Royal Mencap Society

Royal Mencap Society - Churchfields

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

Royal Mencap Society, Churchfields provides accommodation with care for up to 13 people. Royal Mencap Society, Churchfields also provides a personal care service within the community at the time of the inspection 19 people were receiving personal care.

At our last inspection this service was rated 'Good' and at this inspection we found that the service remained 'Good'.

There was 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.

The registered manager monitored the quality of service people received and looked at ways the service could be continuously improved. We have made a recommendation about improving consistency across the service.

People received a safe service and were protected from the risk of harm. There were enough staff that had been safely recruited to help keep people safe and meet their needs. Medication management was good and people received their medication as prescribed.

People were cared for by experienced, supported and well trained staff. The service supported people to have as much choice and control over their lives in the least restrictive way possible. People received sufficient food and drink to meet their needs and preferences and their healthcare needs were met.

Staff knew the people they cared for well and were kind, caring and compassionate in their approach. People were encouraged and supported to remain as independent as possible. Staff ensured that people were treated with dignity and respect and their privacy was maintained at all times.

People were fully involved in the assessment and care planning process. Their care plans had been regularly reviewed to reflect their changing needs. People were encouraged and supported to participate in a range of activities to suit their individual interests. Complaints were dealt with appropriately in a timely way.

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 remains good.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good.	Good

Royal Mencap Society - Churchfields

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 2 August 2017 and was unannounced, which meant the provider did not know that we were coming. The inspection was carried out by one inspector.

Before the inspection we looked at previous inspection records and the intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

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.

Everyone living at the service had very complex needs and were not able to verbally tell us about their experiences, so we used observation as the main way to gather evidence of what the service is like for them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how the staff interacted with people in the communal areas, during meal times, and we looked around the service. We spent time observing the support and care provided to help us understand people's experiences of living in the service.

We spoke with the registered manager, the service manager and the assistant service manager. Four care staff members, three people who used the service, two relatives, and two health professionals. We reviewed four people's care files, four staff recruitment and support files, training records and quality assurance

information.

Good

Is the service safe?

Our findings

At the last inspection in November 2015, we found that people were kept safe and the service was rated as Good. At this inspection, it continued to be 'Good'.

People were relaxed and at ease in their surroundings and relatives told us they were confident people were safe. When people needed help or support we observed people turning to staff without hesitation and staff responding genuinely and warmly. One person said, "The staff are lovely, especially her." A relative told us, "The staff take care of them extremely well. I am sure [Name] feels safe living there."

We found people were kept safe from the risk of harm and potential abuse. Staff told us they knew how to recognise and report any suspicions of abuse, and had received the appropriate training. Staff told us they would raise any concerns they had with their manager or contact the local authority or the CQC if they thought that people were not being cared for in a safe way. Staff knew how to whistle blow and had access to a helpline. This number was on display on various posters in staff areas.

The provider had systems in place for assessing and managing risks to people's health, safety and welfare. Risk assessments provided guidance for staff about how to meet people's individual needs. Systems were in place to protect people in the event of an emergency and regular fire drills were carried out. Fire alarms were regularly tested.

On the day of the inspection, there were sufficient staff on duty to meet people's needs and people told us that staff were available should they need them. However some people's relatives told us that they felt there was not always enough staff on shift. For example, when staff had called in sick. The registered manager operated a bank system and used agency to cover staff absence. There were a number of potential new staff members who had been employed and were going through the recruitment process.

People were involved in recruiting the staff who would be supporting them. Employment records confirmed that checks were made on new staff before they were allowed to work. These checks included if prospective staff members were of good character and suitable to work with the person who used the service.

We carried out a random check of the medication system and observed a medication round. We found that the system was in good order with clear completed records and we saw that medication was administered safely. People told us, and we saw that they received their medication in good time and that staff didn't rush them. Staff had been trained and had their competence to administer medication regularly assessed. People received their medication as prescribed.

Good

Is the service effective?

Our findings

At this inspection we found staff had the same level of skills, experience and support as they did at the previous inspection and the rating remains 'Good '.

People were cared for by staff who said they felt supported and valued. Staff told us that when they started work they had an induction which included a variety of training and that they went on to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One staff member told us, "The training here is very good. I am being supported to complete a higher-level qualification. "

Staff were given opportunities to discuss how they felt they were getting on and any development needs they may have. Regular supervision and appraisals were carried out with staff throughout the year. One staff member said, "I feel really supported in my role, [The registered manager] is a good manager. She is approachable and is always smiling."

The Mental Capacity Act 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 only 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. The registered manager understood how to make referrals to the local authority and where best interest decisions had been made on behalf of people, this had been clearly recorded.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 DoLs and found that they were.

Staff had been trained in the Mental Capacity Act (MCA) 2005 and had a good understanding of how to apply the principles to support people to make decisions. They had a good awareness of issues around capacity and consent and could describe a person's capacity and their ability to make some decisions. For example, how the person may react to our visit, and how their memory may fluctuate, or how their health condition affected the way a person could behave or communicate.

Staff understood the importance of assessing whether a person could make a decision and the steps they should take to support the decision making process. When a person lacked the capacity to make a certain decision an Independent Mental Capacity Advocate (IMCA) was instructed to represent the person wishes.

When people had limited capacity in certain areas, such as when taking their medicines, there was detailed advice to staff when supporting them. People signed their care plans to consent to care and to agree they had been involved in drawing up the plans. When people were unable to sign, their representative had signed on their behalf. When we visited people in their homes, we observed staff offering choice and seeking

consent before providing care throughout the visit.

People told us they were given the choice about what, when and where they wanted to eat and people's nutritional requirements had been assessed with their individual needs, including their likes, dislikes and dietary needs were recorded. When people needed help to eat or drink safely speech and language therapists (SALT) had been involved and their input and advice was clearly recorded and followed. People told us, and the records confirmed that staff supported them to attend routine health appointments to help them maintain their health.

Good

Is the service caring?

Our findings

At this inspection we found that people were still cared for by kind, caring and compassionate staff and the rating remains 'Good'.

People gave us positive feedback when we asked them about how they were looked after. One person said "They look after you when you need help and they take good care of you." Relatives told us that staff were kind and caring.

We observed staff being kind, caring and respectful in their interactions. For example, one staff member gently reminded someone that they needed to wash their hands, and the person responded well to this reminder . Another person was supported to do their puzzle and the staff member said, "I think this piece goes here, but I am not sure what do you think."

The premises maximised people's independence and privacy. Kitchen areas were accessible for people to practice their day to day living skills and we saw people washing up and making their lunch. Outside, there were the facilities for people to enjoy the garden area, and we saw people sitting on benches and spending time with one another.

Staff spoke with affection about the people they cared for and we saw that people had developed good relationships with the people they supported. When staff spoke with people, they bent down to eye level and spoke in way, which the person could understand.

People's care records provided detailed guidance for staff about how to meet people's communication needs. For example, making certain gestures that the person would understand, or using a gentle touch of the hand to get someone's attention. We observed staff carrying out the instructions in the care plan.

Staff looked at ways they could support and promote people to have independence and control over their day to day lives. For example, staff had worked with the people who had an interest in gardening and had made some of these areas more personalised and accessible.

Information on advocacy was available and an Independent Mental Capacity Advocate (IMCA) was involved with the service. This type of service can be used when people want support and advice from someone other than staff, friends or relatives. These services were involved when people had developed their independent living skills to certain level and wanted to live more independently in their own home.

People were able to have visitors when they wished and relatives told us they were always made welcome and were able to visit the service at any time. One relative said, "They are very welcoming at bringing in relatives. They really like our input. They like visitors. It's a very open and kind environment. It's very nice."

Good

Is the service responsive?

Our findings

At this inspection we found staff were responsive to people's needs and concerns, as they were during the previous inspection. The rating continues to be 'Good' with a recommendation.

One relative said, "I visited last week and they said [Name] was feeling a bit down so they took them out for a couple of hours, and it cheered them up."

People told us staff met their individual needs and that they knew about their care plan and had been involved with it. Staff could tell us in detail each person's preferences and how to support them in the correct way and in line with their care plan. People's care plans were well organised and looked at the whole person and all aspects of the person's care and support needs were interlinked. Each care plan identified specific care needs and looked at what the goals were for that person. People's care plans included information about their preferred routines with personal care and daily living. Information was personalised and looked at the needs of the individual. Care plans were reviewed monthly or as people's needs changed.

Easy read documentation was available and the registered manager explained that the service had been working with local organisations to develop an easy read documentation for the range of services they provide, so that people could understand better the range of health services available to them locally.

Staff encouraged people to access the local community and to pursue their hobbies and interests. During our inspection, people went out at various the times of the day to either socialise or take part in activities. One person said, "Yes there is load's to do here. You can stay in your room if you like, go into town, or stand here. Sometimes I go and see [Name] he's my boyfriend." A sexual health forum had been set up to promote conversations and develop people's awareness of positive and negative relationships and personal boundaries within sexual relationships. Staff told us people were able to choose when they got up in the morning and when they wanted to go to bed at night and we saw people do what they wanted to do when they wanted to do it.

The registered manager told us that people were supported to access a religious faith of their choosing, but this was not always reflected in some of the feedback we received and one person said this was something that they wanted to be supported with.

We recommend that the registered manager review how they support people to follow their faith or belief and access places of worship.

Information advising people how they could make a complaint was available. This included a leaflet in easy read format which assisted people to understand how to make a complaint if they wanted to. Some relatives told us that they had made a complaint and that their complaints had been resolved to their satisfaction. One relative said, "There were problems in the past but they got resolved."

Good

Is the service well-led?

Our findings

At the last inspection in November 2015, Well led was rated as Good. At this inspection, it continued to be 'Good' but with a recommendation.

The service had a registered manager in post. and they were supported by two service managers, who helped with the day-to-day running of the service.

Audits were carried out that covered key aspects of most of the service and looked at training, health and safety, staffing, safeguarding, care and support and activities. The provider carried out a service review which made suggestions about how the service could improve, it considered the ways in which risks could be reduced and how things could be done better. Audits had not always been carried out consistently. The registered manager had identified this as an area for improvement and had developed a new system to address it. For example, people that were in receipt of personal care did not always have their medicines audited robustly, and a new and more robust system had been introduced a month before our inspection .

Some relatives had mixed views about how staff were deployed because they were not always visible. A relative told us, "I would say 'yes' and 'no' to this question about staffing levels. Sometimes there is not enough staff. It depends on what day you go." There is not always enough staff to carry out people's one to one time." The registered manager said they would look at the way staff were deployed across the service, and that they had a number of potential new staff members who were going through the recruitment process.

We recommend that the service reviews how to effectively manage the recruitment, retention and deployment of staff across the service and continue to embed new audits and systems.

Everybody was positive about the registered manager. People described the registered manager as approachable, nice, friendly, passionate and smiley. The registered manager knew people well and spoke with people with a calm, caring and open way.

The registered manager kept abreast of current guidelines relating to the service as well as implementing new initiatives and good practice. An annual survey had been completed and positive feedback had been received from staff and relatives. These results had been analysed and a report had been produced which included information about what areas of the service the registered manager planned to improve moving forwards. For example, the registered manager planned to develop ways to continue to empower staff to challenge difficult situations involving prejudice or negative views and to look at developing sessions for people to encourage them to challenge and understand their rights.

Regular staff meetings were held and staff were encouraged to contribute their ideas about ways in which to develop the service. The registered manager had introduced the concept of continuous improvement, part of this approach looked at how they could include and encourage the staff to improve their own practice.