

Royal Mencap Society

Royal Mencap Society - 1-2 St Albans Close

Inspection report

St Albans Close
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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 the 22 December and 4 January 2017 and was unannounced.

The home provides care and support for people with learning and physical disabilities who have limited communication. At the time of our inspection there were 5 people living there.

There was a registered manager in post at the time of our 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. There was a manager in post who had applied to the Care Quality Commission to become the registered manager.

People received support and care from staff that were friendly, kind and respected them as individuals. Staff had taken time to understand people's likes and dislikes, and enabled people to participate in activities either on an individual basis or within groups. This was evident in the way staff spoke to people and the activities they encouraged people to take part in. Relatives spoke positively about the care and support their relative was receiving and felt that they could approach management and staff to discuss any issues or concerns they had.

There were appropriate recruitment processes in place which ensured that people were supported by staff that were suitable to work at the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns. There was enough staff deployed to support the individual needs of people.

People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines and were aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff were supported through supervisions and undertook training which focussed on helping them to understand the needs of the people they were supporting. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

The registered manager was approachable and open to feedback; actively enabling staff to look at ways to improve and develop the service. There were a variety of audits in place to ensure people were receiving a good service and action was taken to address any shortfalls.

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 relaxed and happy around staff; staff understood their roles and responsibilities to safeguard people.

Risk assessments were in place which mitigated any risks for people and enabled them to live as independent a life as possible.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met. There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and had the skills, knowledge and experience to meet their needs.

People were involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS)

People's health care needs were regularly monitored and people were supported to access relevant health and social care professionals.

Is the service caring?

Good ●

The service was caring.

People received their support from staff who were friendly, kind and who respected them as individuals.

People were encouraged to express their views and to make choices and their privacy and dignity was protected and promoted.

Family and friends were welcome to visit anytime.

Is the service responsive?

Good ●

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People and their families knew how to make a complaint; people were given the opportunity to raise any concerns or complaints at weekly house meetings.

Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and other services which the people accessed were encouraged to provide feedback about their experience of care and about how the service could be improved.

There was culture of openness and a desire to continually improve to provide the best possible person centred support and experience for people.

Quality Audits were carried out and action taken to address any shortfalls.

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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 22nd December 2016 and 4 January 2017 and was unannounced. The inspection team comprised of one inspector.

We reviewed the previous inspection report and the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted the health and social care commissioners who help place and monitor the care of people living in the home.

We observed and spoke to four people who used the service and spoke with seven members of staff, which included five support staff, the deputy manager and the registered manager. We also spoke to two relatives who agreed to be contacted.

We looked at three records for people living in the home, three staff recruitment files, training records, duty rosters and quality audits.

Is the service safe?

Our findings

People looked happy and appeared calm and relaxed around staff. One person we spoke to who had limited communication positively put their thumbs up when we asked them whether they felt happy and safe in the home. Relatives told us that it was essential to them that they knew their relatives were safe and secure and they definitely felt they were. Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern if they needed to do so. Staff told us that they felt able to raise any concerns around people's safety to the manager and outside agencies if they needed to. There was information available as to who to contact and an up to date policy to support them. All the staff had undertaken safeguarding training and this was regularly updated. Notifications in relation to safeguarding issues had been sent to the local authority and Care Quality Commission.

There were a range of risk assessments in place which identified areas where people may need additional support and help to keep safe. For example, people who needed help to transfer from their wheelchair to a bed or chair had a risk assessment in place. The risk assessments were person-centred to meet individual needs and gave staff detailed direction as to what they needed to do to mitigate any risks for the individual person. The risk assessments were regularly reviewed which ensured they accurately reflected the person's current needs. The staff we spoke to understand the risks for the individuals concerned and we observed staff following the instructions of one of the risk assessments when they assisted a person moving from their wheelchair to chair.

There was a tool in place to work out the ratio of staff required to meet the needs of the people which also took account of any forthcoming appointments or events for individuals which would require additional staff to support them. Records showed that staffing levels were always in line with the assessed needs and that where needed relief staff were used to ensure that the levels of staff remained consistent.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the provider.

Health and safety audits were in place and appropriate action taken to address any shortfall; for example plans were in place to adapt a bathroom to make it safer and easier to access the bathing facilities for people who had mobility difficulties. Each person had a personal evacuation plan in place; there was also information about each person held within an emergency folder which detailed how each person liked to be communicated with and what things may upset them which would be shared with relevant people in the event of an emergency. Procedures were in place to minimise risks to people's safety, for example fire alarms were tested each week.

People's medicines were safely managed. Detailed care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and the manager had tested their competency. We observed that medicines were stored securely and that medicine administration record sheets had been correctly completed. There

was information available which detailed what medicines people were prescribed. The staff told us if they had any concerns or questions they spoke to the manager.

Is the service effective?

Our findings

People received support from staff that had the skills, knowledge and experience to meet their needs. All new staff undertook an intensive and detailed induction programme which comprised of seven days classroom based training and four to six opportunities to shadow more experienced staff before working on a shift. New staff completed an induction handbook which involved undertaking competency based training and observations. One member of staff told us "The training is thorough here; I have never received so much training." Another member of staff confirmed that they had shadowed more experienced staff until they felt confident to work alone; they said "There is always someone to ask if you need help."

A staff training program was in place which ensured staff had the skills and knowledge to meet people's individual needs safely. All staff had completed the training they needed and there was regular updated training available to help refresh and enhance their knowledge and skills. Specialist training had been provided which ensured that the staff could support a person with their specific nutritional needs. The manager also had plans in place to provide the staff with training in relation to a type of sign language which would equip them with the skills to better communicate with one of the people living in the home.

Staff had not always been consistently supported through regular supervision and appraisal. However, the new registered manager was aware of this and had been proactive in addressing this ; we saw that there was a schedule in place for all staff to receive supervision and all members of staff that had worked for the provider for over 12 months had an appraisal in place. The staff we spoke to felt supported and told us that they were able to discuss any issues with the manager or deputy manager at any time.

People were involved in decisions about the way their support was delivered; for example we observed staff ask people what they wanted to do and whether they wanted a drink or not. People's care was regularly reviewed with them and their families were involved in this review where appropriate.

The Mental Capacity Act 2005 (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 decisions made on their behalf must be in their best interests and as least restrictive as possible. 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 is called the Deprivation of Liberty Safeguards (DoLS).

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS applications had been made for people who had restrictions made on their freedom. Staff had received training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

People were supported to eat a healthy balanced diet. Each week the people living in the home planned together a weekly menu. The staff knew people's likes and dislikes and had spoken to family members to ensure that people were provided with a varied diet. Staff were aware of individual dietary needs and supported people to make healthier choices. Each person had a daily diary which included what they had eaten during the day and this enabled staff to be aware of any shortfalls or excesses in people's diets. The staff had sought advice from a Speech and Language Therapist to advise them on how the food needed to be presented to people who had difficulties with their swallowing.

People's health care needs were regularly monitored and yearly health checks were undertaken by a GP. We saw from people's support plans that they had accessed other professionals such as a physiotherapist, dentist and chiropodist when needed. There was a system in place which identified when routine health checks were due which enabled the manager to ensure there were enough staff to support an individual to attend appointments. Information was available to share with professionals explaining people's communication needs, for example how an individual liked to be approached and how they may show whether they were happy or not.

Is the service caring?

Our findings

People received their support from staff who were kind, friendly and showed empathy to their needs. People's individuality was respected and people were supported to express themselves through their own choices such as what they chose to wear and where they like to spend their time. The staff took time to interact with people and were patient in trying to understand what a person needed. The people in the home had different ways of communicating their needs and we could see that staff knew how to respond to people's individual communication methods. People looked happy and contented; staff interacted well with them and we observed people and staff smiling as they communicated with one another.

Staff and people had worked together to personalise their environment to make them feel at home and comfortable. Attention had been given to ensure the communal area looked homely and enabled people to access different areas to pursue their chosen interests such as watching the television or listening to music.

Staff knew people well. It was clear from the interactions we witnessed that the staff knew people very well and were able to respond to people when they became anxious or unhappy. For example when one person became angry and frustrated the staff knew instinctively what to do; their response calmed the situation and provided support to the person and the other people around them.

People were encouraged to express their views and to make choices. Care plans included detailed information about people's preferences, their likes and dislikes and how they liked to be treated. The plans had comprehensive accounts about individuals which enabled the staff, and any professionals working with them, to have the knowledge and understanding of the person's individual abilities and goals.

People's individuality was respected and dignity protected. Staff responded to people by their chosen name, ensured people were supported to dress appropriately and sought people's permission before they entered their bedrooms. Confidentiality was maintained at all times and staff knew not to speak about people in front of other people or visitors.

There was information available about an advocacy service. The staff and manager said they knew they could contact the advocacy service if they needed to and that an advocate had been involved in the past with one person but currently no one needed the support of an advocate.

Family and friends were welcome to visit anytime. People told us about going out to visit their families.

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met. Each potential new house mate had a tailored plan to support them and visits were arranged so that everyone had an opportunity to meet each other. The registered manager was clear that they needed to be very sure and confident that any new person would fit in and everyone would be happy.

Care and support plans were developed from the information gathered. They were person-centred and contained all the relevant information that was needed to enable people to live as independent and enriched a life as possible. There were risk assessments in place covering all aspects of the person's life and these were kept under review.

Staff demonstrated a good understanding of each person in the home and clearly understood their care and support needs. They spoke positively about people and were able to tell us about each person. They encouraged people to do things for themselves, for example one person was encouraged to sort their clothes from the laundry and iron them. The people responded well to staff and there were a lot of smiles. One relative told us that a member of staff had suggested that it may be helpful for one of the people to have a wheelchair to enable them to get out more as their physical needs had changed; the manager had taken steps to address this. The relative told us "It will be good as the staff have spoken about taking [name of relative] out to the park to listen to the bands that play in the park in the summer; [relative] really appreciates music."

Everyone who lived in the home had a full programme of activities which included attending a local day service, voluntary work and one person had a cleaning job they went to most days. People were encouraged to follow their interests; for example one person liked football and was supported to attend the local football team matches. Another person liked to socialise and was supported to attend a number of local social clubs in the evening. We observed one person who seemed happy to sit and look at magazines tearing out pictures they liked.

The manager and staff liaised with other agencies to enable people to access the activities they needed which would enable them to live a fulfilled life. Support plans were reviewed on a regular basis and all staff were asked to sign them to ensure they understood the support needs of each individual and would provide the necessary consistent approach required. Each person had their own key worker who took lead responsibility of reviewing the support plan with the person.

Staff spent time with people and talked to them about what they were doing or wanted to do. As people came back from their daily activities they were welcomed back by the staff and encouraged to have a drink and a snack to eat. People chose where they wanted to spend their time, whether that be in the lounge or their own room.

There was information provided on how to make a complaint which was also available in easy read versions with pictures to ensure that everyone had access to the information. We saw from the information about the

weekly house meetings that people had the opportunity to express whether they were happy or not with the service. There had been no complaints made in the last twelve months.

Is the service well-led?

Our findings

There was a new registered manager in post who was visible and had taken time to get to know the people living in the home. The staff spoke positively about them and felt able to go to them with any concerns they had. One relative told us "I am pleased that [name of manager] seems to get things moving following suggestions made."

Communication between people, their families and the service was encouraged in an open way. Relatives told us that they felt involved in the care of their relative and always felt welcome at the home. One relative told us "It's a really nice home, I always feel welcome; it's like a home from home." Regular house meetings were held which enabled people to express what they would like to do, whether they were happy or not and be informed of any changes in the staff team.

People using the service, their relatives and other services which the people accessed were encouraged to provide feedback about their experience of care and about how the service could be improved. Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. The families we spoke to all expressed how happy they were with the home. One said "It's a wonderful place, the staff are all wonderful, I can't fault them." Another relative told us "There is good communication with the home and the day centre [name of relative] goes to, which helps."

Staff worked well together, team meetings took place on a regular basis and minutes of these meetings were kept so that those staff who were unable to attend were kept informed about what had been discussed. Staff told us that they felt listened to and they were able to share their ideas and suggestions. One member of staff told us "There was a problem with the rota, [name of manager] suggested we all have a look and see whether we can resolve some of the difficulties ourselves." The rota now in place is the result of the staff's input and appeared to work well for the people living in the home and the staff themselves. There was culture of openness and staff demonstrated through their interactions with people that they understood the aim of the service was to promote individual choice and enable people to live as independent and fulfilled life as they could.

Quality assurance audits were completed by the registered manager to help ensure quality standards were maintained and legislation complied with. The provider visited on a regular basis to undertake an audit to ensure all procedures were being adhered to and any health and safety concerns were being managed. Where audits had identified shortfalls action had been carried out to address and resolve them.

Records relating to the day-to-day management of the service were up-to-date and accurate. Support and care records accurately reflected the level of support received by people and detailed how they were that day which enabled staff to support people in the most effective way.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people and mental capacity. Staff were aware of the whistleblowing policy and were able to

explain the process that they would follow if they needed to raise concerns outside of the company.