

Royal Mencap Society

Royal Mencap Society - 145 Kingsley Road

Inspection report

145 Kingsley Road
Portsmouth
Hampshire
PO4 8HN

Website: www.mencap.org.uk

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13 June 2018

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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

145 Kingsley Road is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

145 Kingsley Road accommodates eight people with a learning disability in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy

There was a registered manager in place. 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 service remained Good.

People told us they felt safe living in the home. Relatives agreed that their family members were safe. We saw people were happy and trusted the staff. There were systems and processes in place to minimise risks to people. These included making sure staff knew how to recognise and report abuse.

There were adequate numbers of staff available to meet people's needs in a timely manner. Recruitment checks were completed prior to staff being employed which helped make sure staff employed were of good character.

People enjoyed the food provided and were supported to receive adequate food and drink to remain healthy.

Staff were receiving regular training, supervision and appraisal so they were skilled and competent to carry out their role.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff knew the people they were supporting and provided a personalised service. Support plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff respected the right to confidentiality for people who used the service.

We observed staff treated people with respect and people's dignity and privacy was actively promoted

by the staff.

A varied range of activities were made available and we saw staff were proactive in engaging people with individual activities of their preferred choice.

Systems were in place to deal promptly and appropriately with any complaints or concerns raised about the service. The registered manager and registered provider treated complaints as an opportunity to learn and improve.

The home was led by an experienced registered manager and management team. The registered provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to ensure continuous improvement. Staff were motivated to perform their roles and worked to empower people to be as independent and as possible.

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 was caring.

The relationships between people who used the service and staff were warm and friendly. The atmosphere in the home was calm and relaxed.

People's privacy, dignity and independence was maintained by staff that were caring and respectful.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 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 13 June 2018 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

Throughout the inspection we also spent time in the communal areas of the home observing how staff interacted with people and supported them.

We spoke with three people who used the service, the registered manager, area manager and two members of staff. We looked at three care plans, staff training and records associated with the monitoring of the service, including incidents, safeguarding concerns, audits, maintenance records and complaints.

Is the service safe?

Our findings

At the last inspection in March 2016 this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People who used the service told us they felt safe living at 145 Kings Road. Comments included, "Of course I do it's where I live." All staff had received training in safeguarding adults as part of their induction and then attended refresher training to ensure they were kept up to date with current guidance and good practice. Staff spoken with were confident about recognising the different categories of abuse and understood their responsibilities to report their concerns. One staff member told us, "We discuss the safeguarding policy and whistleblowing procedures in team meetings and can go to the managers at any time to ask their advice."

The home only stored as required medicines such as Paracetamol. One person held their own medicines. We found medicines were stored and disposed of safely. Arrangements were in place for the return and safe disposal of medicines and excess stock was kept to a minimum. Clear systems were in place for recording when people took medicines whilst at the home or went on holiday. Staff had received specific training to safely carry out medicine administration. All staff who administered medicines had their competency assessed on a regular basis to make sure their practice remained safe and in accordance with the registered provider's policies and procedures.

We found accidents and incidents were recorded appropriately. Where incidents or accidents had occurred these were recorded by staff and actions taken were reviewed. These were recorded electronically and a monthly report was compiled so managers could analyse trends and take action such as additional monitoring of particular people or areas of the service.

A wide range of risk assessments were completed for people. These included falls risk assessments, attending local football matches and working in the kitchen.

People were cared for by suitable numbers of skilled staff who knew people well and met their needs. Staffing levels had been organised for each person dependent on their assessed needs. For example, one person had one to one support whilst at the home but when they went out on activities they were provided with two to one support. Staff told us staffing levels were regularly reviewed and adjusted when needs changed or to accommodate the planning of activities, and other appointments. Staff said staffing levels were sufficient to meet people's needs and to keep them safe.

The registered provider had a policy and procedure for the safe recruitment of staff. We looked at three staff files and found checks had been carried out, prior to people being offered posts. These included identity checks, past employment history, references from previous employers and Disclosure and Barring Services (DBS) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. We saw staff HR processes had been followed when required, and action taken when necessary to help ensure people felt safe with the staff supporting them.

External contractors and the staff team conducted daily, weekly, monthly and periodic checks of such things as the overall condition of the building, fire doors and the alarm panel, electrical items and cleaning matters. Any faults were reported to the registered manager who ensured any required work was completed.

The building was kept clean and well maintained with a pleasant, clean odour throughout. Staff, were trained and followed infection control practices, by wearing gloves and aprons when required. The registered manager discussed infection control in staff meetings and had identified steps they could take to reduce infection risks.

Is the service effective?

Our findings

At the last inspection in March 2016 this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People received care and support from staff who knew them well and had the skills and training to meet their needs. There was a strong emphasis on training and continuing professional development by the registered manager and throughout the staff team. Other agencies spoken with were positive about the service. They told us the staff had a good understanding of the needs of people they supported, and met their needs effectively.

There were clear processes of assessment carried out prior to and in the days following people's admission at the service. This included using information from different sources for example, other healthcare professionals and relatives. Pre-admission information was used to ensure that risk management plans were completed and medicines plans were in place. Following admission to the home, assessments of people's needs relating to all aspects of their care and support were completed.

New staff employed at the home were signed up to complete an induction programme that met the requirements of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Prior to starting work staff completed a programme of learning which included sessions on basic life support, safeguarding adults, health and safety and moving and handling. After six days of classroom based training staff were given shifts working alongside other more experienced staff. This was for as long as the person needed in order to gain their confidence and feel able to work alone. There was a tracker in place for monitoring training which showed that overall staff were 96% up to date with this. One staff told us, "The induction is really good. We're also prompted when we're due to complete updated training. It's put on the rota so we don't get missed."

The registered manager had a supervision and appraisal matrix which showed staff had received these as per the registered provider's policy. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually annually. Staff spoken with told us they were provided with good support from the registered manager and other senior staff. Their comments included, "I have supervision every couple of months, which I find useful" and "I always get supervision and if I identify something I need to discuss, I can just ask and the managers will see me."

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 made on their behalf must be in their best interests and as least restrictive as possible.

The staff members we spoke had undertaken training in this area. They could tell us the implications of the Act and Deprivation of Liberty Safeguards (DoLS) for the people they were supporting. The purpose of DoLS,

which is part of the Mental Capacity Act (2005), is to ensure that someone, in this case living in a residential setting, is only deprived of their liberty in a safe and appropriate way. This is done when it is in the best interests of the person, has been agreed by families and professionals and there is no other way to safely care for them.

People's care records demonstrated their capacity had been assessed when planning care and that DoLS applications, had been made when necessary to the supervisory body. People's rights to make choices about their care and lifestyle was promoted and understood by staff. Best interest discussions had taken place when people had been assessed as lacking capacity to make a particular decision.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care records demonstrated their capacity had been assessed when planning care and that DoLS applications, had been made when necessary to the supervisory body. Three applications had been made regarding DoLS and one was due for renewal.

People's rights to make choices about their care and lifestyle was promoted and understood by staff. Best interest discussions had taken place when people had been assessed as lacking capacity to make a particular decision. Staff were familiar with people's communication methods and used this knowledge and understanding to support people to make choices and to have control over their routines and lifestyle

People told us they received good support with nutrition. Comments included "I like my food and get what I want" and "I enjoy my food." We saw people were offered a choice of drinks and food and staff knew people's likes and dislikes. Where there were concerns about people's weight, we found staff were monitoring this closely and had sought professional advice to reduce the risk of malnutrition or dehydration.

Evidence seen confirmed that people saw medical professionals when needed. One relative told us their family member was supported by hospital consultants. Care plans contained information about people's health so that staff could provide appropriate support. Relatives told us support workers helped them access health appointments and often attended appointments with them to provide information about the person. Care plans held information about people's known allergies and the staff actions required to support people's health.

The design of the building was suitable for the needs of the people living there. The building was bright and well presented. There were sitting areas and dining/kitchen areas and a garden which could be easily accessed. People were able to mobilise safely throughout the building using handrails. People's rooms were clean and tidy and people were able to have a variety of their own possessions and furniture in their rooms. This helped to personalise the service.

Is the service caring?

Our findings

At our previous inspection in March 2016, we rated the provider as outstanding, under the key question of 'Is the service safe?' We found at this inspection the provider's performance no longer met the outstanding characteristics.

We found that the interaction between people and the staff was relaxed and friendly and there were easy conversations and laughter. People who used the service told us they were happy. One person told us, "I like it here".

Staff spoke with people kindly and made sure people were comfortable. Staff were respectful and spoke with people in a considerate way. We saw, and people told us that staff did not hurry people and were caring and patient in their attitude towards people. We saw that caring relationships had developed between people who used the service and staff. Staff knew people's individual preferences and were able to interpret their needs when people were unable to communicate verbally.

Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care and self-expression. Staff observed the right for people to have their own space within their home, for example, asking permission to enter their bedrooms. Bedrooms had been personalised with people's belongings, to assist people to feel at home. One person showed us their room they were very proud of this as a member of staff had decorated it for them with Elvis wallpaper. They also showed mementoes from a trip earlier this year to an Elvis convention where they had spent the weekend accompanied by a member of staff.

People were supported and encouraged to maintain relationships with their friends and family. One person had gone to France for a month to be with their family. Others had regular visits to family homes or their family visited them at theirs. Recently for the Royal Wedding people had sent invites to other Mencap homes as well as family members. We saw from pictures and people told us, there were 'lots of guests'. The registered manager confirmed about 90 guests came to celebrate the Royal event at the home.

One person was in hospital when we inspected. Staff had gone to visit them with their friend who also lived at the home. The person told us they had liked seeing their friend and they were feeling better.

A varied range of activities were made available and we saw staff were proactive in engaging people with individual activities of their preferred choice. For example lunch out, swimming and karaoke. One person chose to mow the grass after they had returned from lunch. Staff helped to plug the cable in otherwise the person carried out the activity with minimal supervision.

We observed that people had the choice to stay in their room or use the communal areas if they wanted to and three people independently took themselves off to their rooms to fetch things to show us or get ready for their day. Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or

having discussions with other staff members about people's care needs.

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristics were appropriately documented in their care plans. The care plans contained detailed guidance for staff to prevent any bullying or harassment from other people living at the home. The staff we spoke with were very clear about their role in protecting someone if necessary and upholding their right to express themselves in this way.

People were mindful of their friends living with them at the home. For example there was a lunch bag on the side and one person asked a member of staff if it was [names] and if so they should drop it off to them at the day centre. Staff found out it was not needed and thanked [name] for reminding them.

Staff had a good knowledge of the people they cared for. They were able to tell us about people's likes and dislikes, which matched what was recorded in people's individual care records. Staff understood how people communicated, and were able to use this knowledge and understanding to respond promptly to requests, or signs of anxiety or discomfort.

The service ensures that people have access to the information they need in a way they can understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. A member of staff said "Everyone is supported to help them understand things."

Is the service responsive?

Our findings

At the last inspection in March 2016 this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Staff were well informed about people's needs. Many of the people using the service had been living there for many years and there was a stable staff team which had enabled them to get to know people in depth and understand their needs and how they liked to be supported.

People's care records provided detailed information about their needs and how they were to be supported. This included in relation to their personal care, their physical and psychological health, finances and social needs. We saw risk management plans fed into the care planning process to ensure people remained safe whilst their needs were met. Care plans were regularly reviewed and updated, including in line with any changes in people's needs or health.

Staff supported people in line with their individual needs including relating to their gender, choices and ability. This included supporting people with relevant women's and men's health screening. Detailed records were kept in relation to any specific health needs. For example dental visits and treatments that were needed.

People had an allocated key worker who led on their support. People met regularly with their key worker and their key worker reviewed the care plans as needed.

Staff supported people to engage in a wide range of activities and to try new things. We saw people had a busy weekly programme of activities which including regular scheduled activities as well as ad hoc sessions where people choose what they wanted to do during those times. We saw the activities included those relating to daily living skills, such as food shopping, as well as physical exercise, leisure activities and attendance at day centres.

On the day of the inspection three people went out with a member of staff. Everyone else was either away or at day services. Two people had a dental check up the third had a 'day off from work', so went along for a ride. After the dentist the carer took one person to day services. We asked them where they had been as they were away for some time. The returning two people happily told us they had been for lunch on the seafront. We asked if it was planned. The member of staff said "No they chose to go there, so we went."

The manager and staff checked regularly to help ensure people were happy with the care being provided, through daily conversations and yearly surveys.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had provided information to people about how to raise a complaint. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the

outcome.

We discussed end of life care with the registered manager. The registered manager told us they planned to speak with people and their families.

Is the service well-led?

Our findings

At the last inspection in March 2016 this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The registered manager had been at the service since November 2017. One staff member told us about the registered manager, "She's brilliant. A lovely manager. Really supportive and she's hands on. She's really helpful." The registered manager was aware of their registration responsibilities and submitted statutory notifications about key events that occurred at the service as required.

An inclusive positive culture had been developed at the service. Staff we spoke with felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development. The staff told us the registered manager was "hands on" and there was a team approach towards supporting people. The registered manager said, "We've got a really good team."

People were unable to provide verbal or written feedback to staff about their experiences of the service. Staff used their knowledge of people and observations of their behaviour to identify what they enjoyed and if they were upset or worried. The findings from the survey were analysed and incorporated into the service's annual review.

The provider continued to have systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks, reviewing medicines management, quality of care records, support to staff and environmental health and safety checks. We saw that when improvements were required these were actioned promptly.

Staff had signed to confirm they had read the provider's policies and procedures. From speaking with staff we identified their knowledge was up to date with good practice.

The registered manager and provider worked with other agencies. This included the local authority and clinical commissioning groups who funded people's care. The registered manager kept representatives from the funding authorities up to date with people's care and support needs and where there were any changes in their health. Staff informed the funding authorities about how funded one to one support was used. The registered manager also liaised with other departments at the local authority in order to support people and their staff, including the safeguarding adult's team and through accessing learning and development opportunities.