People had enough appropriate food and drink and were involved in meal preparation. They had the support they needed to see their doctor and other health professionals as needed.

Good



Is the service caring?

The service was caring.

People were well cared for by staff who showed kindness and compassion in the way they spoke with people.

Information about advocacy services was available if anyone needed an objective person to speak on their behalf. Relatives or other advocates were involved in meetings to review people's care, along with the person concerned.

People were treated with respect at all times and their privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive

Care was personalised and responsive to people's needs. Activities were individually planned to meet people's needs and reflect their interests.

There was a robust system to respond in full to every concern or complaint received.

Good



Is the service well-led?

The service was well led.

There was a registered manager, who led the staff team by example. A culture of openness and honesty was encouraged at all times.

Good



Summary of findings

The staff were well supported and there were systems in place for staff to discuss their practice and to report any concerns.

The quality of the service was well monitored.

Woodhouse Road Care Home

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 21 May 2015 and was unannounced. One inspector visited on this occasion.

Before we visited we reviewed the information we held about the home including notifications. Notifications are

events that the provider is required to inform us about by law. The registered manager had 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.

During our visit we spoke with four people living at home, three care staff and the registered manager.

We looked at the care plans for three people, the staff training and induction records for staff, five people's medicine records and the quality assurance audits that the registered manager completed.

Is the service safe?

Our findings

People told us that they felt safe and knew who to tell if they were not happy about their care or had concerns about safety. Two people said they would tell one of the staff and another said they would tell the registered manager.

Staff told us that they had been trained in how to safeguard people and they knew how to use the whistle blowing policy. There were records to show that all staff had completed this training. Staff gave us examples of how they used their training and this showed us that they understood what action they needed to take in reporting concerns as well as in managing situations where people may become at risk of abuse from others. One of the staff told us, "I make sure everyone is safe before I report it. We need to de-escalate the situation and find the best way to help people to calm down." They told us about specific plans for specific people in order to keep everyone safe. For any incident, they had reporting systems to alert the registered manager and provider as well as directly to the safeguarding authority when needed.

We saw examples of the plans in place to minimise and manage risks to people. There were separate risk assessments for each activity or situation and these were cross referenced to the support plans. There were anger management plans where needed and these gave staff guidance about being consistent in the way they guided a person to move away from others to another room.

There was a personal emergency evacuation plan for each person, so they would receive the right support if they needed to leave their building in an emergency. Guidance and direction to staff was detailed to cover all potential risks, both within the home and when out in the community. Although two people accessed the community independently, it was clear that more staff were provided in the community to ensure other people could take part in activities safely.

People told us there were always enough staff to help them when they needed it. They knew which staff were on duty and the staffing rota confirmed there were always at least two staff on the premises. The registered manager told us about how forward planning was very important so that

enough staff were available for particular activities. The staff were flexible with the hours they were prepared to work and there was always someone willing to undertake an extra shift. They told us there were always enough staff on duty to keep people safe at all times. There was also a detailed plan for staff "on call", should an incident occur that needed more staff. They gave an example of when staff needed to accompany someone to hospital for urgent medical care. One of the staff told us that none of the staff would ever leave people without passing on the duties to another member of staff.

There were safe recruitment and selection processes in place. The staff we spoke with told us they had supplied references and undergone checks relating to criminal records before they started work at the service. The registered manager showed us confirmation that all the required checks were completed before staff began work.

Two people told us that they knew staff looked after their prescribed medicines and they always gave them to them at the right times. All medicines were stored securely on the premises. We saw the medicine administration record (MAR) sheets that were used to record when people had or had not taken their medicines and these were initialled by two members of staff for each medicine taken. All staff had been trained to administer medicines and there were written plans to clarify the reasons and arrangements for people to receive medicines when they were needed. We saw one staff member working on some of these and checking all medicine plans were up to date. There were photographs of people with their medicines to help staff to be sure they were giving them to the right person.

We saw an example of a clear plan about medicine that was to be given only if needed. All the staff we spoke with about medicines were fully aware of this specific plan, which referred to the anger and stress management risk assessment and action plan in the main support plan file. This helped staff recognise behaviours related to anxieties and how to deal with them without medicines if possible. Another person was developing their skills in managing their own medicines. Staff were monitoring and reviewing the risks regularly. From the records and discussions we could see that care was being taken to ensure people always received the medicines prescribed to them safely at the times they were needed.

Is the service effective?

Our findings

People told us they were happy that staff knew how to look after them. One person told us, “The staff have soon learned what to do to help me and they explain what I need to do.” We spoke with staff who gave us some examples of what specific support they need to give some people. This showed they were knowledgeable about people’s medical and social history as well as how to meet current needs. Any important changes in people’s needs were passed on to all staff when they started their shifts, so that they all knew the up to date information.

All staff felt they received sufficient training and support to enable them to carry out their roles and meet people’s individual needs. The registered manager told us about a 12 week induction training programme and that new staff were not permitted to work alone until it was successfully completed with positive feedback from other staff and observations from the registered manager. There was a colour coded plan of training that showed all staff were currently up to date with their on-going training requirements. Staff told us their training was well organised and they had regular refresher training in basic care topics. They also told us of additional specific training that was arranged with experts about dementia care and epilepsy. On the day we visited there was further training taking place about managing and meeting one person’s specific needs. All staff had a lot of training in communication and some staff had attended specific courses in using sign language. This meant that appropriate training was given to enable staff to meet people’s needs safely and effectively.

Staff told us they were regularly supervised, at least every three months, by the registered manager. A noticeboard was used to remind staff of their next supervision meeting. They had been using a system called “Shape your future”, which guided their development and helped them to clarify any additional training needs. They were transferring to a new system that was planned to increase the areas of development for staff. They also had an appraisal meeting to discuss their progress and review their knowledge every 12 months. Records were maintained of these and the regular supervision meetings.

People consented to the way their care was provided. People told us they made their own decisions about what they did each day. Two people said that staff helped them

to decide what to buy for their rooms. Care plans were written as dictated by people and one example was, “I can make my own decisions affecting most areas of my life, such as health and finance.” The plans were signed by people showing that they gave their consent and agreement.

The staff understood how best interest decisions were made using the Mental Capacity Act (2005) (MCA). We saw examples of how they had determined whether a plan was needed for staff to make some decisions in people’s best interests. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. We saw that a two stage test was used when needed. There were examples regarding specific health and finance decisions for some people. The plans were clear about how much support was needed in these areas.

From discussions with staff, we found they understood the importance of giving people as much choice and freedom as possible. They told us about the people who could access the community independently. Those that needed some support were accompanied by staff. The manager was appropriately consulting the local authority, about any applications for Deprivation of Liberty Safeguards (DoLS) that may be needed. DoLS protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed.

People had enough appropriate food and drink and were involved in meal preparation. There were healthy eating plans and information in pictures about food and menus in the kitchen. One person told us they were happy for staff to prepare their food for them, but they always liked to wash their own plate after eating. Two other people told us they always chose what they wanted to eat and there was a good choice offered. There was an agreed menu, but we saw that staff asked each person individually what they would like at the time. There was a good stock of varied food and fresh fruit was available at all times. Staff told us that most people prepared their own breakfast and also helped with peeling vegetables and making sandwiches. We saw people were offered hot drinks and juice at various times; some were assisted and some were independent in this area. One person said, “I can have a drink when I want and I make it myself.”

Is the service effective?

Staff were fully aware of people's individual dietary needs, which were detailed in the care plans. One person told us about foods they had to avoid and that staff always reminded the person not to eat these foods when they went out. Another person told us that all their food had to be mashed to meet their needs. We saw this was recorded in the care plan and staff were aware, so that appropriate food was always served.

People received assistance and encouragement with meeting their health needs. There was a health action plan for each person and one person told us about an appointment that one of the staff was going to attend with them. A health action plan is designed to be developed with the person concerned and holds comprehensive information about the person's health needs. Staff told us that when any changes were noticed they took action to contact medical professionals. Staff also told us of specific training they had received from nurses at hospital in order to manage one person's health condition. The person confirmed the staff had developed a good understanding of their specific health needs.

The registered manager gave us an example of how the service had responded to one person's mental health needs. On receiving the concerns from a staff member the registered manager contacted a specialist nurse and their discussion led to providing support for the person to attend specialist support groups to enable them to discuss their specific concerns with others with similar experience.

We saw records of health appointments at GP surgeries and hospitals. There were also records of district nurses who visited the home. We saw that there was a stair lift had been installed in response to the changing health and needs of some people and we saw this in use. Staff told us they were frequently involved in discussions with various other professionals, including occupational therapists and physiotherapists. They made notes of the advice received and passed information to other staff to ensure people received effective support with their health.

Is the service caring?

Our findings

People told us they thought the staff were kind and caring. They appeared very comfortable with all the staff on duty during our visit. One person said, “Staff are all nice here. They help me with things I want to do.” Another person named each of the staff and told us they were “alright”. A third person confirmed they were happy living there and told us staff were all good.

One person told us staff helped them with telephone calls to their family members every few days and we saw this was as agreed and stated in their care plan. Staff said they had contact with the relatives of others if it had already been agreed with everyone. We saw that staff used alternative communication methods as needed and we saw friendly interactions and laughing. Staff showed kindness and compassion in the way they spoke with people. We heard staff using people’s preferred names at all times. Staff had an understanding of people’s backgrounds and gave us examples of arrangements they made for special occasions.

In the care plans, we saw examples of signed agreements to the way staff were to support people. We also observed staff gaining consent with the support they were planning to assist people and we saw that staff understood the different ways people communicated their agreement. Information about advocacy services was available if anyone needed an objective person to speak on their behalf. Relatives or other advocates were involved in meetings to review people’s care, along with the person

concerned. Staff told us how they supported people to attend part or the whole of these meetings as people preferred. This showed that the provider cared about how people were involved in their care.

People’s privacy and dignity were respected and promoted. Two people told us they felt their privacy and dignity were always respected. They said that all the staff were very polite and often complimented them on their appearance. Another person thought a member of staff had been into their room without permission when they were out and turned a radio off. The registered manager told us the radio would not be touched without permission in future.

People told us all the staff kept things very clean and tidy and we saw that the premises were very clean throughout and furnishings were well cared for. This showed respect for the people that lived there and visitors. Family and friends were welcome to visit at any time and privacy was respected as needed. We saw that all confidential and personal information was held privately and securely.

We observed staff asking people and waiting for their agreement before entering their rooms. When one person asked staff not to enter, the person’s privacy was respected. Two staff told us about their training that included respecting people’s dignity in every way they could. One staff said, “It’s always important to keep things private and we make sure we close doors, so other people don’t walk in when we are helping someone with personal care. We also encourage and remind people about the need to close and lock bathroom doors so others can’t just walk in.” In this way staff were respecting and promoting privacy and dignity with everyone.

Is the service responsive?

Our findings

The people we spoke with told us staff responded to them individually when they needed help with something. One person said, “Staff know what I like to do and they help me if I want them to.” We observed staff responding to people’s individual needs. For example, staff were planning an outing with one person. Another person wanted to rest and sleep, so staff were aware and ready to interact with the person as soon as they awoke.

Some people attended a day centre during our visit and staff knew what times people needed assistance in getting ready and when each person would be returning. People enjoyed going to the day centres to meet up with their friends. One person told us staff had assisted in making their bedroom personal to meet their needs and interests. Another person told us one of the staff was going to help them rearrange their room as they wanted. We heard about some of the activities people chose to do and these included local shopping trips, visits to the cinema and occasional meals out in restaurants. All activities were arranged in response to people’s interests and choices.

People told us staff helped them to keep in contact with their families and friends and one person told us about their chosen holiday with staff support. The registered manager explained that holidays were arranged to meet individual needs and preferences.

From discussion with staff we found they were aware of people’s individual needs and preferences. We saw from a sample of care plans that all individual needs were assessed and full clear plans were written to direct staff about how to meet them. There was specific information under the title “Important things to know about me” and also clear information about what people liked and did not like. There was a key worker for each person and their role was to have regular discussion with the person and ensure

the care plan was kept up to date. We saw one of the staff was updating information during our visit. Care plans provided other staff with information on how to manage people’s individual needs. Important information was passed on to staff during handover meetings as well. This meant all staff had sufficient information so that they could respond to individual needs.

Staff told us there were house meetings held every four to six weeks and all the people living at the service attended with the staff on duty. This was when they discussed various activities, holidays and meals. The staff also asked if anyone had anything else they wanted to say or ask about what was happening at the service.

Two people told us they knew they could speak to the registered manager if they had any concerns or complaints or they could tell staff in meetings. One person told us of the information they had about who to speak to. They said there were people within Mencap they could contact or they would contact their social worker if they had any concerns. We saw there were photographs on the noticeboard of key people to contact should anyone have any concerns. Staff told us they made sure the information was on a board in each person’s own room. The registered manager told us the complaints information was given to people in a folder when they first moved in and any family members had the information to keep for use if needed.

We found the full complaints policy and procedure was kept in the office to inform staff. This gave clear information about deadlines for investigation and follow up of any complaint the might be received. One staff told us that they would write down in detail any complaint they received to pass on to the registered manager, but they had not received any. The registered manager told us of one complaint received within the previous 12 months and how this was immediately addressed to the complainant’s satisfaction.

Is the service well-led?

Our findings

We found a positive and inclusive culture was promoted. All the people living at the service were encouraged to attend regular house meetings when they were consulted about aspects of the service. One person told us about attending meetings and staff confirmed they gave each person the chance to contribute. Records were kept of these meetings. Some comments were entered in a section of the care plan for each person, which was titled “What I would like to happen at Woodhouse Road” and this gave staff further opportunity to encourage people to be involved in the service.

Two care staff told us they could approach the registered manager whenever they wanted to discuss anything. They also had regular staff meetings and told us the whole staff group was very happy and supportive of each other. They told us they could voice any concerns about anything and everything in staff meetings and individual supervision meetings. They were encouraged to do this by the registered manager and the area operational manager who they could contact whenever they needed.

We observed that care was provided with compassion, dignity and respect in accordance with the provider's values. The staff were made aware of the provider's values through their induction, training and staff meetings. This was confirmed by staff we spoke with and records we looked at. The staff told us that all their learning and development needs were thoroughly assessed and monitored through regular supervision and annual appraisals.

Staff leadership was provided by the registered manager and he was supported by senior staff. At least one of these was available at all times. In addition a registered manager from another service was available for staff to contact when their own registered manager was away from the service for any reason. The registered manager led by example whenever possible and told us he always kept a positive attitude and encouraged staff to do the same, by valuing

their contributions. He encouraged staff to take responsibility for reviewing and updating plans with people and helped them to improve and learn by analysing the risks and actions needed to meet individual situations. The people we spoke with knew the registered manager by their first name and said they could ask them for help at any time.

The registered manager had notified us of the incidents that they were required by law to tell us about, such as accidents, injuries and other concerns. We were able to see, from people's records, that positive actions were taken to learn from incidents. For example, when incidents had occurred staff had reviewed risk assessments with the manager to reduce the risks of these happening again and make sure that people were safe.

We saw there were specific systems to monitor and improve the quality of the care provided. There was a survey ready to send out to people to gain their views about the service provided. This was in addition to regular monitoring of the quality of the service. The registered manager showed us the computerised systems used when checking specific areas of the service. For example, information was taken from records and added to the computerised system in order to provide an overview of incidents and action taken. The registered manager told us that the overall incidents in the service were analysed to identify potential triggers and patterns.

We saw the computerised systems included audits of care records, infection control, health and safety and incidents, staffing records and training. The manager told us that the responsibility for checking medicines was delegated to senior workers and we saw these in progress.

The provider's area operational manager completed monthly visits and reviewed the service with the registered manager. A continuous improvement plan was completed so that improvements were always taking place. This showed the quality of the service was actively monitored to ensure a high quality of care and support was provided for people.