Care Quality Commission

Royal Mencap Society

Royal Mencap Society - Pineapple Road

Inspection report

9 Pineapple Road, Amersham, Buckinghamshire, HP7 9JN
Tel: 01494 765079
Website: www.mencap.org.uk

Date of inspection visit: 23 June 2015
Date of publication: 22/07/2015

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

Pineapple Road is situated in the residential area of Amersham and provides accommodation for up to six people with physical and learning disabilities. The home was originally two houses made into one service. At the time of this inspection there were six people living at the home.

Pineapple Road has a registered manager in place. 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.

The service appeared as a happy, light hearted and caring environment in which people were cared for by staff who knew them well. Staff had a positive rapport with people

Summary of findings

and we observed laughter and joking between people and staff. People and relatives we spoke with were positive about the service and how their loved ones were cared for.

Comprehensive support plans and risk assessments were in place to ensure people's needs were met. Health actions plans were recorded for people and where required; people were supported to access health professionals and holistic treatments.

People's choices and dignity were respected by staff who were kind and caring. People were supported to access the local community on a regular basis and to participate in activities of their choosing. People's rooms were personalised and disabled access was available to the property.

People were protected from harm by staff who were knowledgeable on how to protect people from potential abuse. Staff were able to explain how they would respond to allegations of abuse and what they would do to ensure people were safe and protected. This included people being protected against unsafe medicine practices and balancing potential risk with peoples choices.

Staff told us they felt supported and were provided with appropriate training to undertake their roles. We observed staff having discussions about their roles and duties with people who used the service which included discussions around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). Where required, capacity assessments were completed and included evidence of best interest meetings.

We found the service to be well-led. Staff members, other professionals and relatives were positive about the management of the service and staff told us they worked well as a team. Monitoring was undertaken within the service to ensure the quality of the service provision.

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.

Risk assessments were thorough and regularly reviewed when identified risks changed.

Staff were aware of how to protect people from potential harm.

Clear recruitment checks were in place to ensure staff suitability to work with people living at the service.

Good

Is the service effective?
The service was effective.

Staff were knowledgeable about their roles and responsibilities in regards to the MCA and DoLS.

Staff were supported through supervision and training.

People's nutritional and hydration needs were met in a way which promoted their choices.

Good

Is the service caring?
The service was caring.

We observed positive interactions between staff and people who used the service.

People were cared for by staff who respected their dignity and choices.

People were cared for by staff who were knowledgeable of their needs, likes and dislikes.

Good

Is the service responsive?
The service was responsive.

Support plans were comprehensive and detailed.

People were supported to access health care professionals when required.

People were promoted to access the community and undertake activities both inside and outside the service.

Good

Is the service well-led?
The service was well-led.

The service had a registered manager in place.

Staff told us they were supported by the registered manager.

Systems were in place to assess and monitor the quality of service provision.

Good

Royal Mencap Society - Pineapple Road

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 the 23 June 2015 and was unannounced.

The inspection was carried out by one inspector. Before the inspection, we asked the provider to complete 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. We checked to see what notifications had been received from the provider since their last inspection. We received four notifications since the last inspection in October 2013. Providers are required to inform the CQC of important events which happen within the service. Pineapple Road was found compliant at their last inspection in October 2013.

On the day of our inspection, we spoke with the registered manager; two support workers, one person who used the service and two relatives of people who used the service. We undertook observations of staff practice and reviewed two care plans for people who use the service, two health plans, two support plans, medication records, daily records and two recruitment files. We also looked at records of staff supervisions and training records.

Good

Is the service safe?

Our findings

One person we spoke with told us "I feel safe living here." We asked them what staff did to make them safe. They told us "They are friendly and look after me well." One relative told us of an incident which had occurred where their loved one was identified at being at risk from abuse. They told us "They [staff] ensured 'X' was safeguarded and protected in that situation."

Staff knew how to protect people from abuse, and how to respond if they had concerns. Local authority safeguarding posters were visible throughout the service for staff, people who used the service, relatives and professionals. These contained the details and process for contacting the local authority if abuse was suspected. Posters were provided in people's rooms in an easy read format which provided information about who they could speak to if they had a problem.

Staff were able to explain how they would identify potential abuse and what steps they would take to ensure people were safe. One staff member told us "I would ensure the person was safe immediately, and then follow the process of reporting it to my manager. If required, I would contact the local authority safeguarding team to inform them of what happened." Another staff member told us "Safeguarding means ensuring people are protected from harm." The same staff member was able to explain in detail how they had managed a previous safeguarding issue and what the outcome was.

We found people's finances were managed in a way which protected them against the risk of abuse. Where people did not have the capacity to manage their finances, arrangements with financial agencies were used to ensure appointees were in place. Clear documentation was in place around the management of people's finances including checks and audits.

People's medicines were managed in a way which was intended to ensure people's safety. The service had a dedicated staff member who was responsible for medicine checks and re-ordering. The staff member told us they now used a different pharmacy to obtain people's medicines which worked well. We checked medicines and found they were signed for and administered appropriately. People's medicines were stored in their room in a locked cabinet. The key for the cabinet was stored in the person's safe in their room. The staff member informed us the safe numbers were changed monthly to ensure people were kept safe from the risks associated with medicines.

The registered manager provided us with four weeks of staff rotas. We were advised by the registered manager that current staffing levels were determined by people's needs. We found staffing levels were appropriate to meet people's needs sufficiently. The service used agency staff to ensure staff numbers were sufficient. Agency staff had their own folder which included summarised versions of peoples care plans and identified any important information which they needed to be aware of. This meant people were safeguarded from receiving inappropriate care.

Each person had their own individual risk assessment files which were regularly reviewed to ensure they reflected people's current needs. Risks were assessed and recorded. We noted that risk assessments demonstrated good practice around control and choice, for example risk assessments included the following information: "What could go wrong, what actions need to be taken, and what are the benefits of doing this activity." Risk assessments linked into people's support plans which were person centred. Staff we spoke with were aware of potential risks to people, and what processes they undertook to alleviate any potential risks.

The service had robust systems in place to ensure staff were employed in a way which promoted people's safety. We looked at two recruitment records for new staff members. The provider ensured staff had completed satisfactory disclosure and barring checks (DBS) to ensure their suitability to work with adults. References, employment histories and medical histories were also provided to ensure staff suitability and protect people who use the service.

Good

Is the service effective?

Our findings

Staff we spoke with told us they felt supported in their roles and worked well as a team. Comments included "I've worked in a lot of homes and this is by far the best" and "The team really pull together."

We spoke with the registered manager about inductions for new staff members. Most of the staff team at Pineapple Road had been in post for many years. As the registered manager was new to the service, we spoke to them about their induction training. The registered manager was complimentary about the induction and how Mencap as a provider ensured people had sufficient knowledge, training and expertise to undertake their roles. The registered manager commented "I have been really impressed. The philosophy and values of Mencap is imbedded into you from day one." Inductions covered all required training before staff undertook any lone work. This included an induction workbook which new staff were required to work through and were then signed off by experienced staff.

We looked at training records for staff. Training was recorded on the providers system which demonstrated all staff had received training relevant to their roles. Training included topics such as the Mental Capacity Act 2005 (MCA), safeguarding, medication and risk assessment training. Further competency checks were completed annually by the provider to ensure staffs knowledge and skills were up to date. Staff we spoke with told us they had regularly asked for extra training and this had been provided accordingly, for example dementia training. One staff member commented "I started here eight years ago having never worked in care. The training has been good and has developed me as a worker. You never stop learning and I also make sure I undertake outside reading to improve my knowledge."

The provider had good systems in place to support staff through supervisions and appraisals. The provider used a supervision system called "shape your future" which covered areas such as 'team player', 'safe practitioner' and 'record and report'. All staff undertook three meetings a year with the registered manager in which these areas were covered. This then fed into a yearly appraisal. From this, staff were then provided with a rating based on their performance over the last year. Staff we spoke with told us they felt supported in their roles. Comments included "Mencap are really good with their staff", "Supervision is a two way conversation which I find really good" and "We are very lucky here and feel supported."

Staff we spoke with were very knowledgeable of their roles and responsibilities around the Mental Capacity Act 2005 (MCA). Staff were able to comprehensively describe what the MCA meant, and how this impacted upon the people they worked with. We observed in the morning, staff having a good discussion around a potential MCA issue. Staff inputted their knowledge into the conversation and utilised each other's knowledge to come to a conclusion about how to manage the issue. We spoke with the staff after about their conversation and it was apparent that staff were aware of their roles and responsibilities to ensure decisions were made in people's best interests. We praised the staff on their understanding of the MCA and how they worked together and shared knowledge to come to a conclusion. Where required, evidence of mental capacity assessments were in place, including evidence of best interest meetings.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No people were currently subject to a DoLS, however we saw an application had been submitted to the local authority as one person may have been deprived of their liberty. Staff understood the requirements of the MCA and DoLS and were able to explain and demonstrate how and when they would be required to submit a DoLS application.

People were supported with their hydration and nutritional needs in a way which assessed safety with rights and choices. For example, where people were at risk of choking, staff were knowledgeable on which foods would need to be avoided and ensured this was explained to people. Each week a residents meeting was held in which people provided their input into the weekly menu. People were also able to access the communal kitchen to make themselves snacks and drinks. Staff were aware of the need to promote healthy choices where possible for example, fruit and vegetables whilst incorporating people's rights to make their own choices around food and drink. Where people were assessed at risk of weight loss, this was

Good

Is the service effective?

monitored accordingly. The service also made sure they utilised outside resources such as speech and language therapists and nutritionists where required to ensure peoples nutritional and hydration needs were met.

Clear documentation was recorded when people were required to access healthcare professionals. A separate appointment book was used to ensure all appointments were written down and arranged. Where people had contact with health professionals, clear outcomes of appointments were recorded including further actions. We saw people were regularly supported to access their doctor, dentist and other holistic therapies such as massages and manicures.

Good

Is the service caring?

Our findings

We observed positive caring interactions between staff and people who used the service on the day of our visit. One person we spoke with told us "They [staff] are really friendly, I like all of them." We found the environment to be happy, light hearted and caring. One relative commented "The carers are very caring." Another relative commented "They [the staff] are better than excellent. I am exceptionally pleased with the care 'X' receives."

Throughout conversations with staff about the people they supported, it was clear that they were knowledgeable about their needs including their likes and dislikes. Relatives agreed with this and commented "They are very knowledgeable about X's needs" and "They know X very well." Staff were able to describe how they supported people in a person centred manner and a way which promoted people's independence. On the day of our visit during the morning, we made observations of how staff interacted with people in a caring manner.

Staff had a good rapport with people who used the service. When staff spoke to people, we saw people responded in a positive way with laughing and smiling. When people spoke with staff or requested assistance, staff were good at responding quickly. Staff engaged people in conversations and laughed and joked with people which was well received. During breakfast, staff sat next to the person they were supporting and engaged in conversation and demonstrated that they were listening to people when talking. We observed one person to become upset. Staff comforted and explained to the person in a way which they understood.

During the morning, most people were getting ready to go to a local 'lunch club'. We observed one person tell the staff that they did not want to go today. Staff respected their choice and commented "We will do what she wants to do." This demonstrated staff respected people's choices. People's dignity was protected. One staff member explained to us how they ensured people's dignity was protected when providing personal care by ensuring people were constantly informed about what was going to happen next, and by covering people up to ensure their privacy. We saw peoples were respected over breakfast, for example, where people required the use of tissues; this was done promptly to ensure their dignity. Before staff entered people's rooms, they knocked and waited for people's permission to enter.

We spoke with two staff members and asked them how they ensured people were involved in their care and the service. One staff member told us "It's making sure people are involved in all aspects of their care and ensuring they are involved in everything that happens in their lives by giving choices." Another staff member told us "We involve them and give them choices on what they want or need." People were provided with keyworkers who undertook meetings involving relatives where possible. Weekly resident meetings were also held and we saw evidence that people were involved in decisions around the service.

People were supported to express their wishes around their end of life care. We found these were documented in people's files and included evidence of best interest meetings were required. At present, no one used an advocate within the service; however we were advised that this would be provided if needed.

Good

Is the service responsive?

Our findings

Comprehensive and detailed care plans were in place for people who used the service. Each person had their own support plan, health action plan, finance folder and daily note books. Peoples support plans were clear and detailed and explained how people wished to be supported in aspects of their lives and care, for example, personal care. Care plans were personalised and referred to the persons wishes for example, "I do not like water on my face and wish to use a flannel", and "I like to be brought a cup of tea first thing in the morning to wake me up."

Where people had specific health needs, these were detailed and provided clear outlines on how to manage the persons health needs, for example, comprehensive support plans around the management of epilepsy and diabetes. These were provided in a clear format including clear instructions on how to manage the persons health need in the event of an emergency and what protocols should be followed. Where changes in health needs were required to be recorded, these were done so in a manner which clearly identified any change patterns in the person's health. This included records of when seizures had occurred, how long they occurred for and what action was taken. This was then followed up with records of outcomes from doctors and hospital visits.

Each person using the service had an individual 'pen picture'. This was a summary of the person's life history, their care needs and their likes and dislikes. Where agency staff were used, a folder was provided for agency staff which included important information on people's needs including their pen pictures and summarised care plans. This was required to be read by all agency staff and to be signed that they understood.

Relatives we spoke with told us they felt the service kept them informed of any changes to their loved ones needs. Comments included "They are very good at keeping in contact with me" and "We live quite far away and they [staff] regularly contact us to let us know how X is."

People were involved in accessing local activities and the community. People were supported by staff to access the local town and other events including work. For example, one person was supported by the service to gain employment at a garden centre. Where people received direct payments, they were supported to employ 'personal assistants' which allowed people to access other activities of their choice, for example, dog walking, bowling and the cinema. Each person had their own individual activity plans which outlined what they wished to do for the week. This also included free time for people to use as they wished. One person we spoke with told us about the activities they undertook and what they enjoyed doing. On the day of our inspection, three people were supported to visit a local 'lunch club'.

Since the last inspection, no complaints had been received. We were provided with some compliments which the service received since the last inspection. One person we spoke with told us "I like living here; we have a cat and have nice food. I like all the staff." 'How to make a complaint' posters were provided in a suitable format. Where people were unable to use the posters, the service had a 'How to make a complaint' CD which was available for people in a format which they may have found easier to use.

Good

Is the service well-led?

Our findings

Staff told us things had been difficult since the last inspection due to changes in management, however things had improved greatly since the new registered manager was in post. Comments included “It’s brilliant now. The manager is approachable, he keeps confidences and I know he will sort any issues out” and “The manager is a lovely person and the team are pulling together again. I feel confident in the management of the service.” One person we spoke with said “He’s a lovely person.”

We asked staff and management what they felt the culture of the service was. They told us it was one of a homely environment where people were supported to have fulfilled lives and to be supported by knowledgeable and experienced staff. Staff and management were able to describe Mencaps visions and values and how they implemented this into the service.

We found the service to be well led by a confident registered manager and good staff team. The registered manager told us “I have just been on annual leave and I have no concerns when I take time off. The staff are very good at keeping the service going and I can go on annual leave and not worry.” Staff told us teamwork was important and very good at the service. As part of Mencaps approach in supporting new managers, the registered manager was allocated a ‘buddy’ manager from another service to support them. The registered manager told us this worked well and they felt supported in their role.

The service used a ‘compliance confirmation tool’ to undertake quality monitoring in the home to ensure the service was well led. This tool highlighted any concerns or actions which needed to be addressed within the service, and was signed off monthly by senior management once any actions had been met. Monthly quality monitoring checks were also undertaken by senior management to ensure the provision of quality and audits were maintained. This included assessing trends and patterns to identify actions to ensure the quality of the service provision and people’s safety and wellbeing.

Daily handovers were used to ensure staff and management were aware of people’s needs and allowed to action any issues where people’s needs had changed. We saw evidence of staff meetings undertaken which involved discussions about the running of the service and how improvements could be made. It was apparent throughout our observations that staff worked well as a team and constantly communicated to ensure they were meeting people’s and the services requirements.

The provider was meeting their requirements under the Care Quality Commissions registration and regulation requirements. Where the service was required to submit notifications to the commission, this was done in a timely and efficient manner. The service submitted a PIR to the commission which outlined how they thought the service was safe, effective, caring, responsive and well led.