Royal Mencap Society

Royal Mencap Society - 2 Meadow View

Inspection report

2 Meadow view
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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

Overall summary

The inspection took place on 20 and 22 January 2015 and was unannounced. The service was last inspected on 12 November 2013 and was fully compliant with the regulations reviewed.

Royal Mencap – 2 Meadow View is registered to provide care and accommodation for up to four people. The home specialises in care for people who have a learning disability.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of the Mental Capacity Act (MCA) 2005 legislation, which is in place for people who are unable to make decisions for them. The legislation is designed to make sure any decisions are made in the person's best interest. The service was currently developing systems in the home to support people with issues relating to the MCA.

People were supported by staff who had been trained in the systems for handling any allegations of abuse or harm. We found the manager and staff knowledgeable about the needs of people living in the home. We saw interactions between the staff and people who lived in the home were positive and respectful.

Adequate numbers of staff supported people, this included when necessary, two to one staffing. Staff recruitment included checks to help make sure potential staff were suitable to work with vulnerable people. Staff undertook training to help make sure they had the necessary skills to support people.

People were able to live their lives as they chose. Risks to their welfare were identified and action plans put in place to reduce these. This included any health or nutritional risks, for example, if people were at risk of choking. Staff had received training in supporting people with their medication. The manager observed staff practice regarding the management of medication to help make sure they were competent with this.

Systems were in place to help make sure there were well-trained staff who were supported by their manager. This helped to make sure an effective staff team supported people living in the home.

People's personal preferences and choices were known by the staff team. People told us they had choice in their lives, for example with their food. We observed people going out in the community throughout our visit. People's care plans recorded they had undertaken a variety of activities, including if they went on holiday.

People living in the home did not raise any concerns about the staff. Staff were knowledgeable about people's personal preferences and choices. We saw staff were respectful with people and offered good support.

The manager was knowledgeable both about the needs of the people who lived in the home and the staff team. Staff felt the manager was approachable and that they could raise any concerns with them.

There were quality assurance systems in place to gain the views of people who lived in the home and to help make sure there was effective management of the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Systems were in place to help make sure people were protected from harm.

Adequate numbers of staff supported people. Staff recruitment checks were in place to help make sure potential staff were suitable to work with vulnerable people.

Systems were in place to help make sure people's medication needs were safely met.

Good

Is the service effective?
The service was effective.

People were supported by a well trained staff team. Systems were being developed to help make sure people's rights were consistently upheld.

People's nutritional needs and choices were met in the home. Support was in place to help make sure people's health needs were identified and met.

Good

Is the service caring?
The service was caring.

People were supported by caring staff who treated them with respect.

Staff knew about people's needs and involved them in decisions.

Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People were supported by care planning systems, which clearly identified their needs. These were kept up to date to help make sure staff were aware of and able to respond to people's needs.

People were supported by staff when they raised concerns.

Good

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

The manager was approachable and consulted people who lived in the home and the staff team.

Quality assurance systems were in place to help make sure the service was effective.

Good

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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.

This inspection took place on 20 and 22 January 2015 and was unannounced.

The inspection team comprised of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance, their area of practice was learning disability services.

Prior to this inspection, we looked at information we held for the service. This included notifications and a Provider Information Return (PIR) received from the provider. The PIR 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.

During the visit we spent time talking to people using the service, interviewing staff, observing daily life and completing a review of records. Not everyone who lived in the home was able to verbally communicate with us or they were out undertaking activities at the time of the visits.

We spoke with one person who lived in the home. We consulted with the local authority commissioning and safeguarding teams, consulted with three professionals, reviewed two files for people who lived in the home, two staff files and other documents in relation to the management of the home.

Good

Is the service safe?

Our findings

We spoke with one person who lived in the home. They confirmed to us there were staff available to talk to if they needed support.

People were supported by the systems in the home to be protected from harm. Staff had received training in safeguarding people from harm. This provided them with information on the actions to take to help keep people safe. When we spoke with staff they confirmed they had attended training. This included reporting any concerns to the local authority who would handle and investigate these. This helped to make sure people were supported should any allegation of harm be raised.

People had risk assessments in their care files. Risk assessments identified the risk to the person and the actions in place or instructions to staff to reduce any risk. This included for example, the risk of how to support someone with their finances or when using equipment to help with mobility. We saw these were regularly reviewed and up to date. This helped people live their lives as they chose whilst minimising any risk to themselves.

Staff files included documents which evidenced there was a robust recruitment process in place. Potential staff completed an application form, which included details of their previous experience and skills. Additionally references were undertaken. This information assisted the provider to assess the person's suitability for the role. Disclosure and Barring Service (DBS) checks were also completed. These identified if the person held a criminal conviction, which would prevent them from working with vulnerable people.

We observed the staffing levels and reviewed the duty rotas. Staffing levels fluctuated throughout the day to help support people in activities of their choice. Staff told us they felt there were enough staff to support people. Staffing levels varied and consisted of a shift commencing at 7 am and finishing at 3 pm with another shift commencing at 3 pm and finishing at 10 pm. We saw there were waking night staff available throughout the night to support people. This meant there were staff available at different times of the day and night to support people with their individual needs.

People were supported to receive their medication. Staff told us they had completed training in the safe handling of medication and training files recorded they had been observed by the manager to assess their competency with this. This helped to make sure staff were competent when they supported people with their medication.

People had individual medication administration records (MAR) which included a photo of them to help make sure the right person received the right medication. We saw records were kept of medicines received into the home, administered and disposed of. Medication was stored securely in a locked cupboard.

There was medication in use in the home, which was required to be kept cool. However, there was no separate fridge for the storage of these medicines.

Good

Is the service effective?

Our findings

One person who lived in the home confirmed to us they liked the food, that they got enough to eat and that staff asked them what they would like to eat.

We were told about best practice within the organisation. The manager told us there was a team based at their head office who were reviewing the services offered to people. The team's main role was to ensure the provider and service were aware of people's preferences regarding their care. This work was entitled "What matters most" to people.

People were supported by a trained staff team. Staff records included evidence of an induction course and additional training to assist them with their role. Courses included for example, positive behaviour support. Staff confirmed they had attended training and this included epilepsy and moving and handling training.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of the Mental Capacity Act (MCA) 2005 legislation which is in place for people who are unable to make decisions for them. The legislation is designed to make sure any decisions are made in the person's best interest.

The manager told us how systems and forms were currently being put in place in relation to DoLS. They told us how all staff had completed training in relation to MCA with staff also confirming this to us. Staff told us they had completed this training as part of the safeguarding of vulnerable adults training and as a stand-alone course. They reflected a good knowledge of DoLS.

People's files included details of any support people required with their diet, this included identifying any risks, for example with choking. It also recorded the support from staff and people's personal preferences. Records were kept of people's diet to help monitor this and make sure people's needs were met.

We also saw people's weight and diet or fluid intake was monitored and recorded in their individual file. This was regularly reviewed to help make sure any changes could be addressed and the person's nutritional needs continued to be met. Staff told us people required only minimal support with eating meals, for example, food being cut up for people.

We saw evidence in people's files of support to maintain their health. This included records for the monitoring of any health condition. For example, monitoring someone's sleep pattern.

Good

Is the service caring?

Our findings

One person who lived in the home told us they were able to have a lie in in the morning. Staff confirmed there was no set times for breakfast. This reflected people were able to choose how to spend their days and make their own decisions about this. They also confirmed that staff were kind and 'Alright'.

We observed interactions between staff and people who lived in the home. We saw these were polite and respectful, staff clearly knew the needs of the people who lived in the home.

Staff were very knowledgeable about the individual needs of the people supported in the home. They told us about people's personal history, the support they needed with meeting their needs and their personal choices regarding activities.

Staff told us they supported people with privacy and dignity. Staff gave us examples of this, which included knocking on people's doors before entering and placing towels on people when completing personal care.

We were told that one person who lived in the home had recently passed away and their funeral was to be held the day following our inspection visit. It was clear from discussions with a person who lived in the home and staff and from the observations we carried out that people were supported with this sensitive time in their lives. Additionally the manager had liaised with the person's family to support them as well.

Good

Is the service responsive?

Our findings

One person who lived in the home told us about going out in their local community. They said 'Sometimes I go out, sometimes to the pub; I sometimes have lunch out and tea here.' They also told us how they liked to go on holiday.

This person also told us people were able to visit them in their home and that there was somewhere for them to sit with relatives if they wished to.

This person also told us that although there were staff meetings held there were no meetings for people who lived in the home.

People's needs were clearly known and recorded in their care files. These included the details of key people in their life, people's strengths, their preferred routines and how they were supported with different activities, for example personal care, personal preferences and diet. There were times when people had one to one time with staff and the activities they undertook, for example going bowling.

The plans were written with the person at the centre and reflected their individual personalities. We saw that information in files had been regularly reviewed and updated. This helped to make sure staff were aware of people's latest needs. There were regular keyworker reviews of people's needs and formal reviews held with the local authority. Again, these helped to make sure peoples latest needs were known and recorded so that they could receive the right support.

There were details of how people maintained contact with important people in their lives. In discussion, staff were knowledgeable on how to support the person with these relationships.

People received support to attend a variety of activities and this included when necessary two staff to support one person living in the home. This helped to make sure the person received the correct support to complete an activity.

Daily diary notes were kept for each person who lived in the home. These recorded the person's day, which included how the person felt and what they did, for example going on holiday. This information helped staff to be aware of any changes in the person's needs. The information enabled staff to review and identify if a change in support was required.

We saw minutes of clients meetings held in the home. These provided an opportunity for people to raise any concerns and discuss issues in the home.

Good

Is the service well-led?

Our findings

One person living in the home told us the manager was 'Alright'.

There was a registered manager in post in the home. Staff told us they felt the manager was approachable. They felt they could approach the manager with any "misdemeanours". When asked if there was a good culture in the home they replied "Absolutely". Staff also told us they were aware of the whistleblowing policy in the home, they told us they would approach the manager and let them know if they were unhappy with anything.

We observed people who lived in the home readily approach the manager, interactions were positive and respectful.

Staff told us how staff meetings kept them informed about any changes in the home. They said meetings took place every six weeks, they were consulted and people had their own 'slots'.

The manager showed us the quality assurance systems used within the home. These included a system for gathering the opinion of people who visited the service and for people who lived in the service. This information was collated into an overall report for the organisation to assist in its development. There was no system for feeding back the results of the consultation from individual service users.

We saw there was a computerised system for recording the current staffing within the home and their training needs. The manager showed us the system and easily explained how this worked in practice.

The manager also told us about their quality assurance system in the PIR we received from the provider. The PIR stated, 'We have a system called the Compliance Conformation Tool (CCT). This helps provide reassurance to both managers of each individual service and the organisation as a whole that compliance is being maintained. The CCT takes the answers to questions about the support, the team, the systems, and the environment, and cross-references this information against the CQC standards and shows at-a-glance any areas of noncompliance. The information on compliance at each service is aggregated into area, regional and national reports to provide reassurance that compliance continues to be maintained. Any areas that are not meeting required standards will be identified and they will be placed on the C.I.P with actions and time scales.'

We saw there were health and safety files and records kept in the home. These included monthly checks of equipment in the home to help make sure these remained safe to use. Weekly fire alarm checks were undertaken and 6 monthly fire evacuations were completed. These helped to make sure people remained safe from the risk of fire. Additionally checks were undertaken of the gas equipment and any specialist equipment, for example, baths, to help make sure these remained in safe working order and people remained safe.

The manager also showed us the system for recording accidents and incidents. Staff would record these on the computer and the manager would then review these to identify if any further actions or changes to practice were required.

The manager told us there had been no complaints raised with the home.