

Royal Mencap Society East Fields

Inspection report

24a East Crescent
Duckmanton
Chesterfield
Derbyshire
S44 5ET

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Website: www.mencap.org.uk

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

We inspected this service on 24 November 2016 and it was announced. This meant the provider and staff knew we would be visiting the service before we arrived. At our last inspection in May 2014 there were no breaches in the regulations we looked at.

The service was registered to provide accommodation for up to eight people. A total of 43 people used the service at varying times of the year. There were five people using the service at the time of this inspection.

The service had a registered manager in post. 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 understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. People were protected against the risk of abuse, as checks were made to confirm staff were of good character and suitable to work in a care environment. We saw there was sufficient staff available to support people and they were supported to take their medicine as prescribed. Following assessment's equipment was in place to meet people's diverse needs which enabled them to maintain choice and independence.

People received support from staff that were trained. Staff received support and supervision, to monitor their performance and develop their skills. Staff knew about people's individual capacity to make decisions and understood how to support people to make their own decisions. When people were unable to consent mental capacity assessment and best interest decisions had been completed.

People were treated with respect and supported to maintain their dignity. The staff worked in partnership with people when supporting them. Staff knew people's likes and dislikes and support records reflected how people wanted to be supported and how care was provided.

The staff team actively sought and included people and their representatives in the planning of care. There were processes in place for people to raise any complaints and express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

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.

People were protected by staff that understood their responsibilities to keep them safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans. People were supported to take their medicines as prescribed. People were supported by staff and the recruitment practices in place checked staff's suitability to work with them.

Is the service effective?

Good ●

The service was effective

People were supported to make decisions in relation to their care and support. People were supported by staff who received training to meet their needs. People were supported to eat and drink enough to maintain their health and staff monitored people to ensure any changing health needs were identified.

Is the service caring?

Good ●

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. People liked the staff. Staff knew people well and understood their likes, dislikes and preferences. People were supported in their preferred way to promote their independence. People were supported to maintain their privacy and dignity and to maintain relationships with people that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs and preferences were central to the

planning and delivery of the support they received. Staff worked in partnership with people to ensure they were involved in discussions about how they were supported. The complaints policy was accessible to people and their representatives.

Is the service well-led?

Good ●

The service was well led.

People were supported to share their opinion about the quality of the service to enable the provider to identify and make improvements where needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality and safety of the service provided.

East Fields

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 24 November 2016. The provider was given 24 hours' notice because the location provided a short break service and we needed to be sure that someone would be available at the service. The inspection team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also spoke with the local authority that provided us with current monitoring information. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this to formulate our inspection plan.

We observed how staff interacted with people who used the service. We spoke to four people who used the service, three members of care staff, the registered manager and area manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for one person. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person told us. The staff are nice." Another person said about the person that was supporting them, "They are my friend, I like them." We saw that the staff had a good rapport with people and they appeared relaxed and comfortable with the staff supporting them.

Staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm or abuse. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "We have the safeguarding procedure and I would report any concerns to the manager but we have been told that if the manager isn't on duty we can report directly to the local authority safeguarding team." We saw that staff had undertaken training to support their knowledge and understanding of how to keep people safe.

Risk assessments were in place regarding people's assessed needs. The assessments included the actions that were needed to reduce risks. We saw that actions were taken to minimise the risk. For example one person required support with moving and we saw that this person's mobility needs had been assessed by a health care professional and equipment provided to ensure they could be supported in a safe way. Discussions with staff and a check on records demonstrated that plans were followed to ensure the person was supported safely and restrictions on their freedom, choice and control were minimised.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required the service to be evacuated. We saw that the information recorded was specific to each person's individual needs. The records showed that fire evacuation procedures were undertaken with people. One member of staff told us, "We practice fire evacuation with people twice a week as we have different people in between the week and the weekend. This way they understand what we would have to do." This showed us the provider had proactive measures in place to minimise risks to people's safety. We saw that records were in place, to demonstrate that the maintenance and servicing of equipment, was undertaken as needed to maintain people's safety.

The manager told us that the staffing levels were determined by the contractual obligations with the funding authority but were in the process of being reviewed. This was because some people required additional support to ensure their individual needs were met. We saw that despite these contractual obligations additional staff were on shift when needed to ensure people were supported in a safe way. For example one person required a waking night staff when they stayed at East Fields, due to their health care needs and the provider ensured this was in place for them. We saw that sufficient staff were available to support people on the day of our inspection. One person who accessed East Fields during the day was supported to go out with a member of staff to a shopping centre.

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they

were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files we looked at had all the required documentation in place, which showed us the provider had safe systems in place to check staff were suitable to work with people.

We saw that medicines were managed safely as the provider had processes in place to receive, store, administer, and dispose of medicines safely. We saw that assessments were completed to determine the level of support people needed to take their medicine so that staff could support the person according to their needs and enable them to maintain as much independence as possible. We saw that where needed people were supported by staff that were trained to administer medicines. A medicines administration record was kept and we saw that staff signed when medicine had been given or if not, the reason why. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.

Is the service effective?

Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence. Staff we spoke with had a good understanding of people's needs and the support they required and we saw that they were able to support people effectively. Staff confirmed they were provided with training on an ongoing basis and the records we looked at confirmed this. One member of staff told us, "I have done so much training I feel equipped to do my job. We can ask for any specific training as well. I have said I would like training on skin integrity and the manager is sourcing that for me." Another member of staff told us, "There is all the mandatory training and lots of additional training to meet specific needs. I am booked on training to support people with down's syndrome in January." We spoke with a member of staff who was undertaking their induction. They told us, "My induction has been very thorough, I have had four training days and have another four days next week. There is lots of time to read through care plans and shadow staff. I have a mentor who is really helpful and the manager is fantastic, very easy to talk to and although my first supervision isn't due yet, I have had lots of informal supervisions to check how I am getting on."

Staff confirmed they received supervision and appraisals through the provider's 'shape your future' staff development plan. One member of staff told us, "We have shape you future meetings every three months. The manager is very good and always checks on shift that everything is okay."

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 people 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 manager confirmed that some of the people supported required support to make some decisions. We saw that mental capacity assessments were in place when it had been identified that a person was unable to make specific decisions regarding their care. The information in people's assessments and support plans reflected their capacity and when they needed support to make decisions. People were supported to make decisions using sign language, pictures or real life objects. We saw that people were involved in discussions about their care and staff obtained people's consent before they supported them.

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). 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. Some people who used the service were unable to understand risks to their safety and that they were not safe to go out without support from staff. None of the people that used the service had a DoLS authorisation in place at the time of our visit. We saw that applications to the DoLS team had been made, to ensure that people were only deprived of their liberty when it was necessary to protect them from harm. This

demonstrated that the manager ensured that where people were being restricted in their best interests, this was done in accordance with the MCA.

We saw that people were involved in the meal choices provided at the service. Some people were able to prepare meals with staff support. One member of staff told us, "We don't do things for people but with them. We support people to make their meals. On the day of our visit one person was supporting a staff member to unpack the food shopping. They told us they enjoyed doing this and we saw there was a lot of friendly banter between the person and the staff member. We saw that pizza bases had been purchased for people to make their own pizzas with their preferred toppings.

People were supported to maintain their nutritional health and where needed specific diets were provided. For example one person was provided with a gluten free diet. The support plans we looked at included an assessment of people's nutritional requirements and their preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with people's support plans. Any areas of identified risk had actions in place to guide the staff in minimising the risk. For example one person was at risk of choking and we saw that clear guidance was in place for staff minimise the risk of this person choking when eating. Discussions with the staff team showed us that they understood the risks to this person and supported them in accordance with their support plan.

We saw a change for life noticeboard was on display in the service with pictorial information about healthy options in food and drink. This supported and educated people about alternative options to maintain a healthy balanced diet.

Discussions with staff and records seen demonstrated that staff supported people to maintain their health care needs. We saw that when needed referrals had been made to professionals. For example the staff had identified that one person would benefit from the service of a chiropodist and a referral was made. The manager told us, "They now have regular chiropody appointments." We saw that grab cards and other documentation were in place to support people when they attended health care appointments or needed hospital interventions. This was to ensure people could be supported in an individualised way when accessing health care services.

Is the service caring?

Our findings

There was a positive relationship between the people that used the service and the staff that supported them. Discussions with staff demonstrated that they knew people well and understood their likes, dislikes and preferences.

People confirmed that they liked the staff. One person said the staff were their friends another person told us they liked the staff. We saw that when people returned from their day opportunities they appeared happy to be at the service and the staff were welcoming to them.

People were supported in their preferred way to promote their independence. We saw staff asking people what they wanted to do when they returned from their day opportunities. For example, one person chose to use the laptop at the service and the staff supported them to do this.

People were supported to maintain their privacy and dignity. For example one person was supported to go to their room to take their medicine. This showed us that the staff considered and respected people's dignity.

We saw that people were supported to maintain contact with people that were important to them when they stayed at East Fields. For example they were able to invite friends or partners to visit them if they wished to. Due to the nature of this service relatives did not usually visit people when accessing the service, as they used this time to have their own break as main carers.

Is the service responsive?

Our findings

We saw there was a positive relationship between people that used the service and the staff. People told us they liked the staff and we saw that staff treated people with respect. Staff worked in partnership with people to ensure they were treated as individuals with their own interests, values and preferences. One person told us about the football team they supported and we heard staff talking to them about this. Information was provided about each person's likes and dislikes and their preferred daily routine.

We saw that people's views regarding what they would like to achieve had been sought. One person had said they would like to cook a meal and learn how to use the washer. The manager told us she was in the process of developing a support plan and achievements board to show when people had achieved their goals.

Staff understood people's method of communication and this was recorded in their support plans. This enabled people to make decisions and demonstrated that staff worked with the people they supported to ensure decisions were sought, included and respected, according to their individual preference and choice. The support provided to people promoted their independence, by supporting them to make choices on a day to day basis.

The service provided a variety of activities for people to use. We saw there was a games room with large screen monitors that had computer access, a pool table, two separate lounges where people could watch television and a conservatory with a computer. One person told us, "There are lots of things to do here." We saw that people were also supported to access the community, such as the local shops, bowling, cinema, eating out and the local pubs. We saw that one of the staff team had undertaken a project in the garden with people that used the service. Raised beds had been constructed and vegetables grown that were used at the service. Further plans were in place to construct another raised bed, a greenhouse and poly tunnel. A wooden hammock was also available for people to use in the garden.

We saw that people were involved in their reviews of care and their support files were accessible to them. For example we saw two people looking through their support files at the time of our visit. One person told us, "I can't look at anyone else's file but I can look at my own when I want to."

We saw that relatives were involved in the care of their family member. For example one member of staff told us, "One person's parents came in to show us how to move them using equipment as their needs had changed since their last visit." This showed us that staff worked with people's representatives to ensure their individual needs were met.

People confirmed they would feel comfortable telling the manager or staff if they had any concerns. A complaints procedure was in place and this included a pictorial format to support people to raise any concerns they had. This information was also given to people in the service user guide when they started using the service. A system was in place to record the complaints received. We saw that complaints were

addressed in a timely way and included the actions taken and outcome.

Is the service well-led?

Our findings

There was a registered manager in post. People told us they liked the staff and knew who the manager was. We saw there was a positive atmosphere between people and the staff team and people seemed pleased to be at the service. Satisfaction surveys were sent out to people and their representatives every year to gather their views about the service provided to them. We looked at feedback from people and their relatives and saw that positive comments were made. One person had said, 'I really enjoy my stays.' Another person said, 'I like playing on my x box and enjoy cooking.' It was evident from the comments that relatives were thankful for the service as it gave them a break from their full time carer's role.

Service meetings were held monthly and people accessing the service at that time were invited to attend. We saw that any suggestions for improvements had been made. For example we saw that people had requested changes to the menus and this had been done to reflect people's preferences. The manager confirmed in the provider information return that plans were in place to replace the monthly service meetings with three monthly feedback questionnaires that will be sent out to people and their representatives. This would ensure that everyone that used the service and their representatives would have an opportunity to give their feedback and make suggestions.

Newsletters were sent out to people and their representatives every three months. These provided information about events at the service and to address any identified issues. For example information to people's representatives regarding how their medicines needed to be sent in, when staying at the service.

The staff we spoke with understood their roles and responsibilities and told us the service was managed well. One member of staff said, "The manager is fantastic, very supportive." Another member of staff told us, "We have a very positive team with a lovely atmosphere and the manager is very good and always available if we need her." Staff confirmed that team meetings were provided every month. One member of staff told us, "At the last team meeting we discussed having team meetings more often due to the number of people that access the service in a month and I think this will be done." This showed us that the staff views were listened to drive improvement.

We saw that the provider had measures in place to monitor the quality of the service and drive improvement. The provider's quality assurance systems linked with CQC's new fundamental standards and associated key lines of enquiry to promote good practice. We saw that monthly audits of key records such as people's support records and risk assessments, environmental checks and health and safety checks were undertaken. We saw that where actions were identified these had been taken. For example we saw that specialist equipment had been purchased to support a person in the event of emergency evacuation. The provider also monitored staff's professional development and support and regular consultations were undertaken with people that used the service. A national quality team also supported the registered manager in driving improvement through audits and inspections.

We saw that information kept at East Fields ensured only authorised persons had access to records. All

information relating to people and staff were kept securely.