

Royal Mencap Society

Royal Mencap Society - 45 Park Road

Inspection report

45 Park Road
Loughborough
Leicestershire
LE11 2ED

Tel: 01509219144
Website: www.mencap.org.uk

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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

45 Park Road is a care home that provides support for up to eight people who have a learning disability or autistic spectrum disorder and who have a sensory impairment. At the time of our inspection there were seven people living in the home. At the last inspection, in September 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People developed positive relationships with the staff who were caring and treated them with respect, kindness and dignity.

People had plans of care in place that were focused on them as individuals. This allowed staff to provide consistent support in line with people's personal preferences. People and their relatives felt they could raise a concern and the provider had implemented effective systems to manage any complaints that they may receive.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the home. People, their relatives and staff told us that they felt confident that they could approach the manager and that they would listen. There were quality assurance systems in place to monitor and review the quality of the service that was provided.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

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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 was a comprehensive inspection that was completed by one inspector and an expert by experience on 21 February 2017 and was unannounced. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider. We also sought feedback from Healthwatch Leicestershire (the consumer champion for health and social care.)

During our inspection we spoke with four people who used the service. Due to communication difficulties it was not possible to seek verbal feedback from people. We observed interaction between staff and people who used the service throughout our visit. We spoke with two people's relatives to get their feedback. We also spoke with five members of staff and the registered manager.

We looked at records and charts relating to two people and four staff recruitment records. We looked at

other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People received safe care from a dedicated and caring team of staff. A relative told us, "[Person's name] is safe. They keep him safe." All people we spoke with told us that they felt safe when they were receiving support. The recruitment process ensured that staff were suitable for their role and staffing levels were responsive to people's needs. We saw that staff were available when people needed them and that they did not have to wait to receive the support they needed. One person said, "Yes [there are enough staff]. They help [me]." A relative said "There seems to be basically enough staff." Our observations supported this view and we saw that staff responded to people's requests for support in a timely way.

Risks to people had been assessed and we saw that staff were vigilant and worked successfully to provide care and support in a way that kept people safe. The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. One member of staff told us "I would report it immediately if I was concerned." Staff were supported to understand actions to take thorough training, discussions in team meetings and a policy around safeguarding people. Safeguarding notifications had been raised when required and investigations had been completed in a timely manner.

People received their medicines safely. Medicines management systems in place were clear and consistently followed. Staff had received training in this area and been assessed and deemed competent to administer medicines. Each person had information in their support plan that identified what medicine they took, the dose and reasons for this. We saw that people consistently received their medicines when they should.

People were happy with the cleanliness and maintenance of the service. A relative told us, "It is good. People come out and fix things." We saw that environmental risks were assessed and monitored to make sure people were protected as much as possible from avoidable harm. Checks on the building and equipment in use had been completed.

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. One person said, "Yes [staff have the training they need]." A relative told us, "I think they have the training." Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the home. For example, staff had received specialist training in supporting people with epilepsy as one person who used the service lived with this. The registered manager explained that training was supported by planned discussions during team meetings to explore staff knowledge in certain key areas such as risk assessments and data protection. All staff had regular supervision and appraisal; one staff member said, "We have supervision about every eight weeks. You can always pick up the phone." Staff had received a detailed induction. One staff member told us, "I did an induction. It was useful." We saw that the induction process involved staff working on shifts shadowing more experienced members of staff to get to understand how to work with each person and reviewing paperwork that was used.

People were encouraged to make decisions about their care and their day to day routines and preferences. A relative told us, "[Person's name] makes choices." We saw people being offered choices about what to eat and drink, and if they wanted a shower or a bath. People were also asked where they wanted to eat their meals and what they wanted to do throughout the day. A staff member told us, "We use pictures for [person's name] and for some of the others. It helps them to make a choice. Where possible we use the actual item so people know what we are talking about." Staff had a good understanding of service users' rights regarding choice.

Assessments had been conducted to determine people's ability to make specific decisions. Where appropriate, Deprivation of Liberty Safeguards (DoLS) authorisations had been obtained from the local authority. The registered manager told us that any conditions that were agreed as part of the DoLS authorisations were discussed at team meetings so that staff understood what they needed to do to support people in line with guidance. Staff could describe to us how people would refuse if they didn't want to do something. One staff member told us, "[Person's name] will tell you if they don't want to do something." They explained how the person had made a choice recently during an activity and how this decision had been respected by the staff. We found that the registered manager and staff had a good understanding of the Mental Capacity Act and DoLS and put this into practice.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. One person said, "I like my food." A relative told us, "[Person's name] has a special diet. She gets what she needs." People had access to the kitchen and were free to make themselves food and drink when they wanted to. We saw that the menu included options that encouraged healthy eating as well as meeting needs where a person had a specialised diet.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person told us that they went to see the doctor if they needed to. A relative said, "[Person's name] has regular appointments." Any changes in people's health were recognised quickly by staff and prompt and

appropriate referrals were made to healthcare professionals. A member of staff told us, "If I notice anything is wrong then I will tell [registered manager] and contact the GP." We saw that appointments were recorded and outcomes were shared with staff and relatives.

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person said, "I like all the staff." Another person told us, "They are nice and friendly." A relative told us "They are definitely patient and very caring. They are exceptional." People were supported to be as independent as they wanted to be. Support plans contained information about how to support and involve people in completing tasks such as washing the pots, cleaning their room and cooking. We saw that people were supported to be involved in tasks around the home.

People were relaxed in the company of staff and clearly felt comfortable in their presence. A relative told us, "[Person's name] needs support. He has got his favourites." We observed that staff knew people well and engaged people in meaningful activities. For example, we saw one person being supported to be involved in preparing the evening meal for themselves and the other people who used the service. People were encouraged to personalise their own room and also the shared areas. One person showed us their room and this had been decorated in the colours of their favourite football team. A relative told us, "It is a home from home."

People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example if they wanted any snacks and what they wanted to drink.

People were given information in ways that were easier for them to understand. We saw that information was available around the service that had been presented using simple words and pictures. A relative told us, "The staff are very good with communication with [person's name.] It is not easy. They make sure that they include her." Staff explained to us that they used different communication methods for each person and that this was based on their preferences and understanding. We saw that people had been assessed by speech and language therapists and guidance was available to staff to tell them how best to communicate with each person.

People were treated with dignity and respect. A relative commented, "[Person's name] has privacy." We saw that people were asked discreetly if they would like to use the bathroom and if they wanted any help with choosing their clothes and dressing. Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. Staff approached people calmly and offered reassurance to people. We saw that staff supported people at their own pace and did not rush them.

Is the service responsive?

Our findings

People received care that met their individual needs. A relative explained to us how the staff used diagrams and photos of how their relative lay in a comfortable position to help all staff how to understand how best to make the person comfortable. A range of assessments had been completed for each person and detailed support plans had been developed in conjunction with people living in the home and where appropriate their relatives. A relative told us, "The staff have shown me quite a bit of information in [person's name] support plan." We saw that each person's support plan contained pictures to make them easier to understand and more individualised. Information about how people had been involved in their support plan was recorded. Where a person's needs had changed support plans had been updated to reflect this. We saw that changes had been discussed with all staff and recorded so that staff had up to date guidance on how to best meet the person's needs.

People received support to follow their religion and cultural choices. We saw that support plans identified what was important to each person about their culture and religion and how they followed this. Information was made available to staff to help them to develop understanding of the person's culture, the background to this and the significance of celebrations and traditions. Staff explained how people were supported to attend a place of worship of their choosing.

Staff knew people very well; they understood the person's background and knew what care and support they needed. One staff member said "We support them in the best possible way. It depends on what each individual wants to do." Another staff member told us, "There is a very good level of care. Individual needs are considered. We focus on each person on a daily basis," We saw that support that was provided throughout the day was consistent with the guidance in the support plans. Daily records had been developed so that they were focused on each person and their needs. This provided staff with prompts and guidance as to what support each individual needed.

People were encouraged to follow their interests and take part in social activities. For example we saw staff had supported one person to attend a football match and were planning the next match to go to. One person explained some of the activities that they were going to do. They said, "I am going to the café today. I do writing. I am going to the pub to see my friends from day centre." A relative told us, "[Person's name] is out every day. He likes to go bowling and to the gardening club." Each person had an activity schedule that was based upon their interests and hobbies as well as tasks around the house.

People were encouraged to build and maintain relationships with people who mattered to them. A relative told us, "I have visited and was made to feel welcome." A member of staff explained how they had supported a person to look into their family history and through this had traced a family member. They had supported the person to initiate contact with this person and they were now visiting each other. The registered manager explained that people were supported to visit their relatives at their home if this was what they wanted. People were supported to build relationships with people who lived in other services. We saw that people from another home had written to people in 45 Park Road and this had developed into a pen-pal relationship. The registered manager told us that the aim was to meet each other.

People and their relatives were happy to raise any concerns. One person told us that they had complained about another person and that their complaint had been resolved. A relative said, "I have not raised a complaint but I would speak up for [person's name] if I needed to." We saw that there was a clear policy in place that was available for people and their relatives. The registered manager told us that they had not received any complaints in the last 12 months.

Is the service well-led?

Our findings

The service had a positive ethos and an open culture. A relative told us, "I never have any problems. They always ring me." A staff member said, "[Registered manager] always explains the reasons why things have to be done." The registered manager told us that they asked for staff feedback when they made changes within the service. For example, when the new daily sheets were designed staff had been asked for what they thought needed to be included. The registered manager ensured that staff were kept informed of updates in practice and for the provider through team meetings. A staff member told us, "We have staff meetings monthly." Minutes from these showed that staff were involved in discussions about individual support needs, training and developments in the service. The provider had ensured that staff were aware of and prepared to use the whistleblowing procedure if they had any concerns about people's welfare.

People and their relatives were happy with the service that they received. A relative said, "[Person's name] is very happy." Staff members felt that the registered manager supported them and helped them to develop a better service. One staff member said, "We strive to make it better to make it a home." Another staff member told us, "We are really supported. Everyone helps everyone out. We are always trying to improve the service." There were a number of initiatives to allow people, relatives and staff to provide feedback, including regular house meetings, questionnaires and visits from senior managers to the service. A relative told us, "I have done a feedback interview. I am always involved with annual reviews. I can discuss anything openly."

People were positive about the registered manager and felt confident that they would always listen and take account of their views. All people we spoke with could tell us where the registered managers' office was and said that they could talk to them when they wanted to. We saw that people visited the office throughout the day of our inspection and the registered manager made time to talk with them as well as spending time in the rest of the service. A relative told us, "[Registered manager] is A1. She will help in any way she can." Staff agreed with this. One staff member commented, "[Registered manager] is very supportive. We have her trust. She looks after staff."

Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits as well as a provider audit and visits to the service by the internal quality team to check that people were happy. These helped to highlight areas where the service was performing well and the areas which required development. The registered manager had a continuous improvement plan that recorded areas for development and progress against these that was reviewed regularly. This helped the registered manager and provider ensure the service was as effective for people as possible.