Care Quality Commission

Royal Mencap Society

# Royal Mencap Society - 20 Glamorgan Road

**Inspection report**

20 Glamorgan Road
Hampton Wick
Middlesex
KT1 4HP
Tel: 0208 296 8187
Website: www.mencap.org.uk

Date of inspection visit: 16 and 18 June 2015
Date of publication: 07/08/2015

## 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

This was an unannounced inspection that took place on 16 and 18 June 2015.

The Royal Mencap Society Glamorgan Road is a care home in Hampton Wick. The home supports up to nine people who live with a learning disability. The home is managed by the Royal Mencap Society and is situated within the London Borough of Richmond Upon Thames.

The home had a registered manager. 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 and associated Regulations about how the service is run.

# Summary of findings

In June 2014, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

People said the home provided a good service and they enjoyed living there. They chose the group and individual based activities they wished to do. The staff team provided the care and support they needed to do them.

We saw that the home had an inclusive, warm and enabling atmosphere. People were enjoying themselves during our visit. The home was well maintained, furnished, clean and provided a safe environment for people to live and work in.

The records were comprehensive and kept up to date. The care plans contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties well.

The staff we spoke with were very knowledgeable about the people they worked with and field they worked in. They had appropriate skills, training and were focussed on providing individualised care and support in a professional, friendly and supportive way. They were trained and skilled in behaviour that may challenge and de-escalation techniques. They were well trained, knowledgeable about learning disabilities, professional and accessible to people using the service and their relatives. Staff said they had access to good training, support and career advancement.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. They were positive about the choice and quality of food available. People were encouraged to discuss health needs with staff and people had access to community based health professionals, as required. Staff knew when people were experiencing discomfort and made them comfortable.

The management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

# 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.

People said that they felt safe and we saw that they lived in a risk assessed environment.

There were safeguarding and de-escalation procedures that staff followed.

The staff were vetted, trained and experienced.

People's medicine records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Good

**Is the service effective?**
The service was effective.

People's needs were assessed and agreed with them.

Specialist input from community based health services was provided.

Care plans monitored food and fluid intake and balanced diets were provided.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interests' meetings were arranged as required.

Good

**Is the service caring?**
The service was caring.

People felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they preferred to be supported were met and clearly recorded.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Staff provided good support, care and encouragement.

Good

**Is the service responsive?**
The service was responsive.

People chose and joined in with a range of recreational and educational activities. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

People told us that any concerns raised were discussed and addressed as a matter of urgency.

Good

**Is the service well-led?**
The service was well-led.

Good

# Summary of findings

The home had a positive culture that was focussed on people. People were familiar with who the manager and staff were.

The manager and staff enabled people to make decisions by encouraging an inclusive atmosphere.

Staff were well supported by the manager and management team and the training provided was good with advancement opportunities available.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

# Royal Mencap Society - 20 Glamorgan 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 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 was an unannounced inspection and took place on 16 and 18 June 2015.

This inspection was carried out by one inspector.

There were six people living at the home. We spoke with six people, three care workers, the deputy and the area manager. The registered manager was not present during our visit.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for four people using the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We contacted two health care professionals to get their views.

Good

# Is the service safe?

## Our findings

People said they felt safe at the service and in the community. One person said, “I feel safe and the staff are nice.” Another person told us, “I keep my medicine in the cabinet, in my room, staff have the key.”

Staff had received mandatory induction and refresher training in how to identify abuse. We asked staff what abuse was and the action they would take if they thought abuse was happening. Their answers followed the provider’s policies and procedures. During our visit people were given the time they needed and attention to have their needs met. Staff treated everyone equally and fairly.

Staff were provided with safeguarding training, understood how to raise a safeguarding alert and the circumstances under which this should happen. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from.

There were risk assessments contained in people’s care plans that enabled them to take acceptable risks and enjoy their lives safely. These included risk assessments about their health, daily living and social activities. The risks were reviewed regularly and updated if people’s needs and interests changed.

The team shared information regarding risks to individuals including any behavioural issues during shift handovers, monthly staff meetings and as they occurred. There were also accident and incident records kept and a whistle-blowing procedure that staff said they would be happy to use. There were general risk assessments for the home and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained. The home had a de-escalation rather than restraint policy and staff received training regarding behaviour that may challenge. They were also aware of what constituted lawful and unlawful restraint.

The provider had a comprehensive staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people’s communication skills and knowledge of learning disabilities. References were taken up and security checks carried out prior to starting in post. There was also a probationary period. People who use the service were included on the interview panel.

The staff rota showed that support was flexible to meet people’s needs at all times. The staffing levels during our visit met those required to meet people’s needs. This was reflected in the way people did the activities they wished safely. There were suitable arrangements for cover in the absence of staff due to annual leave or sickness. The home had access to bank staff and did not use agency staff. If bank staff was required the home requested staff who had visited before for continuity. They were also provided with individual support summaries and a checklist to help them familiarise themselves with the home and people who lived there.

The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood.

Medicine kept by the home was regularly monitored at each shift handover and audited. The drugs were safely stored in a locked facility in people’s rooms and appropriately disposed of if no longer required. The staff who administered medicine were appropriately trained and this training was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked, fully completed by staff and up to date.

Good

# Is the service effective?

## Our findings

People told us they felt that staff helped them to do the things they enjoyed and wanted to do in their lives. One person said, "I'm going out on Sunday, I haven't decided where yet." Another person said, "I'm going out for a drive in the car, I like that."

Staff were fully trained and received induction and annual mandatory training. The induction followed the Skills for Care 'Common induction standards', was module based over 12 weeks and included an induction pack. New staff spent time shadowing experienced staff as part of their induction to increase their knowledge of the home and people who lived there.

The training matrix identified when mandatory training was due. Training included infection control, manual handling, medication, food hygiene, equality and diversity and first aid. There was also access to specialist service specific training such as epilepsy; dementia awareness, end of life and behaviour that may challenge. People who use the service and staff had also attended a workshop regarding sexuality.

Staff meetings included scenarios that identified further training needs. Quarterly supervision sessions and annual appraisals were partly used to identify any gaps in training. There were staff training and development plans in place.

Staff communicated with people in a clear way that enabled people to understand what they were saying. They were also given the opportunity to respond. The care plans and other documentation such as the complaints procedure were part pictorial to make them easier to understand.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and were authorised. People's 'best interests meetings' were arranged as required and reviewed annually. The 'best interests meetings' took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. Five people had DoLS authorisations in place, that were updated as required and one person had capacity.

The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding the type of support required at meal times. Staff said any concerns were raised and discussed with the person's GP as appropriate. Nutritional advice and guidance was provided by staff and there were regular visits by a local authority health team dietician and other health care professionals in the community. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with.

One person was putting an excessive amount of sugar in their tea. Staff gently reminded them that this was not a healthy option and maybe they should consider using less sugar. There was easy to understand nutritional guidance for people in the kitchen that staff explained.

Health care professionals we contacted after the visit said they had no concerns with the service provided.

Good

# Is the service caring?

## Our findings

During our visit people made decisions about their care and the activities they wanted to do. Staff knew people well, were aware of their needs and met them. They provided a comfortable, relaxed and enabling atmosphere that people enjoyed. One person told us, “Staff are very nice to me and I like living here.” Another person said, “I’ve been very busy today, staff help me when I want it”. A further person said, “I get on well with the staff they are nice.”

People said that the staff treated them compassionately and with dignity and respect. The staff met their needs, they enjoyed life and were supported to do what they wanted to. Staff listened and more than just met people’s needs. People’s opinions were valued and staff were friendly and helpful. This was demonstrated in the care practices we saw during our visit. Staff were skilled, patient, knew people, their needs and preferences very well. They made the effort to ensure people enjoyed their lives. They had also received training about respecting people’s rights, dignity and treating them with respect. The patient approach by staff to providing people with care and support during the inspection, meant that people were consulted about what they wanted to do, where they wanted to go and who with. Everyone was encouraged to join in activities and staff made sure no one was left out.

Staff continually made sure people were involved, listened to and encouraged to do things for themselves. One person was supported to make themselves and us a cup of tea. Other people were supported to make snacks and a packed lunch for work. A lot of activity took place in the kitchen as is normal for most households. Staff facilitated good, positive interaction between people using the service and promoted their respect for each other during our visit. People were free to move around the home as they pleased and there was also a lot of activity in the lounge where people were encouraged to join in what was going on.

Staff expressed themselves at a speed that people could understand and follow. They were aware of people’s individual preferences for using single words, short sentences and gestures to get their meaning across. Staff were also trained in the use of Makaton that made communication easier for some people. Makaton is sign language. One person had developed their own style that was personal to them and staff understood. Staff spent time engaging with people, talking in a supportive and reassuring way that people’s body language indicated was acceptable to them and they liked. There were numerous positive interactions between staff and people using the service throughout our visit. One person said, “We laugh a lot with (staff).”

There was access to an advocacy service through the local authority. Currently people using the service did not require this service.

The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

There was a visitor’s policy which stated that visitors were welcome at any time with the agreement of the person using the service. People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy. This was also the case when we visited.

Good

# Is the service responsive?

## Our findings

People said that they were asked for their views and opinions by the home's manager and staff. They were given time to decide the support they wanted and when by staff. If there was a problem, it was resolved quickly. We saw this happen during our visit. People were supported and enabled to enjoy the activities they had chosen. One person said, "I'm going out for a meal and haven't decided where yet." Another person said, "I've been to college today swimming, it was nice and warm." A further person told us, "I chose the colours for my bedroom do you like them." Another person using the service responded, "They look really nice."

People made their own decisions about their care and support. They said the care and support they got was what they wanted. It was delivered in a way people liked that was friendly, enabling and appropriate. One person told us, "I've been here quite a while and get on well with everyone." Another person said "I can't think of anything we could do better." Someone else said "I do some painting and reading at night, it relaxes me".

People were referred by a local authority that provided assessment information. Information from their previous placement was also requested if available. This information was shared with the home's staff by the management team to identify if people's needs could initially be met. The home then carried out its own pre-admission needs assessments with the person and their relatives. Some people had lived at the home for a number of years and their assessment information had been archived.

There was a policy and procedure that stated people, their relatives and other representatives would be fully consulted and involved in the decision-making process before moving in. They were invited to visit as many times as they wished before deciding if they wanted to move in. They could stay overnight if they wished to help them make a decision. Staff told us the importance of considering people's views as well as those of relatives so that the care could be focussed on the individual. It was also important to get the views of those already living at the home. During the course of these visits the manager and staff would add to the assessment information.

Written information about the home and organisation was provided and there were regular reviews to check that the placement was working. If there was a problem with the placement, alternatives would be discussed, considered and information provided to prospective services where needs might be better met.

People's needs were regularly reviewed, re-assessed with them and their relatives and care plans updated to reflect their changing needs. The care plans were individualised, person focused and developed by identified lead staff and people, as more information became available and they became more familiar with the each other. The care plans contained personal information including race, religion, disability, likes, dislikes and beliefs. This information enabled care workers to respect people, their wishes and meet their needs. They were comprehensive and contained sections for all aspects of health and wellbeing. They included care and medical history, mobility, dementia, personal care, recreation and activities, emotional needs and behavioural management strategies.

The care plans were part pictorial to make them easier for people to use. They had goals that were identified and agreed with people where possible. The goals were underpinned by risks assessments and reviewed monthly by keyworkers who involved people who use the service. If goals were met they were replaced with new ones. The care plans recorded people's interests and the support required for them to participate in them. Daily notes identified if the activities had taken place. The care plans were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify further activities they may wish to do. There were also individual communication plans and guidance. If people had to visit hospital, a 'Hospital passport' was provided and they were accompanied by staff. A hospital passport provides information about a person for the hospital.

Activities were a combination of individual and group with a balance between home and community based activities. Each person had their own weekly individual activity plan. During our visit one person had returned from working at a garden centre. Another person had a cleaning job. The person said, "I've been to work cleaning this morning." The activities that took place included keep fit to music, hand massage, sensory sessions, cycling group, college cookery course and disco at the Gateway club. People had been on a river trip two weeks before our visit. Singing groups such

Good

# Is the service responsive?

as 'Us in a bus' also visited regularly. People improved their life skills by taking responsibility for tasks such as putting out the rubbish, clearing the table after meals and keeping their rooms tidy.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them and was part pictorial to make it easier to understand. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns. Any concerns or discomfort displayed by people using the service were attended to during our visit.

Good

# Is the service well-led?

## Our findings

People told us the manager was approachable and made them feel comfortable. One person said, “The manager and staff always listen to me.” During our visit there was an open, listening culture with staff, the deputy and area manager taking on board and acting upon people’s views and needs. It was clear by people’s body language and conversation that the regional manager was well known to them and visited regularly.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk to them in a demeaning way.

There were clear lines of communication within the organisation and specific areas of responsibility that staff had and that they understood.

Staff told us the manager was very supportive. Their suggestions to improve the service were listened to and given serious consideration. There was a whistle-blowing procedure that staff told us they had access to and said they would feel comfortable using. They said they really enjoyed working at the home. A staff member said, “This is a good organisation that provides service specific training”. Another member of staff told us there was, “We get good effective support.”

The records we saw demonstrated that regular quarterly staff supervision and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required.

Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained key performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled any required improvements to be made.

The home used a range of methods to identify service quality. These included daily, weekly and monthly manager and staff audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were also monthly audits by managers from other homes in the organisation, on a rotational basis. Comprehensive shift handovers took place that included information about each person.

Weekly home meetings took place where people could voice their opinions and give their views. This was also used as an opportunity for them to plan their menus for the forthcoming week.