

Royal Mencap Society

Royal Mencap Society - 97b Barnby Gate

Inspection report

97b Barnby Gate
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Tel: 01636676198

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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 took place on 29 September 2016 and was unannounced. 97b Barnbygate provides accommodation and personal care for up to six people. On the day of our inspection six people were using the service who had a variety of needs associated with mental and physical health conditions.

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

People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager shared information with the local authority when needed.

Staffing levels were sufficient to support people's needs and people received care and support when required. People received their medicines as prescribed and the management of medicines was safe.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition and staff showed a good knowledge of the specialist diets required by people. Referrals were made to health care professionals when needed and staff worked to ensure people were well supported should they require medical interventions.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care and the care plans were individualised and person centred. People and their relatives were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner. People were supported to follow their hobbies and interests.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

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 safe as staff were aware of their responsibilities and there were systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There was enough staff to meet people's needs and staff were able to respond to people's needs in a timely manner.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Is the service caring?

Good ●

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good ●

People who lived at the home, or those acting on their behalf,

were involved in the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to participate in a varied range of social activities within the home and the broader community.

People were supported to make complaints and concerns to the management team.

Is the service well-led?

Good ●

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

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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 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.

We visited the service on 29 September 2016, this was an unannounced inspection. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

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. We took this into account when we made the judgements in this report.

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 conducted telephone interviews with three people who had relatives living in the home. We spoke with four members of staff and the registered manager.

We looked at the care plans of three people and any associated daily records. We looked at three staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and the medicine administration records for two people.

Is the service safe?

Our findings

Relatives we spoke with told us they felt their relations who lived at the home were safe and they had confidence in the staff who cared for their relations to keep them safe. A relative we spoke with told us, "Yes we do [feel they are safe] 100%." Another relative told us there was nothing in their relation's manner or behaviour with staff that made them think they were not safe. We observed people interacted with staff confidently. We noted people's body language when engaging with staff showed they felt safe and secure. People were tactile with members of staff, for example taking their hand to show them what they wanted. Relatives we spoke with told us if they were concerned about their relations' safety they would know who to speak to. One relative told us, "I have never had any issues [about safety] but I would ring [name, registered manager] if I did."

Staff had a good understanding of the different types of abuse people could face and how to recognise and respond to any possible abuse. Staff also understood what their role was in ensuring the safety of the people who lived in the home. They told us they had received training on protecting people from the risk of abuse. One member of staff told us they would be able to recognise if there was something wrong. They went on to say they would look at any changes in a person's behaviour, their anxiety levels and how they behaved with different members of staff. Staff told us they would report any concerns they had to the registered manager and had confidence they would act appropriately to deal with any issues.

We had been notified of a safeguarding incident which we saw had been managed appropriately by all levels of staff in the service. The registered manager told us that, as well as the regular training for staff, there were posters in the staff room giving them information on how to deal with any safeguarding issues. They told us they had confidence staff in the service prioritised the safety of the people who lived in the home.

Risks to individuals were assessed when people went to live in the home and these were reviewed regularly to ensure people's safety. There were detailed risk assessments in people's care plans which showed what help individuals needed with aspects of their day to day activities such as, behaviour patterns, nutrition or managing their medicines. Where risk assessments had identified triggers to particular behaviour patterns we saw detailed instructions of how to manage the triggers and de-escalate potentially difficult situations.

The risk assessments were updated regularly by people's key workers and staff we spoke with showed their understanding of the need to ensure appropriate risk assessments were in place for people. One member of staff said, "We use the support plans and risk assessments to keep people safe." They went on to tell us how the plans helped them understand how to support people maintain their independence, giving them the information to support people whilst ensuring they retained some independence in their daily life. For example, some people enjoyed setting the table for mealtimes or sorting their own laundry ready for washing. The member of staff showed a good understanding of giving people a sense of ownership of the tasks they enjoyed undertaking.

Some people who used the service required hoist equipment to be moved safely, other people required the use of equipment to assist them with their nutritional needs. Staff confirmed they had received the

appropriate training to use the equipment required for individuals and felt confident to assist people safely.

People could be assured the environment they lived in was safe. The registered manager undertook regular environmental audits. We saw records of the audits with action plans relating to issues that had been raised and subsequently addressed. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

We saw there were sufficient staff on duty to meet people's needs. One relative we spoke with told us, "I feel there is enough staff." Another relative said, "Yes there is enough staff they never rush [name]." Staff members we spoke with told us there was enough staff and one staff member told us, "Yes we usually have enough so we can get people out for walks or lunch." The registered manager told us they needed to use agency at present to cover a small short fall and they were actively recruiting. But where possible permanent staff covered vacant shifts to ensure continuity for the people who lived in the service. During the inspection we saw the needs of people were met by the numbers of staff on duty and there were sufficient numbers of staff to escort people into the community for their daily activities.

People could be assured they were cared for by staff who had undergone the necessary pre-employment checks. We examined three staff files and saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The PIR sent to us prior the inspection noted that, to ensure staff were suited to the work at the service, applicants underwent two interviews. The second interview took place in the home so the people who lived there could meet prospective staff who may be working in their home in the future and have a say in who supported them.

Some relatives told us on occasion they had been present when their relation had received medicine and staff administered it safely. Staff had been trained in the safe handling of medicines. Care plans gave detailed information on how to administer medicines to each individual and there were protocols in place for the administration of as required medicines. People's MAR charts (Medicine Administration Record) were complete, their medicines were stored correctly and records relating to ordering were up to date. The registered manager undertook regular medicines audits and we saw up to date records of these audits. This showed the administration of medicines was monitored to maintain safe practices and processes were in place to address any issues raised.

Is the service effective?

Our findings

People's relatives felt their loved ones received care from sufficiently skilled and competent staff. One relative told us, "Yes staff know what they are doing." The relative went on to explain they had seen staff assisting their relation with various aspects of their care, they told us staff were confident and knowledgeable about the different aspects of the person's care.

Staff we spoke with told us they were given training relevant to their roles. One staff member told us the training was good with a lot of face to face training opportunities. They said, "It was the right training (for this job) the moving and handling training was excellent." Another staff member told us when they started they were able to spend time shadowing more experienced staff. They said, "This helped a lot."

Information given on the PIR regarding induction and training stated that new staff had a 12 week induction process which involved shadowing experienced staff and the completion of a workbook to show what activities they had undertaken. The registered manager told us the workbook was used in conjunction with their observation of the person's practice. Each activity undertaken had to be signed off by themselves or the lead support worker in the service before the staff member would be considered competent.

The registered manager told us they felt it was very important for the people who used the service, their relatives and staff to have confidence in the training the company provided. The registered manager told us the face to face interactive training in areas such as the Mental Capacity Act, dementia care and equality, diversity and human rights training gave staff the knowledge to confidently support people in their care.

Staff told us they attended regular supervision and appraisal meetings with the registered manager. They told us the meetings were supportive, useful and they were able to discuss any issues they had concerns about. Staff could discuss any development needs they had to assist them in their role.

People were supported to make independent decisions about their care and support. One person's relative told us staff tailored the way they asked questions so their relative could make decisions for themselves. They told us if their relation didn't like what staff were doing they would let the staff member know. Staff told us they made sure people were happy to receive care before they started any activity. One member of staff told us people were able to make their choices known to them when they gave care. They said, "I always talk to people and say what I am about to do, I would stop if a person appeared not to want me to do something."

The registered manager told us she regularly observed staff practice and heard staff asking people what they wanted. Our observations supported this, we saw staff tailor their conversations so people were able to make their needs known to them.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

There were assessments of people's capacity to consent in their care plans. These assessments were detailed and individualised. There was information in place to highlight where people may need help in deciding what they wanted to do in relation to various aspects of their day to day care. The focus of the assessments was on what decisions people could make and how staff should assist them. Staff we spoke with showed a good knowledge of the MCA, one member of staff told us, "I would let people make their own decisions where they could." Another member of staff said, "We should always remember people's mental capacity can fluctuate." They said one of two people they cared for may struggle one day with making decisions but not on other days. They told us they were always aware of this and did not always assume the person was not able to make their own decisions.

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 DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a number of completed applications to the local authority relating to DoLS in people's care plans and noted the conditions of the authorisation were being met.

People received a well-balanced diet appropriate to their needs, and relatives we spoke with told us staff managed the specialist diets that some people required very well. One relative told us they visited regularly and saw how staff dealt with their relation's nutritional needs. They told us they had confidence their relation was receiving their specialist diet. Staff we spoke with showed a good understanding of the different diets people needed to ensure their nutritional needs were met. One member of staff told us, "Everyone has their own plan." They went on to describe the different diets people required and what training they had received to be able to meet those needs. They told us that support was available from health professionals such as the Speech and Language team and the nutritional nurse on a regular basis.

Some people required some assistance and encouragement to eat and drink and we saw staff deliver this support in a discreet and unrushed manner. The type and level of support each person required was recorded clearly in their care plans with details of the areas of responsibility for the support staff and health professional's involvement.

The registered manager told us menus were decided by the people who used the service with support from the care staff to ensure their choices were in line with specialist diets. The registered manager told us the staff ensured people had as much choice and involvement as they could in the management of meals.

People's health needs were well managed and relatives we spoke with told us the staff were quick to spot any issues of concern and highlight them to health professionals. One relative told us, "They are straight on the job with the doctor if [name] needs it." Another relative, whose relation was prone to infections required close monitoring, told us, "Slightest thing health wise they get [name] to hospital." All the relatives we spoke with told us the staff contacted them if their relation had any health concerns and they were always kept fully informed. Relatives told us and it was noted on the PIR that when required staff supported people to health appointments and fed back information to them should any changes in treatments be required.

Staff told us, "If people are ill we get the doctor out straight away." They told us they had a good relationship with the service's GP and they knew the individual needs of the people who lived to the home. The staff felt this relationship and the GP's proactive approach was beneficial for the people who used the service as

health issues were dealt with early to prevent unnecessary escalation of problems.

The information on the PIR and discussion with the registered manager showed that the service was further improving the working relationship with the GP surgery. The registered manager had undergone training to access 'SystemOne' which is the information system used by GPs to record information on the treatment patients receive. This would allow the registered manager to access the records of the people who live at the service and ensure consistency of care is provided. For example, checking the information on treatment following appointments is correct. The registered manager explained this process would only be used with the consent of the people who lived at the service. She told us before accessing people's records proper consultation would take place with people and their relatives.

Is the service caring?

Our findings

Relatives we spoke with told us that the staff who supported their loved ones were kind and caring. One relative said, "They have the patience of a saint, they do a great job." Another said, "The carers are kind and loving towards [name]." All the relatives we spoke with told us their relations were comfortable with staff and interacted well with them.

One set of relatives told us their relation often required admission to hospital. They said their relation found this distressing but the registered manager arranged for a member of staff to stay with the person each day when they were in hospital. The relative told us this had been a great source of comfort not only to the person but to themselves as they knew someone was there to make sure their relation was supported during a difficult time.

Staff we spoke with told us they felt the culture of the home was kind. One staff member said, "Yes it is a caring home, people [staff] come in on their days off to take people out, and if someone has to go into hospital staff will go and see them in their own time."

The registered manager told us she felt staff enjoyed working in the service and supported each other. She told us the turnover of staff was low and staff tended to stay and as a result good relationships had built up between staff, people and their relatives. This had a beneficial effect on the confidence felt by the relatives in the care their loved ones received.

People who lived in the home had developed positive relationships with each other and other people's relatives. Some people undertook some activities together and during the inspection we saw people interacting with each other. Relatives also told us when they visited they were welcomed by everyone, their own relation, other people who lived in the service and staff who supported people. One relative said, "You tend to get to know everyone and that's nice."

Another relative told us how staff had assisted them to set up a skype link so a person living in the home could talk to other relatives who lived some distance away. The relative said, "They [staff] look after [name] well, they do what they can to help."

Our observations supported this, we saw a number of interactions between staff and the people who used the service. For example, one staff member, whilst preparing a meal, took two people into the kitchen with them as they enjoyed watching the staff member prepare the meals. The staff member chatted to the two people whilst they undertook their tasks. The atmosphere was relaxed and calm and it was clear this was a regular activity for these two people.

Staff we spoke with were knowledgeable with regard to the needs of the people they cared for. One member of staff who had not been in the service long told us they had been able to read through the care plans. When we discussed particular people's needs they were able to give us clear and accurate information about the best way to provide care for the person.

People and their relatives were encouraged to express their views when planning their care. Relatives told us they had contributed to their relation's care plans. They told us staff had sat down with them to make sure their relative's needs were recorded in the plans to allow them to be met by the staff caring for them. One relative told us, "We have sat round the table several times [to discuss the care plan] and if we suggest something they [staff] listen."

Staff we spoke with told us each person had a key worker and they had input into the care plans. The registered manager told us that mainly they had regular input from relatives to ensure the care plans reflected the needs of each person, but wherever possible the person's views on their care were used. For example, she discussed a recent review and the measures taken to ensure the person had the maximum input. They told us the person accepted that they required help but their need to be as independent as possible was extremely important to them and this had been highlighted in the care plan. We viewed the care plan and saw the person's care had been planned around their choices.

The registered manager told us there were people who enjoyed attending religious services and they were supported to do so. We discussed whether anyone in the service required Advocacy services; the registered manager told us that at present no-one in the service required the services of an Advocate. Advocates are trained professionals who support, enable and empower people to speak up. However, the registered manager was aware of her responsibilities in monitoring this and they would not hesitate to request this service should it be required.

Relatives we spoke with told us staff respected their relatives' privacy and dignity, and staff spoke to people with respect. Relatives told us when they visited they saw how staff managed people's needs with discretion and care.

Staff we spoke with told us they were careful of managing people's privacy. One member of staff said, "Ask people if you can do things, close doors." Another member of staff said, "Always make sure people know what you are doing, keep them covered, talk to people the way you want to be spoken to."

Is the service responsive?

Our findings

Relatives we spoke with felt the care and support their loved ones received was person centred. They were able to give us different examples of how their relations' individual care was managed. One relative discussed the different aspects of their relative's behaviour patterns and how staff tailored the care they gave to the person to ensure they remained calm and relaxed when receiving care.

In some people's care plans we saw a disability distress assessment tool (dis DAT) which gave staff information on the ways individuals showed they were distressed. The tool gave staff information on how to reduce distress for each individual. Staff we spoke with told us this was useful for them and helped them look for indicators so they could identify early signs of distress and avoid this.

Staff told us they felt the care was person centred, one member of staff said, "Yes each person's care plans and activities are tailored to them." The staff member was able to identify different activities which suited the different people who lived in the home.

The registered manager had systems in place to ensure individual care plans were regularly updated and reflected the needs of the person. On the day of our inspection we witnessed a conversation between the registered manager and a staff member on how the needs of one person who used the service were changing. Together they formulated a plan to address the changing needs of the person and discussed the support that might be required from other health professionals. Their discussion incorporated how they would support the person and include their family in changes required for the person's care. This example supported Information on the PIR which stated the assessments of people's needs were reviewed regularly to ensure the level of support in place was suited to the person's level of need.

The care plans we viewed were detailed and up to date and reflected the needs of the people they were written for. The plans contained information of people's likes, dislikes and the things that interested them. The plans contained risk assessments that gave staff information on how to support people during particular activities. This ensured staff had the knowledge they needed to assist people do the things they enjoyed doing.

Relatives told us their relations had the opportunity to get out and about and pursue their interests and hobbies. Some people attended a local community centre and undertook activities such as baking. Another person enjoyed going and watching some dancing. Each person had their own activities planner with the things they enjoyed taking part in. Some people enjoyed going out to lunch, some people enjoyed just going out for a walk and others enjoyed particular programmes on TV.

Relatives we spoke with told us they felt they would be able to raise concerns if they needed to and had been given a copy of the complaints procedure. One relative said, "I would go to the manager, she'd listen." However the relative also said they had no complaints about the service, they said, "We haven't got a single thing to say against the place and if we had we would."

Staff were also aware of how they should deal with concerns or complaints and they felt confident that, should a concern be raised with them, they could discuss it with the management team. They also felt complaints would be responded to appropriately and taken seriously. One member of staff told us, "[Name] manager would deal with it straight away."

Records showed that when complaints had been received they had been recorded in the complaints log and managed appropriately and addressed the issues raised in accordance with the organisations policies and procedures. Where required formal apologies were offered and the registered manager shared information with staff to ensure the service learnt from any complaint made

Is the service well-led?

Our findings

People who used the service benefited from an open and honest culture in the service. Relatives we spoke with told us the staff consulted them appropriately about issues that related to their loved ones. One relative said, "If there is an issue they [staff] ring and tell us, and tell us what they have done about it. They are very open." The relative went on to say this gave them a lot of confidence in the service.

Staff we spoke with also felt happy with the open culture in the service. One staff member told us they would feel comfortable telling the registered manager if they had made a mistake. They said, "They would help me sort it out." The staff member felt they would be supported by the registered manager so any issue was put right for the people they care for. Staff we spoke with were also aware of the company's whistleblowing policy. The registered manager was able to discuss instances when it had been used and how the company's procedures had ensured people who used the service were protected.

People's relatives we spoke with told us they were happy with the way the service was managed. The service had a registered manager in place and they had a good understanding of their responsibilities. The registered manager was supported by their regional manager who made regular visits to monitor the service. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received the required notifications in a timely way.

Although the registered manager's office was not on site she regularly worked at the service in the lounge area and relatives told us she was contactable by phone if they wished to speak to her. One relative said, "I could talk to [name] the manager anytime." During the inspection the registered manager was working in the service and the people who lived there were clearly comfortable with her and knew her well, the interactions between them were positive.

Staff told us the registered manager's office was on the company's main office site and she was able to come to the service straightaway if they wished to speak to her. The staff told us they had contact with her each day and there was an on call system which meant if they had issues they wished to discuss out of normal office hours there was always a member of the management team available for support. One member of staff told us, "Yes we get support from the manager and there is always someone for us to talk to."

The registered manager told us the company's ethos was focused on a person centred approach to care and this had a positive effect on the lives of the people who used the service. The PIR provided information on the Mencap values and how these values were promoted throughout the teams from higher management to the staff working directly with people. Such as specific training on the specific needs people who lived at the service, supervisions and staff meetings.

Relatives we spoke with were happy with the quality of care their relations received and told us they and their relatives were involved in some of the decisions made about the home such as being consulted about the decoration and maintenance of the environment they lived in. Relatives told us they had completed

surveys about the service and had received feedback on the results of the surveys. Information on the PIR noted there were regular meetings for the people who lived at the service with further one to one meetings to ensure the views of individuals were heard.

People who lived at the home and their relations were also given the opportunity to have a say in what they thought about the quality of the service by completing an annual survey. The information from the surveys was correlated and a report was formulated. The report was used to identify where improvements to the service could be made and the information was fed back to people.

Internal systems were in place to monitor the quality of the service provided. These included audits of the environment, care plans and medicines management. They were undertaken by the registered manager and overseen by the regional manager.

Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks. Auditing systems were in place that monitored aspects of service provision such as people's care plans to ensure they were up to date and met individual needs. Medication management was also audited, as was the environment, to ensure any shortfalls could be identified and actions implemented to maintain the quality of the service. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.