Royal Mencap Society

Royal Mencap Society - 4 The Stables

Inspection report

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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

This inspection was announced and took place on 24 October 2017.

The provider was given 48 hours' notice that we would be coming to inspect. This is because service is small home for people with learning disabilities who are often out during the day and we wanted to be sure that someone would be available.

4 The Stables is registered to provide care and support for four people who have a learning disability. It is owned by Royal Mencap Society, a national organisation who provide a variety of support services to people who have a learning disability. The house has been adapted to accommodate people who have restricted mobility. It is situated in a residential area of Crosby.

At the time of our inspection there were three people living in the home.

There was a registered manager in post, however they were not available at the service during our inspection. The area manager was available, and there was another manager who made themselves available as well as the deputy 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.

Staff we spoke with were clearly able to explain the course of action that they would take if they felt someone was being harmed or abused, and how they would report it, including whistleblowing to external organisations.

Medicines were well recorded and managed for people who required support. Assessments were completed to support people with their medication needs.

Risk assessments were clear, concise and explained the impact of the risk as well as how the staff should support the person to manage it. Risk assessments were regularly reviewed with the input of the people who used the service and their families.

There were enough suitably trained staff to meet their individual care needs. Staff were only appointed after a thorough recruitment process. Staff were available to support people to go on trips or visits within the local and wider community and attend medical appointments.

The deputy manager and the staff understood the principles of the Mental Capacity Act 2005 and associated

legislation and had taken appropriate steps to ensure people exercised choice where possible. Where people did not have capacity, this was documented appropriately and decisions were made in their best interest with the involvement of family members and relevant health care professionals where appropriate. This showed the provider understood and was adhering to the Mental Capacity Act 2005.This is legislation to protect and empower people who may not be able to make their own decisions.

The provider was meeting their requirements as set out in the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005).

Care plans with regards to people's preferred routines and personal preferences were well documented and plainly written to enable staff to gain a good understanding of the person they were supporting. Care plans contained a high level of person centred information. Person centred means the service was tailored around the needs of the person, and not the organisation.

We discussed complaints. There had been no complaints in the home in the last 12 months.

Quality assurance procedures were robust and identified when actions needed to be implemented to drive improvements. We saw that quality assurance procedures were highly organised and processes had been implemented from another internal source to help support the service to continuously improve. We were shown these procedures by the deputy manager during our inspection.

Feedback had been gathered from people who used the service in the form of questionnaires, telephone conversations with families and when family members visited the home.

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.

Risk assessments were complied and reviewed as part of people's care needs, these were detailed and gave staff clear instruction of how to manage and minimise risks.

Medicines were managed safely and stored appropriately in the home by staff who were trained to do so.

Checks were carried at regular intervals by external contractors on the building to ensure it was safe, and internal checks such as the water temperatures and fire alarm tests were being completed by staff.

Staff were only offered employment once suitable pre-employment checks had been carried out which included an assessment of their suitability to work with vulnerable people.

Is the service effective?

Good

The service was Effective.

Staff told us they enjoyed their training. We saw from the training matrix and certificates staff had attended regular training.

Supervision records showed that staff underwent regular supervision with the registered manager.

The service was working in accordance with the principles of The Mental Capacity Act 2005 (MCA) and other associated legislation to ensure people were exercising their rights to make choices and decisions regarding their care.

People were supported to shop for individual items of food and were supported to prepare meals and snacks when required.

Is the service caring?

Good

The service was Caring.

We observed kind, friendly and familiar interactions between

staff and the people they supported. The staff we spoke with clearly enjoyed supporting people.

A family member we spoke with told us that the staff were caring.

Contact details for local advocacy services were made available to people if they required this support.

Is the service responsive?

Good

The service was Responsive.

Care plans were personalised and contained information about people's likes, dislikes and preferences.

There was a complaints procedure in place and it was accessible for people who lived at the home.

There were activities available and people could choose what they did with their time.

Is the service well-led?

Good

The service was Well Led.

There was a registered manager in post.

There was a process in place to check the quality of the service and action plans were formulated to address any highlighted concerns.

Team meetings and meeting which involved people who used the service took place regularly.

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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 checked 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 24 October 2017. The inspection was conducted by an adult social care inspector.

The provider was given 48 hours' notice because the location is a small care home for adults with learning disabilities who are often out during the day; we needed to be sure that someone would be in.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR 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 the inspection, we spent time with three staff who worked at the service, the deputy manager, and the area manager. We observed the care and support for the three people living at the home, and contacted the relative of one person to gain their views. We were unable to contact anyone else. The people living at the home were unable to speak with us.

We looked at the care records for three people using the service, three staff personnel files and records relevant to the quality monitoring of the service.

Good

Is the service safe?

Our findings

We were unable to communicate with people to assess if they felt happy living at the home, however we saw from recent reviews and input from family members that people presented as happy and safe living at 4 The Stables. We observed people in the communal areas of the home and everyone looked content and happy. One relative we spoke with via the telephone told us, "The service is very good, very peaceful."

Staff we spoke with said they would 'whistle blow' to external organisations such as CQC if they felt they needed to. Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused. This was reflected in the organisations safeguarding policy. Staff had received training in safeguarding and their responses were in line with procedures set out in the organisation's safeguarding policies. Information regarding safeguarding for people who used the service and relatives was readily available on the noticeboards in the office and the service user guide.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. There were three people in receipt of medicines at the time of our inspection. Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Arrangements were in place for confirming people's current medicines on admission to the home. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's were checked and were complete and up to date.

Medicines were stored securely which helped to minimise the risk of mishandling and misuse. Auditing medicines reduced the risk of any errors going unnoticed and therefore enabled staff to take the necessary action to rectify these. Training records showed staff responsible for medicines had been trained and a regular audit of medicine management was being carried out. Where new medicines were prescribed, these were promptly started and arrangements were made with the supplying pharmacist to ensure that sufficient stocks were maintained to allow continuity of treatment.

The temperature of the room the medications were stored in was taken twice a day to ensure it did not exceed the recommended storage guidelines. If medications are stored in wrong temperatures it can affect their ability to work.

We saw that there was enough staff employed to work at the home to deliver all of the support hours safely. When additional cover was required, the service had their own internal bank list, which is a list of staff employed by Mencap on a casual contract to work shifts as and when needed.

We reviewed three files relating to staff employed at the service. Staff records viewed demonstrated the registered manager had robust systems in place to ensure the staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on

file prior to commencing in post.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out. They told us they completed an application form and attended an interview. They could not start work until they had received clearance from the DBS. This confirmed there were safe procedures in place to recruit new members of staff.

There was a process in place to monitor any incidents and accidents in the home. The procedure consisted of the area manager using the internal quality assurance system to highlight incidents and accidents and run reports and analysis to further look for patterns or trends. This was then discussed at team meetings and fed back to the staff team if any action needed to be taken.

Risk assessments regarding people's health, emotional and behavioural needs were clear and provided instruction for staff to enable them to minimise the risk to people living at the home. For example, we saw that one person enjoyed going swimming. There was a detailed risk assessment compiled which clearly informed the staff how they should support this person to remain safe in the pool, this included things like 'make sure [person] uses the steps so they can walk into the pool.' In another example, one person had a sensory disability, and we saw a detailed risk assessment in place around protecting this person from the risk of falls, both inside and when out in the community. Another person had PEG in situ. This means that a tube was fitted into their stomach to support them with their eating and drinking needs. We saw that all risk assessments were in place to ensure staff supported this person safely. This included how to administer medication via the PEG and how often the PEG tube required flushing with water. We saw a risk assessment in place to minimise the risk of someone choking. This was clear and described preventative methods, such as ensuring their food was cut up and the right temperature for them to eat in the first place. However if they did choke the course of action the staff would be expected to take, were documented and all of the staff has signed these. Our discussions with the staff indicated they were familiar with risks to people's health and well-being.

We checked to see if the relevant health and safety checks were regularly completed on the building. We spot checked some of the certificates, such as the gas and electric and found they were in date. The three people who lived at the home had a personal evacuation plan (PEEP) in place that was personalised to suit their needs.

Good

Is the service effective?

Our findings

A relative we spoke with told us that they felt the staff had the skills needed to carry out their roles safely. They said, "The staff are skilled." Our observations of staff showed them confidently supporting people to mobilise around the home, and take their medications safely.

Training was completed in subjects such as safeguarding, health and safety, first aid, the Mental Capacity Act 2005 (MCA) and fire safety. Specialist training requirements, such as manual handling, PEG and medication were delivered by a trainer who had the professional qualifications to do so. For some training subjects, such as medication, we saw this was delivered by a supporting pharmacist or nurse, with the second part consisting of a competency assessment completed with staff by the trainer or registered manager. We asked staff about their training and if they felt it met their needs. One member of staff said, "The training is good, we do a lot of it." The training matrix showed that all staff were trained and no one was overdue any courses.

New starters completed an induction over the first twelve weeks of their role which was aligned with the principles of the Care Certificate. The Care Certificate is a set of standards health and social care workers can adhere to as part of their role.

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). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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. There was one person subject to a DoLS during our inspection, and there were three conditions imposed on the DoLS authorisation. We checked to see if the registered manager was complying with these conditions, and although the staff were doing this as part of the person's daily routine, we saw there was no formal documented review process. We highlighted this to the area manager and they agreed to formalise this approach.

Staff were given regular formal supervision and appraisal which was recorded on their file four times a year. New staff were also given regular informal supervision and support by the registered manager. All staff had had an annual appraisal.

People were supported to access medical care when they required it. Each person had a health record in

their care plans detailing their last appointments with GP's, district nurses, opticians and chiropodists.

People had access to food and drink whenever they wanted it. People chose when they wanted food and were supported to make healthy lifestyle choices. We saw that people's likes and dislikes were documented and menus were chosen taking this into account. People took turns to complete the weekly food shop. We saw that one person was being supported to follow a healthy eating programme, and they had been involved in choosing foods which were lower in fat. Another person was at risk of choking, so they were supported to choose foods which were softer in texture.

Good

Is the service caring?

Our findings

We were unable to speak to the people who lived at the home as they were unable to communicate with us, however, we spoke with a person's relative who gave us positive feedback regarding the caring nature of the staff at the home, they said, "[Person] always looks well cared for and smart." They also said, "I could not imagine them anywhere else."

Staff described how they provided dignified support to people. One staff member said, "We are always discreet" Another staff member said, "We appreciate people are all different, and we have to treat them as individuals." All of the staff told us that that they enjoyed working at the home and supporting the people who lived there.

We observed staff supporting people discreetly and closing their bedroom doors behind them when the helped to their rooms for personal care. Staff sat and ate lunch with people to encourage a 'homely' feel and engaged people in meaningful conversation.

Care plans demonstrated that family members and people using the service had been fully involved in their completion and had been involved in regular reviews about their care and support. Care plans had been signed by family members where legally allowed to do so or via a best interest process where people could not consent themselves.

There was advocacy information displayed for people who required this type of support. There was no one currently using advocacy services at the time of our inspection.

People living at the home had information presented to them in a way which they understood. For example some of the documentation, such as information regarding the Mental Capacity Act, had been re-formatted into an easy to read document, using pictures and symbols that people living at the home were familiar with. The area manager discussed that this was going to be implanted across most of the documentation so people could become more involved in their care plans.

We saw that people's confidential and personal information was either stored in a locked room or a password protected laptop. There was no confidential information left in any of the communal areas.

Each person's bedroom was decorated according to their taste and preference and there were photographs on the walls of the people who lived at the home.

Good

Is the service responsive?

Our findings

The relative we spoke with told us they felt their family member was getting good care which was right for them at 4 The Stables.

Care plans clearly emphasised what was important to people and how they should be supported to live their lives. Care plans were person centred. This means they were developed with the needs of the person at the centre of the care plan and not the needs of the organisation. These contained information regarding their backgrounds, likes, dislikes as well as other areas of interest. Each person's care file contained photographs of the person, explaining their life history. As well as containing background information, this document also contained information around people's behaviours such as any triggers or situations which may cause them to become distressed, for example for one person this occurred when they were in noisy environments.

We saw communication passports were in place for each person, which contained information about people's individual communication needs. For example, the passport for one person stated 'If I do this, it means this' then a clear explanation was included for the staff on how to respond and encourage that person to communicate their needs using objects of reference.

Another person's care plan stated that spending time in the community was really important to them, and they had to go out every day, even if it was just for a walk because they liked that time. The person had just come back from a walk when we arrived at the home. Another person had specific care plans in place around their moving and handling which had been compiled with input from the Ocupational Therapist (OT). We saw this information was specific around the type of support they needed, for example, 'sometimes I like to hold onto the sink, this makes me feel safe.'

We saw that meetings for people living at the home were taking place every month and the next one was planned for the next few weeks. This was facilitated using people's preferred method of communication, such as objects of reference which encouraged them to understand and get involved in the meetings.

We looked at complaints and how the complaints procedure was managed in the home. We saw that the complaints procedure was displayed in the hallway of the home and was accessible for people to view. The procedure clearly explained what people had a right to expect when they raised a complaint and the timescales as to when they should expect their complaint to be responded to. A relative told us they knew how to complain, and had never had a cause to complain. There were no complaints made about the home in last 12 months.

We saw that people regularly engaged in activities both one to one and together. Rotas were adjusted by the registered manager to ensure that there was adequate support in place for people to attend regular weekly activities such as swimming, shopping, walking, and out for tea. The staff confirmed that they would often swap some of their hours around to be able to accommodate people's lifestyles. One member of staff said, "We expect to be flexible, life doesn't just stop at 5pm."

Good

Is the service well-led?

Our findings

There was a registered manager in post however they were not available on the day of our inspection.

One relative we spoke with stated that they felt the home was well run. The staff were complimentary in general about the area manager, deputy manager and registered manager and said they liked working for the company. One staff member said, "We all work really well together, there is no atmospheres, and we are all here for the services users, which makes a difference."

The culture of the home was relaxed and peaceful. Staff supported people respectfully, and there was a clear system of delegation amongst the staff. The staff were motivated and understood the mission and vision of the service which was visible throughout the home using various promotional materials, such as newsletters. Our observations showed that staff and the management clearly knew each well, and worked well together. Staff confirmed that the management were approachable and open.

There were regular audits being completed which were fed into a compliance tool held by the area manager. The area manager would visit the home every month and complete a compliance audit which consisted of them checking the registered manager's audits for any errors or non-compliance actions. We saw that outstanding actions, for example a care plan that was past its review date, was action planned and assigned to the registered manager for completion. The areas these audits focused on were medication, care plans, risk assessments, staff supervision, and accidents and incidents. The area manager demonstrated how they could use this audit tool to run reports and check in general if the service was performing appropriately.

We saw that surveys had been sent to people and families to ask for feedback, however we also saw that feedback was gathered weekly by the staff who phoned families and updated them. Weekly meetings were also held with the people who lived at the home. These methods were appropriate for the size of the service. All feedback was documented and action taken to make any improvements identified. .

The home had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them.

The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for 4 The Stables, was displayed for people to see.