Care Quality Commission

Royal Mencap Society

Royal Mencap Society - 1-2 Broadstone Close

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced inspection which took place on 17 and 19 November 2015. We had previously inspected this service on 16 October 2013 when we found that the service met all the standards inspected.

1-2 Broadstone Close is two semi-detached houses which are joined together with an internal adjoining corridor. The service is registered to accommodate nine people for nursing or personal care. The service does not provide nursing care. Nine people were living at the service at the time of our inspection.

The service had 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 2008 and associated Regulations about how the service is run.

Summary of findings

People were protected from the risk of abuse, and staff were knowledgeable about how to recognise and report concerns of abuse. The provider informed the local authority about any concerns of potential abuse, but did not always inform CQC as they are required to.

There were systems in place to identify risks and protect people from the risk of harm. People were supported to be as independent as possible whilst remaining safe. Key information about people's care needs was available to staff in the event of an emergency.

People felt there was enough staff to support them, but staff had mixed views on this. They identified occasions where additional support should be available to ensure people's needs were met.

The provider had recruitment processes in place which ensured they only employed staff who were suitable to work at the service.

Medicines were managed, stored, administered and disposed of safely. Staff received training and ongoing skills assessments that enabled them to be confident in supporting people with medicines.

Staff received training and ongoing supervision to ensure that their skills, attitudes and values met the provider's requirements.

The understanding and application of the Mental Capacity Act was not always followed consistently. Although there was clear evidence of best interest decision making that complied with the MCA, people's capacity was not assessed.

People were supported to have a varied and balanced diet. We saw people were encouraged to participate in the planning and cooking of meals.

People were supported to maintain good healthcare with regular visits to their GP and, where appropriate, specialist healthcare. Staff knew how people liked and needed to be supported at appointments.

Staff were caring and kind, and demonstrated they understood how to support people with dignity and respect. Staff knew people's likes, dislikes, preferences and histories, and were able to use this knowledge to provide support that demonstrated that people living at the service mattered to them.

People were involved as much as possible in planning and reviewing their own care, and people had access to independent advocacy to support them to do this. Care and support was centred around people's preferences and assessed needs.

People were supported to access a range of activities in their local community. Staff demonstrated that they understood that maintaining family and friend relationships was important and meaningful to people.

People felt able to express concerns or complaints about the service and knew how to do this. We saw concerns and complaints were managed well.

The service was not always well led. The provider did not always make notifications to CQC as required by law. The provider and registered manager supported the staff team to deliver a service that met people's needs. The provider had systems and checks in place to ensure the service was of good quality, and could demonstrate where improvements had been identified and made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from the risk of abuse, and staff knew how to identify potential abuse and raise concerns.

There were enough staff to support people.

The provider carried out checks to ensure people were care for by people who were suitable.

Good

Is the service effective?
The service was not always effective.

Staff did not always understand or apply the Mental Capacity Act 2005 consistently.

Staff received induction and training to ensure they had the skills to support people, and they were knowledgeable about people's needs and preferences.

People were supported to have a good diet, and were involved in meal planning and preparation.

Requires improvement

Is the service caring?
The service was caring.

People were supported by staff who were caring, kind, and who treated them with dignity and respect.

People were involved in decisions about their own care and support, and had independent advocacy support to assist them.

People were supported to be as independent as possible, and to develop and maintain their skills.

Good

Is the service responsive?
The service was responsive.

People told us that staff knew them well and provided support that was tailored to them.

Staff supported people to take part in meaningful activities they chose, and people were supported to maintain their relationships with family and friends.

People knew how to make complaints, and the provider had a clear process in place to hear people's views and act on them.

Good

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

The provider did not always make notifications to CQC in accordance with the regulations.

People, relatives and staff were all able to contribute towards the development and improvement of the service.

The provider had systems in place to assess the quality of care people received, and to make changes where necessary.

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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 was an unannounced inspection which took place on 17 and 19 November 2015. The inspection was carried out by one inspector. Prior to the inspection, we reviewed all the information we held about the service, including statutory notifications that the provider is required to make to CQC and information from local authority commissioners. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with seven people who lived at the service, one relative and six staff, including the area manager for the provider. We looked at a range of records about people's care, including three people's care files. We reviewed records of the checks the registered manager and provider made to assure people that they received a quality service. We looked at personnel files for two members of staff to check that suitable recruitment procedures were in place, and that staff received training and support to enable them to provide care that met people's needs.

Good

Is the service safe?

Our findings

People were protected against the risk of abuse. People and their relatives told us they felt safe and protected from the risk of harm. One person told us they had recently had an accident and described how staff had supported them. Another person said, "staff know how to keep me calm and I can talk to them if I'm worried." One relative told us that their family member have been given more individual support as their needs had changed.

Staff knew how to identify people at risk of abuse and how to report this. Staff were confident to raise concerns about abuse or suspected abuse. They also knew how to contact the local authority with concerns if this was needed, and the evidence we looked at supported this. Staff received regular training in safeguarding people.

There was a system in place to identify risks and protect people from the risk of harm. We saw a person being supported to move around and sit down in a safe way in accordance with their risk assessment and care plan. Another person had a risk assessment in place in relation to going on holiday. We saw evidence that the person had been supported to go on a holiday of their choice, and they told us how much they had enjoyed this. People had risk assessments in place where there was an identified risk to their health, safety or well-being. Risk assessments were up to date and reviewed. They clearly defined risks, identified what harms could occur, and detailed what steps people and staff should take to minimise risks. For example, one person was at risk of falls if they did not use a walking frame. The risk assessment and associated support plan showed the person had been assessed by a physiotherapist who had given clear information on the risks and how staff should support the person. This information was incorporated in the risk assessment and staff were able to clearly say how to support the person safely. This meant people were protected from the risk of harm whilst being supported to do the things they wanted to do.

The provider recorded significant events in people's daily lives. Where these indicated that people might be at risk of harm, there was a system in place to review incidents or accidents, and evidence that staff took action to minimise risk. The provider also had an emergency pack, containing key information about people's support needs, medicines, relatives' contact details and first aid supplies. This meant, in an emergency, staff would have essential information with them if they needed to leave the building with people.

Staff told us that one person's care needs had increased and they were receiving additional support. The care records confirmed this, and also indicated that detailed records needed to be kept of any behaviour which staff found challenging to manage. We noted that staff were not keeping these records as requested by the local authority. A professional involved in the person's care confirmed that the recording was necessary to assess the level of support needed. However staff told us and we saw that the provider had made arrangements for the person to have support at key times of the day where staff had identified that additional support was needed.

There were sufficient numbers of staff available. People felt there were enough staff available to support them. One person said, "Staff always help if I ask. Sometimes I have to wait a bit. That's ok." Two people told us that they were able to go out on their own when they chose and staff confirmed that this was correct. A third person said that they were able to go out on their own, but they sometimes asked staff to support them if they felt they needed support and reassurance. For example, when they attended GP appointments. A health and social care professional we spoke with felt that there was not always enough staff to support people to take part in community activities.

One staff member said two staff during the day was usually enough, but there were times when they felt people would benefit from a third staff member being available. For example, one person had one to one support on one day a week to attend an activity. This left two staff to support eight people on that day, which could restrict some people from going out on that day if they also needed support. Staff described the support as being generally two staff at all times during the day and one staff sleeping in at night, and records we looked at supported this.

The provider had additional staff on duty for four hours on Tuesdays and Thursdays to enable some people to participate in community based activities of their choice. We looked at samples of the staff rotas and spoke with staff and the deputy manager about the levels of support that people needed during the day and night. This evidence showed us the provider ensured they had two staff during the day, with additional staff time planned in to support

Good

Is the service safe?

people for specific activities on Tuesdays and Thursdays, which was what they had assessed as being suitable levels of support to meet people's needs. This showed us that there were sufficient staff available to support people.

Recruitment procedures included checking references and carrying out disclosure and barring checks to ensure that prospective employees were suitable to work at the home. All staff had a probationary period before being employed permanently. They also undertook an induction period of training the provider felt essential. We saw evidence the provider clearly set out what they expected from staff if there were issues with their skills, and took action to manage this. This meant people and their relatives could be reassured that staff were of good character and remained fit to carry out their work.

Staff had received training in safe management of medicines, and had their skills reviewed by the registered manager. They told us they felt they had sufficient training to be able to manage people's medicines safely. One staff member said they felt the system in place for managing medicines was, "the best I've come across." We checked the storage and records staff kept in relation to the administration and management of medicines. These showed that medicines were stored, administered, managed and disposed of safely and in accordance with professional guidance.

Requires improvement

Is the service effective?

Our findings

The understanding and application of the Mental Capacity Act 2005 was not always followed consistently. 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). There was no-one at the service who was subject to a Deprivation of Liberty authorisation. Staff were currently considering an application for one person whose condition had recently changed.

Staff told us people did not have capacity to consent to their medicines. The records we looked at showed that it had been decided that people did not have the capacity to manage their own medicines and staff needed to do this. For example, one person's care records indicated clearly that they were not able to make decisions for themselves about medicines as they did not understand the risks involved if they did not take medication as prescribed. There was no evidence that people had had their capacity assessed in relation to this. This meant people were at risk of decisions being made that were not in line with the principles of the Mental Capacity Act 2005.

Not all staff understood the principles of the MCA and not all staff had received training in the MCA and DoLS. The evidence in people's care plans demonstrated that they did not have an assessment of capacity where they could not make decisions for themselves. For example, one person's care records indicated clearly they were not able to make decisions for themselves about monitoring their own health needs or accessing medical services. However, we also saw evidence of best interest decision making, including people's views. The evidence also showed that staff were supporting people in the least restrictive way when they did not have capacity to make their own decisions.

People told us staff always asked them for their consent before offering support. People's care plans contained a lot of information about how they should be supported and given information to enable them to make their own decisions. For example, one person was supported to make their own decision about a health treatment. Staff had recorded what the decision was, and what accessible information the person was given to help them understand the decision. This demonstrated staff supported people to make their own decisions.

We spoke with the deputy manager and area manager about this, and they acknowledged that people did not have capacity assessments as required. The provider had an action plan in place to remedy this. However, at the time of our inspection, people did not have assessments of their capacity in place where this had been identified as necessary. This demonstrated the provider did not consistently comply with the requirements of the MCA. This meant people were at risk of not having their rights upheld.

People felt the staff supporting them had the skills and knowledge to do so. One relative said, "staff do a good job," when commenting on how staff were able to support a person's behaviour. They also commented on the provider having experienced staff who had been there for a long time. The relative felt this meant staff knew the person very well and were able to support them effectively.

Staff received training and an induction period before being allowed to support people. During the induction period, staff shadowed experienced colleagues so they could learn people's individual needs and preferences. One staff member described their training as, "useful, but the shadowing was also really helpful in a practical way."

The provider had a communication book all staff used. Staff used both verbal communication and the book to inform each other about important aspects of people's care. We saw this information was used when staff started their shift. This meant staff were informed of any changes in people's care.

Staff were knowledgeable about people's individual care needs and were able to describe what level of support people needed throughout the day. A professional who supported people at the home confirmed staff were knowledgeable about people's needs and preferences. The care records we looked at supported this.

Requires improvement

Is the service effective?

People were involved in planning and preparing meals. Staff supported them to go shopping for food and to develop and maintain skills in food preparation. One staff member told us they liked to support people to have a balanced diet whilst respecting people's choices. Staff said people planned the house meals together, and this often involved negotiation and compromise. They said they tried to ensure that everyone's preferences were respected.

Two people needed additional support at mealtimes. We saw their care plans had information detailing what support they needed, and they had received assessments from speech and language therapy to determine what support they needed. We saw the provider had adapted cutlery and cups to enable people to eat and drink more independently. We saw one person being supported to have a drink by staff who were following the guidelines in the care plan.

During the day of our inspection, we saw people being supported to access the kitchens in the two houses to make drinks and meals. Two people we saw were able to make their own drinks when they wanted, and both they and staff ensured that other people were offered plenty of drinks and food throughout the day. This showed us people were supported to maintain a good diet and fluid intake to keep them healthy.

People were supported to keep healthy and access health care when they needed to. One person told us, "If I say I feel ill, staff talk to me about it. If I need to go to the doctor they help me do this." Another person said, "Staff help me to the doctor when I need to go – I can't go on my own."

The provider had a diary that all staff used for key appointments. We saw records that told us people had attended their appointments as planned. For example, one person was supported to attend a scheduled health appointment in relation to their epilepsy. This meant people were supported to attend appointments at the right time. Staff told us that one person's needs had changed recently, and that they had supported the person to have a review of their support. As a result of this, the provider had arranged for additional staff to support the person at specific times during the day. We saw from the person's care records that staff had made appropriate and timely referrals to health and social care professionals. This demonstrated people were supported to have access to health care when they needed it.

The provider had ensured people and health professionals had key information available in the event of a hospital admission. For example, one person had a document which summarised their health conditions and medicines. The document also had clear information about how the person needed to be supported and information about effective communication. This meant when people needed to go to hospital, health professionals had information about how to support people well.

Good

Is the service caring?

Our findings

People were treated with kindness and care by staff who knew them well. People told us staff were available to talk with if they were worried about anything, or if they wanted to talk about their activities and interests. One person told us staff supported them the way they wanted, "if I'm having a down day, when I feel depressed, they look after me and help keep me calm." We observed a staff member support two people who were arguing. They dealt with this in a calm manner, which reduced the anxiety for both people. A relative said, "the home is the best for [person]," and felt the home was, "very good."

We saw throughout the day that people and staff talked about interests, hobbies and activities. For example, one person wanted to have their hair dyed, so they spoke with staff about what they wanted and made plans to do this together. Another person was celebrating their birthday, and we saw staff supporting them throughout the day in a warm and friendly way to make their day special. A professional we spoke with described the home as, "really relaxed and welcoming."

People told us they were involved in making decisions about their care and support. For example, one person said, "I say what I want and tell them what works for me." Staff told us an independent advocate supported several people, and they had raised issues on behalf of people. For example, the independent advocate had facilitated a meeting with all people living at the home and supported them to tell staff what activities they wanted or did not want. The records showed that staff listened to people and acted on this. A professional involved in supporting people at the home said people were supported to participate in discussions about their support and that staff sought their views. This demonstrated that people were supported to make their own decisions about their care.

Staff told us they spoke with people regularly about their care and asked them how they wanted to be supported. One staff member said, "I need to get to know what is normal for people, and become familiar with their health support plans." They said the care plans had sufficient person centred information to be able to do this. The records we saw demonstrated that people's views and wishes about their care were recorded in detail. For example, one person had a care plan that set out how to communicate effectively with them. The plan had clear information about how staff should communicate to ensure the person understood what was happening and we saw staff doing this when supporting the person to go out. This meant people were supported to express their views in ways that were meaningful to them.

People told us that they were encouraged and supported to be as independent as possible. During our inspection we saw that those people who could go out without support did so, and all people were involved in discussions with staff about their plans for activities throughout the week.

One person's care plans contained detailed information about what they could do without support. Where they needed support, there was guidance for staff about how the person wished to be supported, for example, to attend appointments.

People's families were involved in their care planning if this was what people wanted. One person told us that their family member came to any meetings about their care and helped them tell staff what they wanted.

People told us that staff treated them with dignity and respect, and all of the interactions we saw between people and staff supported this.

Good

Is the service responsive?

Our findings

People received support that was tailored to their individual needs. People told us staff knew them well and took time to find out what they liked and disliked. People told us they were supported to take part in a variety of activities in the home and the local community. One person told us, "I regularly go to my bank – I can do this by myself. I get the bus to town. I like to go out." Another person spoke with us about a local gardening project that they volunteered at. A third person told us about the different activities they did and said, "I go out a lot." We saw four people go out on the day of our inspection, and heard staff supporting them to do the activities they wanted. People told us they went out regularly, and staff and records confirmed this.

People also told us about visits to and from relatives and friends. Staff told us and records confirmed that people were supported to maintain relationships that were important to them. One person's care plans had guidance for staff about how the person wished to be supported, for example, to maintain contact with relatives and friends. There was also information about supporting the person to buy birthday gifts for people who were important to them. This showed people were supported to have relationships that were meaningful to them.

We saw there was clear and detailed recording of people's assessed needs and their views and preferences. For example, we saw that one person needed support when shopping for new clothes. Their care plan had information about the person's known preferences, and how to support the person to make choices when shopping. People were given information about their care and support in formats they understood. For example, one person had a record of care in an easy read format. A relative told us that staff knew how to support a person to ensure that they were involved in their care planning in a way that was meaningful to them.

The provider did not hold regular formal meetings with all the people who used the service, but did this as and when an issue arose where everyone's views needed to be heard. We saw staff who facilitated these informal meetings recorded what the meeting was about, what people's views were and what the outcome was. For example, a discussion took place about a potential trip, and we could see where each person was asked about their views and preferences. This meant the provider sought people's views in ways which enabled them to express their opinions.

People and their relatives told us they knew how to make a complaint and felt confident to tell staff if they were not happy with something. One person told us they had an independent advocate who helped them express their views about their care. Staff understood how to support people to access advocacy services and knew how they would identify that this was appropriate.

The provider had a complaints policy which was also available in an easy read format. Records showed us the provider had a clear record of complaints investigations and outcomes.

Requires improvement

Is the service well-led?

Our findings

The provider had not made notifications to the Care Quality Commission in relation to safeguarding concerns. For example, the provider had made a referral to the local authority safeguarding team in relation to an incident where a person was placed at risk of harm. The provider had not notified us as they are required to do by law. We spoke with staff and the area manager about this, and they acknowledged a notification should have been made in this case. They assured us that they would notify us in accordance with the regulations in future.

The provider was in the process of improving the way they recorded people's care needs to enable staff to find and record information in a more efficient way. However, one person's records were not being completed with relevant information as the local authority had requested. Staff told us the new recording made it easier to find key information about people's support needs. The care records we saw were in the process of being improved in this way. The deputy manager described this as a challenge, but showed us that the registered manager had created a clear action plan to enable staff to achieve this. This plan contained actions such as reviewing the complaints management process and organising essential health and safety information so that this was in date order and old information archived. The plan clearly stated who would take action and had deadlines. This demonstrated the provider and registered manager were taking steps to continually review and improve the quality of the service.

People told us, and we saw evidence that demonstrated they were involved in discussing every aspect of their care and support. People were encouraged to make suggestions about how to improve the quality of their service and we could see that they were listened to.

Staff felt supported by the registered manager and provider management team. They felt able to raise concerns about the service, and were able to contribute ideas for improving the service. We saw from the regular team meeting minutes that staff raised concerns about care, discussed best practice for supporting people, and talked about improving the service based on feedback from people and their relatives.

The provider had a system in place to regularly assess the quality of care people received. This included checking that people's care plans were up to date, ensuring that the staff were supporting people to attend appointments and activities, and assessing the condition of the building. Accidents and incidents were monitored and analysed monthly to look for trends. For example, we saw that one person had fallen on several occasions. This had led staff to identify that the person would benefit from a referral to the GP and physiotherapy.

Staff told us they had good communication with the housing association who owned the property. We saw evidence that any problems with the property were identified quickly and reported to the housing association, who responded in a timely manner. Staff told us they were arranging for the kitchen and bathrooms to be refurbished with the housing association and we saw evidence that demonstrated this.