

Leeds Mencap

Leeds Mencap - The Rookery

Inspection report

The Rookery
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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

Leeds Mencap- The Rookery is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Leeds Mencap-The Rookery provides a service for 12 people who have a learning disability and is situated in a residential area close to Chapel Allerton in the north of Leeds. At the time of our inspection, 12 people were using the service.

The care service was developed and designed many years ago. However, the provider ensures the service is 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.

At our last inspection on 22 December 2015 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place 21 and 22 March 2018. The inspection was unannounced on the first day; this meant the staff and provider did not know we would be visiting. We also made telephone calls to people's relatives on 22 March 2018.

Why the service is rated good:

A registered manager was in post. 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.

People remained safe at the service. People were protected by safe recruitment procedures which helped to make sure only staff suitable to work with vulnerable people were employed. Staff told us there were enough staff available to meet the needs of people and support them with any activities or trips out. Staff had received safeguarding training and risk assessments and management plans had been developed when needed to reduce the risk of harm occurring. People received their medicines safely and staff were suitably trained. Staff promoted good infection prevention and control practices.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. All staff had completed a range of training such as safeguarding and new staff completed the Care

Certificate (a nationally recognised training course for staff new to care). Training records needed to be updated to clearly show all the training staff had completed. The registered manager had an action plan in place to ensure this happened.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. People's health was monitored by the staff and they had access to a variety of healthcare professionals. This helped ensure people's healthcare needs were met. People's nutritional needs were met. People told us they enjoyed the food and menus were varied.

People told us they liked the staff that worked at the home. Staff treated people with kindness, respect and compassion. People were treated with dignity and their choices were respected by staff. People's independence was promoted. There was a wide range of activities available for people both in the home and in the community. People were supported to maintain friendships outside of the service.

Care records were detailed, person centred and held full details on how people liked their needs to be met; taking into account people's preferences and wishes. People's care and support was based on best practice guidelines; helping to ensure the best outcomes for people.

People, staff and relatives spoke positively about the management team. Quality assurance systems were in place to monitor and continually improve the quality of the service provided. Policies and procedures were in place and were kept under review. Feedback was obtained from people who used the service, their families and representatives. There was a procedure to help people to complain if they wanted to.

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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 has improved to Good.

People were protected from abuse and risk assessments were in place which showed how risks to people were minimised.

People's medicines were managed safely.

There were sufficient numbers of staff to help keep people safe and meet their individual needs.

The premises maintained people's safety and any accidents and incidents were monitored for patterns or trends.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

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 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 comprehensive inspection took place on 21 and 22 March 2018. It was unannounced on the first day and was carried out by one inspector.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We contacted the local authority, other stakeholders and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met and spoke with all the people who used the service. Some people were not able to verbalise their views and used other methods of communication, for example pictures or sign language. We observed the interaction between them and the staff. We spoke with two relatives by telephone. We also spoke with six staff, the deputy manager, the registered manager and the provider's chief executive officer.

We spent time looking at documents and records related to people's care and the management of the

service. We looked at three people's care plans and three people's medicines records.

Is the service safe?

Our findings

At the last inspection on 22 December 2015 we found the service was not always safe. We found systems in place to monitor patterns and trends of incidents/accidents and safeguarding matters were not fully effective. There were also some concerns regarding the safety of the premises as window restrictors were not in place and risk assessments had not been undertaken regarding their use. The overall rating for this key question was requires improvement. At this inspection we had no concerns and found the required improvements had been made. The rating for safe was now found to be good.

People told us they were happy at the service and felt safe. One person said, "I like it here; this is my home." Another person said, "Its great here; we all get on well and have a laugh." We saw everyone was comfortable, happy and relaxed with the staff that were supporting them. Staff all agreed people were safe, with one saying; "We keep people safe, we are trained to do so; but we also encourage people to take responsible risks and have a normal life." Risk assessments had been completed to ensure people were able to receive care and support with minimum risk to themselves and others.

People were protected from abuse and avoidable harm as staff had completed safeguarding training and understood the provider's safeguarding policy. Staff said they felt confident any concerns of abuse would be acted upon swiftly by the registered manager. One staff member said, "[Name of registered manager] would not tolerate any wrong-doing here." There was a safe system of recruitment in place. The provider completed pre-employment checks before they offered staff employment to ensure people were protected from the risk of unsuitable staff being employed.

There were enough staff to support people. Throughout the inspection we saw staff supporting people, meeting their needs and spending time socialising with them. Staff told us they had no concerns about staffing levels. People's relatives said they always found there were sufficient staff available when they visited. One relative said, "Always someone there for [Name of person]; and the staff make time for us too."

There were safe systems in place for managing people's medicines. We found people received their medicines as prescribed and medicines were stored safely and securely. Medicines management policies and procedures were in place. Records showed staff were trained in the safe administration of medicines and had their competency to administer medicines checked. We saw staff supported people to take medication in their own time and did not rush them. We looked at three people's medication administration records (MARs). MARs had been completed fully to show people received their medicines as prescribed. Some people were prescribed 'as and when required' medicines or creams. We found some guidance for these medicines was in place but needed more personalisation regarding people's individual needs for these medicines. The deputy manager addressed this during our inspection by updating the records or contacting a GP to clarify instructions on one person's medicine.

Accidents and incidents were recorded and any action to prevent future re-occurrence was taken. For example, a person's falls had reduced following a medication review. The registered manager worked hard to learn from incidents and ensured people were safe. People lived in an environment which the provider

had assessed to ensure it was safe and secure. People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. We found the home to be visibly clean in all areas.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. Staff were competent in their roles and had a very good knowledge of the people they supported which meant they could effectively meet their needs. People had their care and support needs assessed. The registered manager explained people's care and support needs were assessed prior to them moving into the service. Records we looked at confirmed this.

People's relatives told us staff were well trained. Comments we received included; "They always seem very knowledgeable to me; I have no doubt the training is good" and "I have only seen good practice, never anything that makes me doubt the staff." All the staff we spoke with said they had received enough training to care for people effectively. Staff received an induction into the service when they first started working there and relevant training had been provided. Staff told us they felt confident in their skills. There was a rolling training programme in place to ensure refresher training was completed and staff's skills remained up to date. This included; person centred care, health and safety, first aid, moving and handling, safeguarding adults and food safety. The training plan record was not up to date. The registered manager was aware of this and had an action plan in place to ensure this would clearly show the training all staff had completed.

Staff told us they were supported well by the provider and management team. Records showed staff received regular supervisions and an appraisal every year. The registered manager was aware the frequency of supervision was not always carried out as often as the provider's policy stated. To address this they had introduced a new system; 'record of conversations' which would enhance the system of supervision. We saw when any performance concerns had been identified; action had been taken to address them.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted appropriate DoLS applications and had systems in place to check on those waiting to be authorised. Staff understood why these safeguards were in place and how they helped to keep people safe.

We checked whether the service was working within the principles of the MCA. We saw people's decision making ability was assessed and monitored. Consideration had been given as to how staff needed to support each person to make their own decisions. For example, giving people time to express themselves. Where decisions had been made on behalf of people we saw the MCA process had been followed and best interest decisions made were clearly recorded. Staff understood the importance of the MCA in protecting people and the importance of involving people in making decisions. Consent to care was sought in line with guidance and legislation.

People had enough to eat and drink and maintained a well-balanced diet. Everyone we spoke with made positive comments about the cooking and quality of meals. People were supported to regularly cook their own meals and told us they enjoyed this. They said they shopped for their own ingredients and it was their choice what they cooked. At meal times, staff were well organised and assistance was given in a caring way with plenty of positive interaction between people and the staff. People were encouraged to be as independent as possible and were not rushed. Food looked appetising and people told us they enjoyed it.

People had good access to health care professionals. Care records included a 'Health Action Plan'. This contained important information about what the person needed to maintain and improve their health. The service also used a 'Hospital Passport.' This included important information about each person's support needs and medical conditions and would be given to health care professionals if the person needed to go to hospital. This would make sure healthcare staff had the information they needed to care for and support the person in the way they preferred. The registered manager told us they had recently joined a community health library where they could loan resources to help promote awareness of good health. They told us a person who had fears over health professional visits had been helped to overcome them by the use of videos explaining what to expect at certain appointments.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area. People were comfortable with the staff working with them and there was a busy, happy and vibrant atmosphere in the service.

People who used the service said they liked the staff and they were kind and caring. People told us, "I like all the staff", "Staff are nice; they are my friends" and "We have good staff." People's relatives were very complimentary about the staff. One relative said, "They [the staff] are wonderful; excellent people, can't do enough for you. They look after [name of relative] so well. I have complete peace of mind." During the inspection we observed many interactions between staff and people living in the home. These were all calm and cheerful. Some people responded to gentle humour, people were treated with kindness, respect and compassion. It was clear staff had developed good relationships with people. We saw staff treated people as equal partners which showed how much they valued people who used the service.

We saw staff were patient and knew people well. We asked staff to tell us about some of the people living at the service. They showed us they knew them well, both their care needs and as individuals. They knew about people's family and their preferences, what food they liked and what activities they enjoyed. This showed us staff genuinely cared about the people in their care. Staff respected people's dignity and privacy. They knocked on people's doors prior to entering their rooms. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. Some people chose to lock their own rooms and staff respected this.

People's independence was promoted. For example, staff encouraged people to participate in preparing meals and doing their own washing. Staff did not rush people and it was all done at the person's own pace. People told us they were encouraged to be as independent as possible and they welcomed the support they received to achieve this. One person said, "I like to do my own room with the staff; keep it nice." A person's relative told us they had been astounded by the level of independence their family had achieved. They told us, "I would never have thought it possible that [name of person] would be doing their own washing and cooking; and enjoying it." Care records we reviewed contained detailed information about how staff could support people's independence.

The service had introduced 'theme nights' to raise people's awareness of other cultures and to celebrate events such as, Chinese New Year and St Patrick's Day. We saw art work and photographs displayed in the service to show festivals and holidays from all faiths were celebrated.

We found care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information. The provider had policies in place in relation to protected characteristics under the Equality Act 2010. Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Information was available about the use of advocacy services to help people have access to independent sources of advice when required.

Is the service responsive?

Our findings

At our previous inspection we found the service was responsive. At this inspection we had no concerns and the service continued to be good in this area.

People's relatives told us the staff were responsive to their family member's needs. One relative said, "They have really got to know my [family member] well; and I am pleased with everything." Another relative said, "The staff take an interest in all aspects of [family member's] life and make sure [family member] gets everything they need."

People's care records were person-centred and held detailed information on how people wanted their needs to be met. People's care plans were personalised and contained information to guide staff to provide care and support along with information on people's likes and dislikes. In addition to full care plans there was a one page profile which included information on people's communication needs. This meant new staff had the information on how to communicate with people as they wanted, and knew what was important to people. Staff had a good knowledge of people they cared for and were able to tell us how they responded to people and supported them in different situations. Care records identified if the person had specific wishes about how they wanted to be cared for at the end of their life.

People told us they were involved in developing their care records and in reviewing the support they received. People, and where appropriate their relatives, were involved in the development of these records. Information about people was reviewed regularly and we saw changes were made if needed. Annual person-centred reviews were held with people who used the service, family members and other social care professionals. These were recorded using easy words and pictures to enable better participation and understanding for people who did not read. We saw a social care professional had completed a compliment slip after attending a review. They said they had found the review engaging and noted the positive involvement of the person who used the service. We saw that throughout the home there was pictorial and easy read information about activities and events available.

People had access to a wide range of activities both in the home and in the community. People told us they were very happy with the activities on offer. Activities were planned and organised to take into account people's preferences and abilities. People went on holiday, enjoyed shopping and local community activities and attended a night club night. Some people accessed work placements and undertook voluntary work. They spoke with a sense of pride about how much they enjoyed this. It was clear the work was an important aspect of their lives. They told us the staff had supported them to make sure they were safe when travelling independently. The home had Wi-Fi throughout which people could access; the registered manager told us some people who lived at the home used this to communicate with relatives and friends via email and social media.

The registered manager told us they were planning to improve the service by focussing on ways for people to be engaged within the local community. They said they were looking for opportunities for people to make and form friendships with people in the community and rely less on paid staff support. The registered

manager said they had started this work with the support of a local church; one person who used the service was now serving on the altar at Sunday services. They were also working with the provider's volunteer coordinator and were looking at ways to become involved in community groups such as the gardening and allotment association.

There was a complaints procedure and a system was in place to log any complaints received. The service had received no complaints. People who used the service knew how to make a complaint. People said, "I would tell staff" or "I would go and see [name of registered manager]".

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager spoke passionately and enthusiastically about the service and the support they provided to people. They had worked at the home for many years and knew people who used the service very well. They were open, transparent and person-centred. The registered manager was aware of, and understood their regulatory responsibilities.

The registered manager was supported by a deputy manager. People who used the service, relatives and staff spoke highly of the management team. Everyone we spoke with told us they knew the registered manager and liked the way the home was run and organised. People who used the service said, "I like [name of registered manager]; always helps us" and "[name of registered manager] is great." Relatives told us they found all the management team approachable. One relative said, "I have every confidence in them, no concerns at all."

Staff told us they enjoyed working at the service and said there was a positive team working culture. They said the management team were all approachable, good listeners and open to suggestions. Staff said they felt valued and able to contribute to the running of the service. They also said they were provided with good guidance and knew what was expected of them. All the staff we spoke with said the registered manager put people who used the service at the centre of everything. One staff member said, "[Name of registered manager] puts people who live here first; just as it should be. It's people's home and we must respect that."

We found there were good systems of weekly, monthly and annual quality assurance checks and audits. These were used to monitor the quality of the service provided and look for any improvements that could be made. Senior managers also visited the service to check and report on standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the service, staff and the registered manager during these visits. We saw where quality checks highlighted areas for improvement there were action plans in place to drive change and ensure improvements were made.

The service worked well with other agencies and services to make sure people received their care in a joined up way. This included working with community learning disability teams, GPs and occupational therapists.

People and their relatives, staff and other stakeholders were asked to provide feedback on the service. Satisfaction questionnaires had been distributed in October 2017. The results showed a high degree of satisfaction with the service. The results were displayed in the entrance of the service and provided details of the action taken as a result of any comments made.

We saw people were actively involved in the running of the service. People contributed to the recruitment of staff and were supported to do this with easy read or picture documentation. People also assisted staff in completing health and safety checks in the service. The registered manager said this helped raise people's awareness on keeping safe and also gave people a sense of pride in their home. Regular 'residents meetings' took place where people chose the menus and activities they wanted to do. They were also able to raise any concerns through a committee meeting that was facilitated by an independent volunteer.