

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	

Overall summary

The last inspection was on 4 July 2013 where we found the provider was meeting the regulations.

This inspection took place on 21 October 2014 and was announced. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

Royal Mencap Society – 55-56 Benyon Grove is a residential home without nursing, which is managed by

Royal Mencap Society. It is registered to provide accommodation, support and personal care for up to eight people who have a learning disability. There were six people living in the home when we visited.

There was a registered manager in place 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

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Relatives of people in the home were very happy with the staff and manager and said they were kept up to date about their family member's health and welfare. They felt included in any meetings and that the staff listened to them and acted on any requests or comments for their family member.

People were kept safe because staff knew how to recognise and report abuse. Staff understood the Mental

Capacity Act 2005 and the Deprivation of Liberty Safeguards and the impact for people in the home who could be subject to the Act. We saw information that best interest assessments had been completed for people who lacked capacity.

We saw that people had access to a wide variety of health professionals who were requested appropriately and who provided information and plans to maintain people's health and wellbeing.

People's relatives and staff told us they would be confident raising any concerns with the management and that action would be taken.

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.

Relatives felt staff kept their family member's safe. Staff knew how to recognise and report abuse so that people would be kept safe.

People were kept safe because there was a sufficient number of staff. Individual risk assessments had been updated when there had been changes in people's health and wellbeing.

The administration and management of medication was undertaken correctly, which meant people were protected.

Good



Is the service effective?

The service was effective.

Staff had received training and understood about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards so that people were not unlawfully restricted or deprived of their liberty.

People were supported to have enough food and drink to make sure their health was maintained.

Staff received supervision and appraisals and had completed the training specific to their role.

Good



Is the service caring?

The service was caring.

People and/or their relatives were involved in plans for people's care.

Staff knew the care and support needs of people in the home and treated people with kindness.

Good



Is the service responsive?

The service was responsive.

Relatives of people who lived in the home knew how to complain if they needed to. The provider has had no complaints about the service.

People had their needs assessed and staff knew how to support people in a caring and sensitive manner.

People were supported to take part in a range of individual activities in the home and in the community.

Good



Is the service well-led?

The service was well led.

The provider had undertaken a number of audits to check on the quality of the service provided to people so that improvements were identified and made where possible.

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 inspection took place on 21 October 2014 and was announced. The provider was given 24 hours' notice because the location is small and the manager and staff are often out during the day. We needed to be sure that someone would be in.

This inspection was completed by an inspector. Before the inspection we asked the provider to complete and return 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 any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning.

We looked at other information that we held about the service including notifications, which are events that happen in the service that the provider is required to inform us about.

During the inspection we spoke with three members of staff and the registered manager. We observed the way staff and people in the home interacted. We spoke with one person living in the home and the relatives of other three people who lived in the home.

As part of this inspection we looked at two people's support plans and care records. We reviewed one staff recruitment, induction and training file. We looked at other records such as accidents and incidents, complaints and compliments, medication administration records, quality monitoring and audit information, policies and procedures, and fire and safety records.

We spoke with two people who commissioned places for people supported in the home and a speech and language therapist.

Is the service safe?

Our findings

All relatives we spoke with told us they felt their family member was safe. One said, “My [family member] is well looked after and safe. I don’t have to worry about them at all.” Another said, “I trust them implicitly.” Safeguarding policies and procedures were in place and information on where to report any issues was available in the home. Records showed that staff had received training in the protection of adults. Staff told us that they knew how to recognise and report any suspicions of abuse and were aware of the provider’s whistleblowing policy; they understood they could report any concerns to appropriate agencies outside of the service and organisation. This showed that staff were aware of the systems in place to protect people.

We saw that there was information available in people’s individual risk assessments so that staff could provide the safe and effective care people needed. Staff were able to tell us about individual people’s risks and knew what they needed to do to protect them from harm. The registered manager told us, “[name] requested that a monitor was put in their room so that they felt safe, especially at night”, and the person confirmed they had asked for it.

We looked at the medication administration in the home. We saw evidence in people’s care files that an assessment about their ability to administer their own medicines had been made. No one in the home was able to administer their own medicines safely. We checked the medication administration record (MAR) charts and verified the number of tablets of some medicines and saw that the records were accurate. Staff told us that they had undertaken the

necessary training and their competency was checked regularly, and other evidence confirmed that this was the case. People could be assured that staff managed medicines safely and consistently.

We saw that the staff on duty were those detailed on the rota and checked with staff that they had the necessary qualifications to make sure people were safe. The two bungalows were next door to each other and although staff were allocated to one of them when they arrived on duty, if or when the need arose the staff moved between the two buildings to ensure people’s needs were met. The rota showed that two staff were allocated in each bungalow throughout the day and one staff in each bungalow at night. The registered manager said that there was always a staff member on call at night in case of emergencies, for example if a person needed to go into hospital and a member of staff needed to go with them. One relative said, “There are always enough staff to give individual attention.” We saw that staff had time to sit and chat with people and that they supported people to undertake activities throughout the day.

The registered manager said that most staff had worked in the home for over a year. We looked at the staff recruitment record for the member of staff appointed within the last 12 months. Staff we spoke with and records we saw that a thorough recruitment procedure, in line with the provider’s policy and procedure, had been undertaken. This meant that suitable arrangements were in place and people were kept safe because there was a robust system to make sure the right staff had been recruited to the home.

Staff we spoke with told us there was information available in the home for emergency situations such as fire or flood and what they (staff) should do to keep people safe.

Is the service effective?

Our findings

People were protected because staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and described how they supported people to make decisions. All of the support records we looked at showed us there were MCA assessments and best interest decision assessments in place.

There was information about the DoLS in each bungalow, which included decisions about depriving people of their liberty. MCA DoLS require providers to submit applications to a supervisory body for authority to do so. At the time of the inspection no-one in the home was subject to any restriction. Staff had a good understanding about changes in the law regarding DoLS and how this could affect people's liberties, but it was the registered manager who made any applications under DoLS. This and evidence of contact by the registered manager with the local DoLS professional and continuing care staff, meant that people were safely supported.

Information relating to people's healthcare needs was clearly recorded within their support plan. There was evidence where health professionals had been requested if a person's health deteriorated or changed, and that staff followed any actions required. All relatives we spoke with said they were informed if there were any changes in the health and wellbeing of their family members.

People's nutritional needs, including their likes and dislikes, together with any associated risks such as choking,

had been assessed and documented in their support plans. Staff told us about the plans in place for each individual and how the risks had been minimised. Although people were not able to tell us verbally that they enjoyed the food, we saw that they smiled and communicated in different ways with staff during the meal. One relative said, "[family member] will let you know if they're not happy." During the inspection an incident occurred and staff knew what to do, who to contact and where to make a referral in respect of the person who had swallowing difficulties. We spoke with the speech and language therapist (SALT) who said the staff had completed training recently in the prevention of choking, the associated risks and what to do, and felt this had had a positive impact on staff making appropriate referrals. Staff confirmed they had undertaken the training and had used the information in their day to day care of people living in the home.

There was a very stable staff team at the home who had an excellent knowledge and understanding of people's needs. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. A number of staff had completed National Vocational Qualifications (NVQs) in care and the registered manager confirmed there was a programme to make sure training was kept up to date. Training records showed, and staff confirmed that the training they needed to meet people's needs had been provided. This meant staff had up to date knowledge of current good practice.

Staff we spoke with told us they had received regular supervision and yearly appraisals. This meant there was an effective system of support for staff.

Is the service caring?

Our findings

The overall atmosphere in the home was calm and quiet. One relative said, "It's a happy home. As near as your own home as it can get."

People were involved as far as possible to make decisions about their care, and we heard staff encourage people to make choices and remain as independent as possible. One relative said, "The staff are really tuned in to [family member's] needs." We heard staff ask people discreetly about attending to their personal toilet needs so that their (people's) dignity and respect was ensured.

We saw and heard how staff treated people with kindness and respect and they were patient when trying to understand what people wanted. Although most people in the home were unable to communicate verbally, it was clear that staff made sure people were included into conversations and discussions. People were relaxed around the staff. It was evident staff knew how to interpret people's non-verbal communications about their needs

and choices because people smiled and nodded or shook their heads appropriately in response. All the staff we spoke with said they enjoyed working in the home and that as a team they provided and met people's care needs with compassion. One relative said, "Staff really understand [family member]. They care about people."

All the relatives we spoke with said they had attended meetings and reviews about the care and welfare of their family members. They felt they had been listened to and that their views had been acted on. The registered manager said that all those who lived in the home had family advocates but had information available should anyone want an independent advocate to speak on their behalf.

Relatives we spoke with said they were always welcomed into the home when they visited their family member. One relative said, "I am always made to feel welcome and given a cup of tea." We saw that there was a monthly meeting for people who lived in the home so that people were included in any discussions about the home and the quality of care provided.

Is the service responsive?

Our findings

All of the support plans we looked at showed that people's care and support needs had been assessed before they moved into the home. Details in their support plans included their interests, likes and dislikes. People and/or their relatives had been part of discussions about the care to be provided and there were reviews undertaken regularly to ensure people's needs continued to be met. Throughout the day staff demonstrated that they were familiar with people's likes and dislikes and provided support according to individual's wishes.

Relatives said they were encouraged to discuss the care and support of their family member and staff communicated any changes when they occurred. Staff told us they were informed of any changes to people's care with an entry in the message book and staff were then to read, sign and date the changes. There was evidence that this had been done and this meant that staff had up to date information about each person.

People were supported to take part in activities that were stimulating and maintained social and community contact. The registered manager and staff told us that different activities were available for people and we saw individualised plans were in place. We saw that people took part in community activities such as bingo and pub visits, some of which depended on the weather, especially

sail ability, as well as in house activities available. On the day of inspection we saw that one person went to a church luncheon and another went out for a walk. One person was keen to watch a video in the home, two others had aromatherapy hand massages from someone who came into the home and another some physical activity to keep their arms mobile. One relative said, "My [family member] does more than I do." Another told us their family member had been on holiday.

People were supported to access the complaints procedure if required. The registered manager confirmed there was a complaints procedure in place but there had been no complaints within the last 12 months. Relatives we spoke with said they understood how to complain and were confident any complaint would be acted upon, but they did not have any concerns about the home. One relative said, "I have no worries, but if I did I would talk to [the registered manager]." Staff said they knew how to respond to any complaint and knew the complaints policy was available in the home.

Staff understood how any concerns about the care at the home should be raised. All the staff we spoke with were aware of the provider's whistleblowing policy and they told us they would confidently report any concerns in accordance with the policy. One member of staff said, "The policy is in the office but I've never needed it."

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post.

The registered manager understood their responsibilities and was supported through manager meetings and visits. They understood how to meet their legal obligations and, when necessary, to submit notifications to CQC.

Relatives and staff said the registered manager was approachable and was available at any time. One staff member said, “Any query I would go to [registered manager], she’s always available.” We saw interactions between the registered manager and staff that showed there was mutual respect and a positive and supportive culture in the home. Staff told us there was a strong team ethic and one staff member said, “We’re one team and work together.”

Staff told us there were regular staff meetings, which considered the quality of care people had received. The registered manager said that part of the meeting looked at themes, such as the Mencap strategy, voting (for people

who lived in the home) and a family charter, to ensure that staff views were gained. Information on the meeting minutes showed that items discussed were actioned where necessary and used to improve the service for people who lived in the home.

Information provided in the provider information return and evidence seen on the day of inspection, showed that there were regular quality audit visits from the provider’s Quality Team Operation Manager, local authority contracts reviews and quality review reports. The information from the audits and reviews had been used to drive improvement in the service.

The registered manager and staff told us that accidents or injuries in the home were recorded and details retained in people’s files. There were also forms completed for near misses such as someone who went to sit in a chair and sat on the floor instead. The information was used to prevent the occurrence happening again; together with the writing of further risk assessments and changes to care plans where necessary. This meant any information was used to make sure potential risks were actioned and the quality of care improved.