

Royal Mencap Society Precinct Road

Inspection report

4 and 6 Precinct Road
Hayes
Middlesex
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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?

Requires improvement 

Overall summary

This inspection took place on 22 October 2015. We gave the provider short notice of our visit to make sure the manager was available to help with the inspection. At our last inspection on 2 and 5 June 2015, we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for this service following our inspection in June 2015 was 'Inadequate'. This meant that the Care Quality Commission (CQC) placed the service into 'Special measures'. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Summary of findings

Precinct Road is a service providing accommodation and personal care for up to five adults with a learning disability. When we inspected, four people were using the service.

The provider appointed a manager on 22 June 2015. The new manager has registered with the CQC. 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.

At this inspection, we found the provider had taken action to address all of the breaches we identified following our inspection in June 2015 and the quality of care and support provided in the service had greatly improved.

The provider had carried out work to address risks to people using the service.

The provider recorded and reported possible safeguarding concerns to the local authority and the CQC.

The provider did not deprive people of their liberty without authorisation.

The provider had arranged for the redecoration of all parts of the premises and the replacement of carpets on the stairs and some communal areas.

The registered manager and support staff had reviewed and updated their assessments of people's social care needs.

There was a creative and person-centred approach to the support staff gave people to access meaningful activities.

The provider had appointed a new manager and they had registered with the CQC.

The provider had systems in place to monitor the operation of the service. The provider, registered manager and staff carried out regular checks and audits.

Following our last inspection, we placed the service in special measures. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. As the provider has demonstrated improvements and the service is no longer rated as inadequate for any of the five questions, it is no longer in special measures.

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. We found the provider had taken action to improve safety.

The provider had carried out work to address risks to people using the service.

There were enough staff to support people.

The provider recorded and reported possible safeguarding concerns to the local authority and the Care Quality Commission.

Good



Is the service effective?

The service was effective. We found the provider had taken action to improve effectiveness.

The provider did not deprive people of their liberty without authorisation.

The provider had arranged for the redecoration of all parts of the premises and the replacement of carpets on the stairs and some communal areas.

Good



Is the service caring?

The service was caring.

Staff understood the support needs of people using the service.

Staff respected people's privacy and gave them choices about aspects of their daily lives.

Good



Is the service responsive?

The service was responsive. We found the provider had taken action to improve responsiveness.

The registered manager and support staff had reviewed and updated their assessments of people's social care needs.

There was a significant increase in the type and amount of activities people using the service accessed.

There was a creative and person-centred approach to the support staff gave people to access meaningful activities.

Good



Is the service well-led?

We found the provider had taken action to improve how well led the service was.

The provider had appointed a new manager and they had registered with the CQC.

The provider had systems in place to monitor the operation of the service.

Requires improvement



Summary of findings

The provider, the registered manager and staff carried out regular checks and audits.

We could not improve the rating for Well-Led from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Precinct 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.

This inspection took place on 22 October 2015. We gave the provider short notice of our visit to make sure the manager was available to help with the inspection.

The inspection team comprised one inspector.

Before the inspection, we reviewed the information we held about the service. This included the last inspection report, the action plan the provider sent us detailing how they

would address the breaches we identified and statutory notifications the provider sent us about significant incidents that affected people using the service. At the last inspection, we rated the service as inadequate and placed it in special measures. As part of this inspection, we checked to see that the provider had made progress to improve standards in the service.

During the inspection we spent time with the four people using the service and saw how they interacted with the staff who supported them. We spoke with two members of staff, the new registered manager and a member of the provider's quality assurance team.

We looked at the daily care and support records for all four people, two people's care plans and risk assessments, medicines records for one person and other records related to the running of the home. These included audits carried out by the provider, registered manager and staff.

Is the service safe?

Our findings

At our last inspection in June 2015, we found the provider did not assess or respond to risks to people using the service, there were not always sufficient numbers of staff to support people and the provider did not notify the local authority or the Care Quality Commission of possible safeguarding incidents. The provider sent us an action plan following the inspection and told us they would address the issues we identified by 31 August 2015.

At the last inspection, we found dangerously hot water temperatures from some taps people using the service had access to and uncovered radiators in rooms people used unsupervised. During this inspection, we found the provider taken action to mitigate these risks to people using the service. Following the last inspection, the provider had immediately arranged for the housing association responsible for maintenance to replace all hot water temperature regulators. The provider had also fitted covers to radiators. The registered manager had discussed health and safety monitoring at a team meeting and they had put dates for staff to carry out checks in the home's diary.

The provider had also reviewed all of the risk assessments for all four people using the service. We saw risk assessments for managing behaviour that challenges, epilepsy, medicines management, spending time outside the home unsupervised by staff and self-harm. Each of the assessments included clear guidance for staff on how to manage the identified risk and staff had reviewed and updated all risk assessments in September or October 2015. This showed staff had up to date information and guidance on how to support people safely.

There were sufficient numbers of skilled and experienced staff to meet the care and support needs of people using the service. Following our last inspection, the provider had

allocated seven additional staff hours, seven days a week, to the service. The registered manager confirmed this increase in staffing was permanent and told us they would continue to monitor staffing levels to ensure people received the support they needed. During this inspection, we saw there were enough staff to support people promptly when they needed assistance. Staff understood people's support needs and were able to spend time with them individually or in small groups, in the service and out in the local community.

Staff rotas showed there was a minimum of three staff available in the service to support people during the day. We saw staff supported people to make choices about how they spent their time and the activities they took part in. The registered manager also told us the local authority had completed assessments of the care and support needs of each of the people using the service. The provider had asked the local authority to complete these assessments to ensure people had the support they needed from staff. The registered manager told us they did not yet know the outcome of these assessments.

At our last inspection, we found staff had recorded possible safeguarding incidents but the provider had not notified the local authority or CQC about these. Following the inspection, the provider sent notifications to the local authority and CQC about the incidents we identified. At this inspection, the registered manager told us staff now recorded all incidents electronically. The registered manager said they saw all incident reports, completed the actions they took in response and forwarded the reports to the local authority, CQC, the provider's Area Operations Manager and quality team, as required. We saw the incident forms staff completed in August 2015 were detailed and the registered manager had forwarded these to other agencies where appropriate. The registered manager sent one statutory notification to CQC in August, as required by the legislation.

Is the service effective?

Our findings

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

At the last inspection in June 2015, we found there was no evidence that the provider had submitted applications to the local authority for authorisation to restrict people's liberty. Three people using the service were unable to leave the home safely without support and supervision from staff. The provider had recognised this was a restriction but there was no evidence they had applied to the local authority for authorisation, as required by the Safeguards. The provider sent us an action plan and told us they would address the concerns we raised by 31 July 2015.

At this inspection, we found the provider was now acting in accordance with the requirements of the Safeguards and the provider did not deprive people of their liberty without authorisation. The registered manager told us that, following our last inspection, the local authority had assessed all four people using the service and they had involved people's families or an Independent Mental Capacity Advocate (IMCA) in the assessments. As a result, the provider had sent two applications to the local authority for authorisation to restrict people's liberty. The provider also confirmed the local authority had sent applications for authorisation to restrict the liberty of two other people to the Court of Protection, as the people concerned did not have any relatives involved in their care.

At our last inspection, we also found the adaptation, design and decoration of the service did not meet people's individual needs. We saw walls in all parts of the service, including bedrooms, lounges, dining rooms and bathrooms needed redecorating, flooring was damaged in some communal areas and the paintwork on staircases, bannisters and doors was in a poor condition. The provider sent us an action plan following the inspection and said they would address the poor decoration of the premises by 31 July 2015.

At this inspection, we saw the provider had arranged for the redecoration of all parts of the premises and the replacement of carpets on the stairs and some communal areas. Contractors had completed most of the work and we saw the service now provided good standards of private and communal accommodation.

The provider arranged for and supported people to access the healthcare services they needed. People's support plans included details of their health care needs and details of how staff met these in the service. Where staff identified people needed support to meet their health care needs, they provided this. For example, one person's support plan included clear guidance for support staff on the medical support the person needed and the support they needed to attend appointments. Another person's support plan had clear information for support staff on managing epilepsy. The provider had produced all health care information and assessment forms in an easy read format to make the information easier for some people using the service to understand. The registered manager told us they were also updating each person's Health Action Plan to make sure staff had access to up to date information and guidance.

Is the service caring?

Our findings

At our last inspection in June 2015, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and individuals did not have to wait for staff to help them.

During this inspection, the support staff we spoke with demonstrated a good knowledge of people's care needs. They were able to tell us about significant events and people in each person's life and their individual daily routines and preferences. Support staff also told us how they enabled people to access activities in the local community and the records we saw confirmed this happened regularly.

People using the service were able to choose where they spent their time. We saw people spent time in their rooms when they wanted privacy and spent time in the lounge or kitchen when they wanted to be with other people.

We saw support staff offered people choices about aspects of their daily lives throughout the inspection. We saw people made choices about what to eat and how they spent their time. Staff made sure people understood what they were being offered and gave them time to make a decision.

Is the service responsive?

Our findings

At our last inspection in June 2015, we found little evidence people using the service took part in activities based on their assessed interests and preferences. Staff completed daily care notes that showed each person spent most of their time each day in the home, with little or no access to activities and facilities in the local community. Daily care notes were mostly task based, concentrating on people's personal care and support needs. We looked at the daily logs for May 2015 for two people using the service. These showed one person had gone out with staff support on five occasions and the second person had gone out seven times during the month. Support workers told us, "We don't have enough staff to take people out. Each person should have two staff to support them outside but this is not possible so people spend most of the time in the house" and "People need two staff to go out and we can't do it."

Following the inspection, the provider sent us an action plan and told us they would review people's access to meaningful activities by 23 July 2015.

At this inspection, we saw the registered manager and support staff had reviewed and updated their assessments of people's social care needs, with support from one of the provider's Quality Co-ordinators. The Quality Co-ordinator told us they had spent two days each week in the service developing practice and developing meaningful activities. As a result, each person had an activity planner that showed the activities they took part in and those that might interest them. The registered manager also told us all staff had completed Positive Behaviour Management training to enable them to support people to access activities in the community.

We looked at the daily support logs for all four people using the service. These showed a significant increase in the type

and amount of activities staff supported people to participate in during September 2015. Most people spent some time each day away from the service, with staff support. People's activities included a visit to a car museum and country parks, 10-pin bowling, meals out in local pubs and restaurants, music sessions, sensory activities and massages.

Support staff completed an evaluation after each activity session that showed what the person had enjoyed and any changes needed or lessons learnt. For example, one person enjoyed long walks and staff supported them to buy comfortable walking shoes. Another person enjoyed sensory activities, including foot massage sessions. As the person enjoyed this, staff had suggested buying flooring with different textures so they could experience this and taking the person to the beach so they could walk barefoot in the sand. For a third person, guidance for support staff stressed that the person found new activities and experiences difficult. The guidance advised support staff to try a new activity more than once, if the person did not appear to engage in or enjoy it the first time. This demonstrated a creative and person-centred approach to the support staff gave people to access meaningful social activities.

The provider assessed people's health and social care needs and reviewed these regularly or when a person's needs changed. For example, the provider gave support staff clear guidance on how to manage specific health conditions, including epilepsy and people's support plans included details of medical appointments. The registered manager and staff had reviewed and updated each person's support plan in September or October 2015, with support from the provider's Quality Co-ordinator. The support plans covered people's health and social care needs, focussed on the needs, abilities and aspirations of the individual and included clear guidance on how to support them.

Is the service well-led?

Our findings

At our last inspection in June 2015, we found the provider had not told us when the registered manager of the service changed. This happened on two occasions and the service was without a registered manager from December 2014.

The provider sent us an action plan and told us they had appointed a new permanent manager in June 2015, shortly after our inspection. The manager applied to the Care Quality Commission and completed their registration in September 2015.

At our inspection in June 2015, we found the provider had systems in place to monitor the day-to-day operation of the service but these were not always effective. For example, the provider had not identified or addressed issues of concern we noted during the inspection. These included dangerously hot water temperatures, the lack of activities for people using the service, inadequate staffing levels, the poor condition of the environment and the failure to notify the Care Quality Commission of changes to the management of the service.

The provider sent us an action plan and said they would address the issues we identified and improve their monitoring of the service by 31 August 2015. During this inspection, we saw the provider had addressed all of the concerns we raised.

The provider had systems in place to monitor the running of the home that included regular checks and audits the registered manager and staff carried out. We saw staff recorded hot and cold water temperatures each month, carried out visual safety checks of portable electrical equipment every six months, checked first aid supplies monthly and audited people's medicines and finances regularly. The records of these checks were all up to date and we saw the provider's Area Operations Manager had checked in October to ensure the audits were completed.

We could not improve the rating for this area from Requires Improvement because to do so requires consistent good practice over time. While we recognised the provider had made significant improvements since the last inspection in relation to the way the service was well-led, we needed to see these improvements were sustained. We will check this during our next planned Comprehensive inspection.