

Royal Mencap Society

Royal Mencap Society - 55-56 Benyon Grove

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 55-56 Benyon Grove is a residential care home for eight people who have learning disabilities or autistic spectrum disorder. 55-56 Benyon Grove are two bungalows with a shared garden. At the time of our inspection seven people were living at the service.

At the last inspection, the service was rated Good. At this inspection on 9 March 2017 we found the service remained Good.

People were cared for by staff who provided care and support that ensured people's safety and welfare. People were cared for by staff who had been recruited and employed only after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training and their competency had been checked.

People are supported to have as much choice and control of their lives as possible. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were cared for and supported by staff who had received appropriate training to support and meet people's needs. People were supported to maintain a balanced diet with suitable food and fluid. People were referred to any health professionals when required.

People were cared for by staff who were kind and caring. Staff had a good understanding of people's preferences in areas of their care and welfare. People were supported to be as independent as possible.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were encouraged and supported to follow their interests and participate in social activities. The registered manager responded to and investigated complaints received.

There were systems in place to assess, monitor and improve the service and these were reviewed on a regular basis.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Royal Mencap Society - 55-56 Benyon Grove

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 announced comprehensive inspection was carried out by one inspector and took place on 09 March 2017. The registered manager was given 24 hours' notice because the service was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

We reviewed previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service.

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 reviewed the information to assist us with our planning of the inspection.

We spent time observing the care provided by staff to help us understand the experiences of people unable to tell us their views directly. This was because people had learning disabilities and/or autistic spectrum disorder.

We looked at records in relation to two people's care. We spoke with the registered manager, and two care staff. We looked at records relating to the management of risk, minutes of meetings, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

Information in the local authority contracts monitoring visit in January 2017 showed that relatives they had spoken with felt their family members were safe.

Staff were aware of the providers safeguarding procedures and who to inform if they had concerns or witnessed people at risk of harm. One member of staff said, "There are many different types of abuse such as financial, psychological, institutional, neglect and sexual. I would report anything to [name of registered manager]. I can report outside [the service] to the local authority safeguarding team or police. We have safeguarding training every year."

People were supported to be as safe as possible by staff who understood how to minimise the risks. Staff focused on what the individual could do, and the support they needed so that activities were carried out safely. One staff member said, "We follow the risk assessments to keep people safe." For example, risk assessments were in place where people who liked to use scissors, go sailing or at risk of choking with eating and drinking safely.

People were kept safe because the provider had a robust recruitment and selection process in place. Information in staff files showed staff had only been employed once suitable references and disclosure and barring criminal record checks had been completed.

We could see that there were enough staff available to meet people's needs. One staff member said, "Staffing levels are pretty good. There are three [staff] in one bungalow and two [staff] in the other [during the day and evening]." At night there was one waking member of staff in each bungalow and another member of staff on call in case of emergencies. The registered manager said that if extra staff were needed to support a person for a hospital appointment or if a person was unwell and needed to be cared for in bed, they would be provided.

People were administered their medicines and systems were in place so that staff managed medicines consistently and safely. Staff had a good knowledge of the medicines people were prescribed.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. Staff told us they had recently had training in record keeping and moving and transferring people. Information from the local authority contracts monitoring report showed relatives thought staff were excellent and competent.

Staff said they were supported to do their job through regular face to face meetings with the registered manager as well as yearly appraisals. They said they talked about Mencap's values and how they as staff members could demonstrate them in the way they worked. They also said they were able to discuss the things they were good at, how they supported people and training undertaken and required.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff said they had received two days training in MCA and DoLS and understood the implications for the people they supported. One member of staff said, "We assess people's mental capacity but not to restrict them. We put things in place that is least restrictive but keep them safe. There are best interest meetings with the social worker."

We saw how people communicated with staff in a variety of ways. Some people were able to vocalise their choices and comments, whilst others it was using pictorial choices. Staff were aware of people's body language and what this meant and responded appropriately with people.

We saw that people could make choices about their food and drinks at any time. Where people needed support to eat and drink safely this was provided by staff who understood people's needs.

The service continued to support people with their health needs. For example we saw that the district nurse was called and had completed a malnutrition screening tool nutritional assessment in relation to one person. We saw evidence that the GP, psychiatrist, dietician or speech and language therapists were called when needed.

Is the service caring?

Our findings

At this inspection we saw that people remained happy living at the service. We saw how staff spoke positively with people and how people responded as a result. Staff showed kindness and compassion when speaking with people and took their time to talk with people and showed them that they were important. We saw that people were relaxed with the staff and there were many conversations throughout the day with staff and individuals as well as staff and the group of people living in the service. One staff member said, "I would encourage anyone to work here. We work as a team. There are lively people here, it's really enjoyable."

People were cared for by staff who knew them well. This included people's preferences for care and staff knew their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. One staff member said, "We know people [as individuals]. [Name of person] shows us by their behaviour what they do and don't like." They went on to tell us about the person's relatives and their involvement in the person's care.

Each person had an allocated member of staff as a 'key worker'. A key worker is someone who ensures information about the person is up to date, links with relatives where necessary and spends time with the person to check activities and other supports needed. One member of staff said, "As a key worker I concentrate on that person. If there are changes in the care plan and risk assessments I make any changes."

Staff were aware that some people had advocates who acted on their behalf. Advocacy services are independent and support people to make and communicate their views and wishes.

We saw that people were treated with dignity and respect. Staff discussed personal care issues with people discretely and quietly before assisting the person. One staff member told us, "If we use a hoist we take the person to their bedroom. We cover them with a towel when providing personal care. We ask people where they want their medication to be given as some want it in their bedroom."

One member of staff said, "We try to keep people as independent [as possible] and maintain the skills they have." They gave an example of one person who was supported to eat independently and safely, which made them (the person) happy.

Is the service responsive?

Our findings

People's health and welfare continued to be met by staff who remained responsive to their needs.

People's care and support needs had been assessed before they came to live in the service. Details in people's support plans showed they and their relatives had been involved. Information showed people's likes and dislikes, activities they enjoyed and the people who were close to them and who were important in their lives.

We heard during the inspection how staff encouraged people to maintain their interests and links with the community. One person was encouraged to sit in the garden and another to ice cakes cooked earlier in the day. Staff told us that people liked a wide variety of activities such as day centre visits, sailing, balloon and bean bag games, going to the pub, knitting and spending time with relatives. One staff member said, "We support people to the best of our ability so they can fulfil their lifestyle choices."

The registered manager continued to have a robust complaints process in place. The information was provided in easy read and pictorial symbols. The staff said relatives or advocates would be involved where possible to further support the person. There had been no complaints but staff knew how to support people to raise a complaint should they need to.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. 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 were very positive about the registered manager. One staff member commented, "I would go to the [registered] manager [about anything]. She tries to find ways to work with any problem. She has helped me and always says that I should come with any problem, just come and talk. She is always available [to speak with]."

There were regular meetings in each bungalow with the people living there. Minutes of the meetings showed they were completed once a month in each bungalow. The last inspection undertaken on 5 March 2017 showed that there were discussions in relation to repairs, cooking, activities, items to buy and things to do.

There were regular staff meetings; the last was held in January 2017. Staff told us the staff meetings were useful and, as an example, discussed any health and safety issues. One staff member said, "It's where we can discuss things, we have a forum and we're asked what we want to discuss." They said that things were reviewed at the next meeting but were unable to give an example. The registered manager said that one person was on a specific medication to be administered when necessary. Staff had been reluctant to administer the medication and it was discussed at a team meeting so that staff were able to share their concerns. As a result extra protocols had been put in place in relation to that medication being administered.

The registered manager had a number of quality assurance systems to improve the service. Audits had been completed in areas including medicines, accidents and incidents and fire checks. A quality assurance questionnaire had been sent to people living in the service, relatives, social workers, GP's and other health professionals. There had been one comment that had been addressed as it was personal to one person living in the home. The registered manager evidenced that there had been discussions with the relative and this had resolved the issue to their satisfaction.