







Royal Mencap Society Harborough Road

Inspection report

1a Harborough Road
Rushden
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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 28 September 2015 and was unannounced. The service is based in a residential area of Rushden, Northamptonshire and provides care for up to four people who have complex learning disabilities. At the time of the inspection three people were using the service.

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. The registered manager was on leave at the time of our inspection and staff support was being provided by the area manager.

The staff had a good understanding of what constituted abuse and of the safeguarding procedures to follow should they need to report any abuse.

Risks were appropriately managed to ensure that people were supported to make choices and take risks.

Summary of findings

Staff had been recruited following safe and robust procedures and there was sufficient numbers of suitable staff available to keep people safe and meet their needs.

Systems were in place to monitor accidents and incidents so that preventative action could be taken to reduce the number of occurrences.

Robust arrangements were in place for the safe administration and management of medicines.

Staff had the skills and knowledge needed to support people appropriately and had regular training updates to maintain their skills. A programme of staff supervision and annual appraisals enabled the staff to reflect on their work practice and plan their learning and development needs.

People's consent was sought before providing their care. People who lacked the capacity to make decisions were supported following the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People benefitted from having a balanced and varied diet. Their dietary needs were monitored and advice was sought from appropriate health professionals when needed.

People had regular access to healthcare professionals and were supported to attend health appointments.

The staff treated people with kindness and compassion, dignity and respect.

People had individualised care plans in place that detailed and reflected their needs and choices on how they wanted their care and support to be provided.

Social and purposeful activities were provided for people to meet their individual needs and aspirations.

People were encouraged to provide feedback on the service; complaints were taken seriously and responded to immediately.

We received positive feedback from health and social care professionals involved in monitoring people's care at the service.

The service was led by a registered manager who continually strived to provide a good quality service. The vision and values were person-centred. People and their representatives were supported to be involved and in control of their care.

Effective quality management systems were in place to continually monitor the service.

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.

Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow to report abuse.

Risk management plans promoted and protect people's safety.

People received the right level of support to meet their specific needs.

Safe and effective recruitment procedures were followed in practice.

People were supported by staff to take their medicines safely.

Good



Is the service effective?

This service was effective

Staff had the knowledge and skills required to meet people's individual needs.

The staff were skilled in communicating effectively with people who had limited verbal communication.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.)

People were supported to eat a healthy diet and to eat and drink sufficient amounts to meet their needs.

People were referred to healthcare professionals promptly when needed.

Good



Is the service caring?

The service was caring.

The staff cared for people with kindness and compassion and treated them with dignity and respect.

The staff supported people to maintain regular contact with friends and family.

Good



Is the service responsive?

This service was responsive

The care plans were person centred and reflective of people's needs and preferences.

Social, recreational and occupational activities met people's individual needs, and enhanced their sense of wellbeing.

The service sought feedback from people and their representatives about the overall quality of the care provided.

Concerns and complaints were listened to and dealt with in line with the provider's complaints policy.

Good



Summary of findings

Is the service well-led?

This service was well-led.

There was an open and positive culture which focussed on meeting people's individual needs.

The manager operated an 'open door' policy and welcomed suggestions made from people and staff on improvements to the service delivery.

The quality of the service was regularly monitored.

Good



Harborough Road

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.

The inspection visit took place on 28 September 2015; it was unannounced and carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included reviewing previous inspection reports, statutory notifications (information

about important events that providers are legally required to notify us by law). We also sought feedback from commissioners involved in reviewing the care of people using the service.

We met with two people using the service, however one person was unable to verbally communicate with us and the other person had limited verbal communication. As such we relied on our observations of people interacting with the staff and discussions with the staff to form our judgements.

At the time of the inspection the manager was on leave, we therefore spoke with the area manager and three care staff.

We reviewed the care records for all three people living at the service. We also looked at three staff recruitment files and records relating to the quality management of the service.

Is the service safe?

Our findings

We observed that people looked comfortable and relaxed with the staff and with each other. One person said, “I feel very safe, the staff are really nice”. We saw that information was available in written and pictorial formats telling people how to speak out if they had any concerns about their safety or welfare.

Discussions with the staff demonstrated they were knowledgeable about the type of situations that constituted as abuse. One member of staff said, “If I ever suspected or witnessed any form of abuse, I would not hesitate to speak directly with the manager”. They knew about the safeguarding procedures and of their responsibility to act on any concerns or allegations of abuse. They also knew how to raise safeguarding concerns directly to the local authority safeguarding team and / or the Care Quality Commission. The staff training records also evidenced that all staff had received safeguarding training, which was updated annually.

There were clear systems in place to help assess and manage risks to people in the home. A range of risk assessments were in place and we saw that they were regularly reviewed. They had considered the risks of people receiving unsafe care, for example, risks due to poor mobility, falls, nutrition and hydration. Manual handling assessments were carried out that outlined the support people needed to mobilise safely. During the inspection we observed one person being assisted by staff to move safely and it was clear they had a good understanding of the potential risks the person faced.

The staff told us that each person had an emergency plan in place in the event of any evacuation of the service. We saw the emergency contact details were available in the office in the event of any breakdown with the gas, heating, water, electrical systems.

The staff responded appropriately to accidents and incidents, and arranged for emergency and non-emergency medical assistance as required. Records showed that accidents and incidents were monitored on an on-going basis to inform practice.

The staff told us that they felt there were enough staff on each shift and explained that they were happy to cover shifts if necessary, to ensure people received continuous care. One staff member told us, “We’re very fortunate we don’t use agency staff, we have our own bank of relief staff, that way people have the same staff providing their care, staff they know and trust”. The area manager also confirmed they used the same relief staff to cover for staff sickness and holidays. Records and our observations confirmed that staffing levels were appropriate to meet the needs of the people using the service.

The staff told us that the provider had carried out checks on their suitability to work at the home and that references had been obtained before starting work at the home. We saw the staff recruitment files had records of employment histories, written references had been obtained from previous employers and checks had been carried out through the government body Disclosure and Barring Service (DBS) that included Criminal Records Bureau (CRB) checks.

Established systems were in place for the obtaining, storing, administration and disposal of medicines. The staff told us they had received training to administer medicines to people, one member of staff said, “We all have to do medicines training before we can give people their medicines”. The staff were knowledgeable about each person’s prescribed medicines and the individual support plans for giving people their medicines. Close monitoring was followed when administering medicines prescribed to be taken as required (PRN) to ensure they were only given when necessary. We saw the medicines were stored appropriately and the Medicines Administration Records (MAR) charts were completed appropriately.

We also saw that the systems for ordering, receiving and the storing of medication was appropriately managed and monthly medicines audits had taken place to check that stock levels and records were in order.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. The staff told us they had worked at the service for a number of years and they knew the people living at the service very well. One member of staff said, “I have learned how to communicate with each person living here, each person has their own individual way of communicating. Some people are able to tell us how they are feeling etc., whilst others have limited verbal communication; we therefore rely on using pictures, body language, smiles and sounds”. During the inspection we observed the staff and people using the service interacted well with each other.

The staff told us they had received initial induction training and had worked alongside a member of staff assigned as a mentor when first starting working at the service. One member of staff said, “The training is very good, it covers health and safety, cross infection, food hygiene and medicines. We also do updates to training each year so we keep up to date”. The staff training records also confirmed this.

We also saw that specific training was provided for people at the service in areas such as, caring for people with a learning disability, advanced communication, low level behaviour and equality and diversity. The area manager told us that each month head office sent an email highlighting the staff scheduled to undertake any mandatory refresher training, so this could be arranged.

People’s needs were met by staff that were effectively supervised. The staff said the registered manager of the service was very supportive and approachable. They said they always took the time to offer support, advice and practical help whenever needed. We saw that a programme of staff supervision and appraisal was in place and dates for staff supervision meetings were planned between each member of staff and manager. Regular staff meetings had taken place and records of meetings confirmed that discussions focussed on reflective care practice, staff training needs, best practice and meeting high standards of care.

The staff told us they had received training on the Mental Capacity Act 2005 (MCA 2005) and the

Deprivation of Liberty Safeguards (DoLS) code of practice. We saw that mental capacity assessments had been carried out and identified where people lacked capacity to make some decisions in their lives. For example, the ability to self-administer medicines and when staff support was required to ensure that medicines were taken as prescribed. We heard staff ask people for their consent before providing them with any assistance.

We saw correspondence that evidenced the manager had followed the legal process when applying for DoLS authorisations that had placed restrictions on people’s liberty, for example, people who needed to be escorted by staff when out in the community to ensure their safety.

Each person had nutritional assessments in place, which were regularly reviewed. They were supported to eat a varied, balanced diet that met their preferences and promoted healthy eating. One person told us they enjoyed attending a slimming group, during the inspection they were busy looking through a recipe book they had bought from the slimming group. They said, “The meals are very tasty, I really enjoy them”. They told us they enjoyed making their own snacks and lunch box each day with the support of the staff. The staff said the person’s health had much improved since they started following a low fat diet. We observed that on the day of the inspection, the staff had prepared low fat burgers for the person following a recipe from one of the books.

People were supported by staff to choose what they would like for their meals each day. The staff supported them to do this by using picture cards and pictures from cookery books. A member of staff said, “We keep an eye on the foods people have to avoid any health problems related to poor diet. They confirmed at present no people living at the service had any food intolerances and said if this were to change they would be able to accommodate this.

People had access to advice and support from health and social care professionals. The staff told us they contacted the relevant health professionals in response to any deterioration or sudden changes in people’s health and acted on the advice given. People’s care records contained information that demonstrated their physical and mental health was regularly reviewed by health professionals.

Is the service caring?

Our findings

People received care from staff that treated them with respect and dignity. One person said, “They [staff] are very kind, we know each other very well”. They spoke warmly about people and had a detailed knowledge of each person living at the service.

The staff were skilful in communicating with people who had limited verbal communication. One member of staff said, “I have worked with [person’s name] for a long time. I just know what they are saying even though it may not be clear to others that don’t know them”. We observed when staff supported people; they used gentle touch and a soft tone of voice. From the exchanges that took place it was evident that the staff and the people living at the home knew each other very well.

People were supported to maintain relationships with people that mattered to them. For example, a person had recently moved from the service, due to a change in their physical needs that had required them to move into another home managed by The Royal Mencap Society. The

staff had acknowledged the impact of the move both for the person and their peers and arranged for them to meet up at a local coffee shop. A member of staff said, “It’s really important they keep in touch they have lived together for many years and are good friends”.

We saw that families were encouraged to be involved in their relatives care and to visit as often as they were able to. The staff also supported people to visit their families and friends on a mutually agreed basis.

The staff addressed people by the name they preferred and gave people choices and explanations as to what was happening. For example, they introduced us to people and asked if they wanted to speak with us in private. They respected the importance of confidentiality and personal information about people was stored securely. We sat in on the handover between the morning and afternoon / evening staff we noted that information was shared with other staff, sensitively, maintaining people’s confidentiality.

We observed the staff treated people with dignity and respect and any personal care was provided discreetly.

Is the service responsive?

Our findings

Before a person moved into the service the provider worked with that person's family or care provider in order to get to know them well. This included the identification of their social, physical and emotional needs to ensure the move caused the least anxiety as possible for the person.

Each person had a detailed care plan that was regularly reviewed and used to guide staff on how to provide their care. The staff worked with people through observation and their preferred methods of communication. During the inspection we observed people received care and support in line with their care plans. We also observed that staff offered people choices and did not make assumptions when providing their care and support.

The staff recognised the importance of people having social contact and companionship and people were supported to engage in occupational and recreational activities. Within the care plans a section entitled 'about me' gave information on the person's likes, dislikes and preferences. Each person also had identified their individual 'circle of support' such as close family, friends, peers, staff and health care professional.

People were supported to keep relationships that mattered to them, such as family, community and other social links. We observed people had developed friendships with other people living at the service and they appeared relaxed in each other's company.

People had schedules in place that outlined their individual recreational and occupational activities. For example, the days they attended the day centre, going food and clothes shopping and carrying out household tasks. The staff said they supported people to choose and plan where they wanted to go for days out, by looking through the 'what's on' section in the local newspaper. We saw that people had been to the Party in the Park event, and other events at Rockingham Castle and Willen Lake. People were also supported to go on holiday and one person had recently been on a holiday to the seaside.

The service listened to people's experiences, concerns and complaints and they were responded to appropriately. The staff said they had confidence that the manager would respond to any complaints professionally. We looked at records of complaints and saw that the manager had responded to complaints in accordance with their complaints policy.

Is the service well-led?

Our findings

The staff told us they were aware of the vision and values of the Royal Mencap Society. We saw the values of being inclusive, trustworthy, caring, challenging and positive were discussed with staff during team meetings and formed the foundation of the care provided at Harborough Road.

Comments from the staff were positive. One member of staff said, “We are a very small team, we communicate well and are very supportive of each other. Another member of staff said, “The manager is very approachable, if we need any support or advice she will always help in any way she can.” The staff understood what was expected of them, they were experienced and knowledgeable with many holding long service.

They told us they received supervision and support. We saw that staff meetings took place regularly and minutes from the meetings showed they were well attended. The agendas covered health and safety matters, standards of care and identifying staff training needs. The staff training records showed they received appropriate training in order for them to continually develop within their roles.

We saw that accidents and incidents were reported and recorded and the area manager confirmed they were analysed to identify any trends. We saw that they had been completed in accordance with the provider's procedure. Information held by CQC showed that we had received all required statutory notifications. A statutory notification is information that tells us about important events which the service is required to send us by law in a timely way.

We joined the staff whilst they carried out a shift handover. We observed that personal information was shared discreetly and important information was effectively communicated to ensure continuity of care.

We saw that quality monitoring of the service was carried out by the registered manager and that the area manager also regularly visited the service to meet with people, staff and the manager to oversee the management of the home. We were shown records of the quality audits that were held electronically; they covered areas such as, care records, staff recruitment, supervision and training records, environmental and maintenance checks. Areas identified for attention had action plans put in place with timescales for expected completion. We also saw the information from the audits was fed directly to head office for analysing.