Royal Mencap Society

Royal Mencap Society - Woodlands Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 31 may and the 1 June 2018 and was unannounced. At our last inspection on 09 February 2017, the service was rated requires improvement with a breach of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because the provider had not insured people were safe from risks to their health and welfare associated with the way that medicines were managed. At this inspection, we found that the provider had taken the required action to address these shortfalls and were meeting the required standards.

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. However, we noted that further improvements were required.

Royal Mencap Society – Woodlands Residential Home is a residential care home that provides accommodation, care and support for up to eight young people living with a learning disability. There were eight people living at the home at the time of this inspection.

The home consisted of one large detached Bungalow. Each person had their own personalised bedroom with en-suite facilities, In addition to its eight bedrooms; the spacious property has two bathrooms, kitchen, lounge, dining room, conservatory and laundry room. The manager's office is located within the bungalow. The home is conveniently located about fifteen minute walk to the town.

There was not a registered manager in post. 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 manager had made an application to register with CQC.

There were policies and procedures in place to protect people from the risk of infections. However, there were no cleaning schedules to ensure infection control was maintained.

People had access to the community and were supported with activities. However, we found that more involvement was required to ensure people's interest and goals were supported

When care plans were updated with changes to people's support needs old documentation had not been removed.

People`s medicines were managed safely by staff who had their competencies assessed.

People felt safe living in the home and staff received appropriate training in how to keep people safe.

Staff received training and appropriate support from the managers to carry out their roles effectively.

There were enough staff employed through robust recruitment procedures to meet people`s needs effectively.

People and families where appropriate were involved in the development and review of their care and support,

People were involved in daily tasks around the home like cleaning, laundry, cooking and baking. Staff supported people to access the community.

We observed people enjoying their food and staff offered people choices.

People and staff were positive about the management of the service. There were systems in place to ensure the quality of the service was monitored and improved where required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Cleaning schedules were not in place and infection control procedures were not always followed.

People were supported to take their medicines safely by trained staff.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

Is the service effective?

Good

The service was effective.

People had their capacity assessed and best interest decisions completed to promote people's choice.

People's wishes and consent were obtained by staff before care and support was provided.

People were supported by staff that were trained to meet people's needs effectively.

People were provided with a healthy balanced diet which met their health needs.

Is the service caring?

Good

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People and their relatives were involved in the planning, delivery

and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People's confidentiality of personal information had been maintained.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

When care plan was were updated with changes to people's requirements the previous information was not always removed.

People were supported to maintain social interests and take part in activities. However, we found personal interests were not always developed and individual goals set.

People received personalised care and their preferences and personal circumstances.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

We found there had been many changes to staff and managers in a short period. The provider had an improvement plan in place that needed time to be embedded to show sustainability.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

People and staff were positive about the manager and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

Royal Mencap Society - Woodlands Residential Home

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 31 May and 1 June 2018 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events, which the provider is required to send us.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the communal areas. We observed interactions and the support offered to people throughout the inspection.

During the inspection we spoke with three staff members, the assistant manager, area manager, quality coordinator and the manager. We observed and spoke with people who used the service. People we spoke with were unable to respond to all our questions We looked at care plans relating to three people who used

the service and three staff files. We also reviewed a range of relevant documents relating to how the service operated, including monitoring data, training records, complaints and compliments.

Requires Improvement

Is the service safe?

Our findings

At the last inspection 09 February 2017, we found that the provider had not ensured the safe management of medicines. At this inspection, we found that the provider had taken the required action to address these shortfalls and were meeting the required standards in respect of medicines.
However, we found in one person's medicine cabinet that some creams opened by staff did not have an opened date recorded as required. The manager confirmed they would be addressing this with staff.

There were suitable arrangements for the safe storage and management of people's medicines. People were supported to take their medicines by staff that was properly trained and had their competency assessed. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. The manager monitored and audited medicines regularly.

Staff told us they cleaned the home regularly and we observed staff completing cleaning tasks. Staff on duty had access to sufficient equipment and materials required to complete tasks. However, we found there was no cleaning schedule in place to ensure all areas of the home were cleaned regularly. We noted the hallway carpet was heavily stained. Both communal bathrooms had issues with the condition of the flooring that meant staff could not clean the floors adequately to prevent the spread of infection. There was a metal holder attached on the shower wall that was rusty and needed replacing. We showed all these issues to the manager. The manager demonstrated that issues with the flooring had already been identified. These issues were a part of the providers planned improvement works. The manager confirmed they would be reintroducing a cleaning schedule.

We also noted there was no signage for staff about the colour-coded system used to manage infection control. This is important, for example. A mop used for cleaning toilet areas should not be used in a kitchen area. This prevents the risk of cross contamination. We spoke to the manager about this, they immediately had signs printed and displayed. We found in one of the bathrooms a mop had been left behind the bathroom door, not in a bucket but resting on the floor, this was not good practice; we also noted the wrong colour mop was used. This did not promote good infection control. We looked in the laundry room and found another used mop resting on the floor. This required improvement.

During the inspection, staff tested the fire alarm as part of the weekly checks and we noted all fire doors closed automatically. People had individual evacuation plans in place and staff confirmed and we saw evidence of practiced evacuations. Staff we spoke with knew what to do in the event of a fire. However, we noted that weekly fire checks were not always completed. We noted the staff member completing the fire check was unable to turn the fire alarm off, they followed the guidance displayed on the wall and had entered the required code but this did not work. The manager came to assist and turned the alarm of, the explained that the system had changed and removed the procedure on displayed as this was incorrect. Another staff member confirmed they had not received an update about these changes and would not have known how to turn the alarm off. This required improvement.

People's relatives we spoke with felt that people were safe at Woodlands. One relative said, "Oh yes I have

every confidence [relative] is safe. The staff are really good." Another relative commented, "I'm comfortable that [relative] is safe it is good home."

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, were prominently displayed throughout the home. Information was also made available in an 'easy read' format that used appropriate words and pictures to help people understand. We spoke with staff about how they ensured people are safe. One staff member said, "We follow all the guidance in people's care plans. We check the surroundings to ensure it's safe and that there are no trip hazards." They also confirmed that they would report any concerns they had to their manager. Another staff member said, "it is important to report any concerns." Staff we spoke with were aware of the signs of abuse and the importance of reporting and documenting any concerns they found. All staff we spoke with knew how to escalate concerns if required.

Safe and effective recruitment practices were followed to help ensure that all staff were of good character, and physically and mentally fit for the roles they performed. All staff had been through recruitment procedures that involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service. We saw references were verified by the manager.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. Staff felt there was enough staff to meet people's needs. One staff member said, "There is enough staff." Another staff member said, "Yes I feel there are enough staff here and when we have agency staff they are usually the same agency staff." The manager had a system in place to ensure that there were enough staff to meet people's needs and the skill and gender mix met people's preferences and needs.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, we saw in one person's care plan that the frequency for the person to be weighed had changed. This was due to the progress the person had made and demonstrated peoples changing needs were reviewed. People had risk assessments in place to keep them safe. Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the manager to ensure that people changing needs were addressed and that reoccurring patterns were identified.

Good

Is the service effective?

Our findings

Staff felt supported by the manager and were actively encouraged to have their say about any concerns they had in how the service operated. Staff attended meetings and discussed issues that were important to them. A staff member commented, "I feel supported here, we have good team work and the manager is very supportive. They are very hands on."

Staff received supervisions where their performance and development were reviewed. Staff confirmed that the service had improved and felt a better place to work with the new manager in place. The manager confirmed that there had been some instability and that in April 2018 had held a team day event to develop a plan for moving forward. The area manager described it as drawing a line in the sand. Staff felt positive about the changes and felt supported and listened to by the manager.

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. We checked whether the service was working within the principles of the MCA and found that they were.

Staff received training about the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. They were knowledgeable about how these principals applied in practice. Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member said, "Everyone has the capacity to make choices even if that's through trial and error." They went on to explain that this technique is used to establish what people like or dislike when they communicate through their responses. Throughout our inspection, we saw that staff sought to establish people's wishes and obtain their consent before providing care and support.

One staff member commented, "Choice is important it empowers people, it's important to involve people in all aspects of their life. It can be hard as it is difficult for some of them to communicate their choices and we know them well and have learnt from trial and error. We use pictures and show choices to help." Staff also confirmed the importance of independence one staff member commented, "It's important to let [people] do what they can for themselves. It would be quicker to do it but it is important to promote their independence and dignity."

Throughout our inspection, we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. The guidance provided to staff showed that people, their relatives and, where appropriate, social care professionals, had been consulted about and agreed to the care provided. A relative told us, "I have been involved with [relatives] care." Another relative confirmed that they have been involved in the reviews of their relative's care.

Some people who lived at the home were either unable to communicate verbally or had limited means of communication available. Staff worked closely with them and their relatives to learn and understand how to communicate effectively in a way that best suited their individual needs. We saw that staff used a variety of appropriate and effective techniques, both verbal and non-verbal, to communicate with people they clearly knew very well, Guidance provided to staff contained detailed information about how to communicate with people effectively in order to establish their views and obtain consent.

People who lived at the home, their relatives and social care professionals were very positive about the skills, experience and abilities of the staff. One professional we spoke with confirmed the staff were professional and they had no concerns. Staff received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. For example, Staff received training for epilepsy. A staff member said, "The training is good, I recently completed my training for epilepsy."

New staff were required to complete an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines and first aid. Staff we spoke with told us they felt the training was good. A staff member said, "The training is good we have people come here and give the training."

Staff supported people to eat healthy meals and had their likes and dislikes noted in their support plans. Staff asked people what they wanted to eat and offered daily choices. However, staff confirmed if a person did not like the food presented they could choose an alternative. The staff were aware of people special diets and dietary needs and worked closely with the speech and language teams and dieticians to ensure people's dietary needs were met. We saw people were given support to eat where required and this included adaptive cutlery to promote people's independence. We observed that people enjoyed the food they ate.

People received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required.

Good

Is the service caring?

Our findings

We saw that staff cared for and supported people in a kind and compassionate way. Staff demonstrated they understood key words and gestures people used to express themselves.

Staff supported people with dignity and respected their privacy. Staff were able to tell us how they promoted people's dignity and respect. We observed staff knocking on people's doors and asking permission to give their support. Staff were always present to respond in a calm and positive way. One staff member said, "I like it here, people are looked after well here."

We observed one person who had become anxious due to an incident. We observed the staff responded and communicated to the person in a tone that was calm and caring staff reassured the person and within minutes had resolved the situation. The staff member explained what had caused the anxiety and this demonstrated how staff knew and understood the people they cared for and were professional in their response. One relative said, "[Relative] is really happy there and they always want to return to the home."

We saw that staff had developed relationships with people they supported. Staff were able to describe people's different characteristics and support they required. We observed staff had time to stop and listen to the people they supported and this included the manager. We also noted one person enjoyed popping in to the manager's office and this was not a problem as the manager commented, "This is their home." Relatives we spoke with confirmed that they had been involved with the decisions around the care provided and this had happened with social workers present to ensure people had a voice.

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. Information about advocacy services was made available to people and their relatives should this be required.

Requires Improvement

Is the service responsive?

Our findings

Care plans were personalised and captured the individual well and all the details that mattered to that person were included. For example, their likes and dislikes, individual cultural and religious needs. The care plan also included people's reviews and risk assessments. People's care plans included a one-page profile that gave a quick picture about the person. However, we noted that when the care plans were updated with changes the previous information was not always removed. This meant that the information in the care plan was not always correct. However, staff we spoke with were aware of the correct information and this was a documentation issue. We discussed this with the manager who agreed to remove the old information.

We found that staff did not always explore people individual interests. For example, one person's profile we looked at noted they loved aeroplanes and would love to go to an air show. We found staff had not supported the person with this interest. One relative we spoke with told us they felt that their relative would benefit from more activities and they had this discussion with the previous managers. They went on to explain that their relative had a specific interest and staff had not developed this interest.

We found that people could benefit with the development of the key worker role to explore and encourage people's growth and to develop people's interests and goals. For example, one person due to their complex needs preferred to stay in one particular area. When we asked how staff supported and stimulated their experience, we found that staff had not explored this area. We discussed this with the manager at the time of the inspection. At the last inspection, there had been the development of a sensory room in the conservatory. However, this was not developed further and was used more as an office. The manger confirmed that this was not a sensory room but they had plans to develop this room for people who lived there.

People who used the service were allocated a Keyworker who would be involved in the review of the care plans and would support the person with achieving goals and their activities. However, we found that this was a work in progress; the manager confirmed it was not where they wanted it to be but they felt this would be up and running by July 2018. People needed to have the support to develop as an individual and although staff were taking people out in to the community and ensuring activities were happening, these needed to be more person centred and reflect the persons own goals and interests.

We found that staff supported people to attend their day care centres. Staff supported people with activities and accessing the community. We looked at people's activities and found people were supported with lots of different options that included Support with meal preparation including baking and cooking to promote their independence. We saw one person who returned home from there day centre. They asked staff to check there monies. The staff member did this in the privacy of the person's own room. With their permission, we observed the staff member checked the change against the receipts. This demonstrated the person was supported to be independent checks were in place to ensure they were safe. We saw staff took people for trips out to the river to feed the ducks, bowling, helping with maintenance at the home and gardening, puzzles, sing-a-longs, picnics, eating out, going to the pub, massages and manicures, exercising and physiotherapy activity.

Requires Improvement

Is the service well-led?

Our findings

One relative we spoke with told us they did not know who the manager they told us this was part of their concerns because the management structure had consistently changed. They commented, "They [staff] have had a lot of changes." Another relative said, "It's been hard to start new relationships and get agreements in place." They explained that they spoke with one manager and then they changed and that this concerned them. Although they felt, their relative was safe and the staff were excellent. The manager confirmed they were continually recruiting.

Staff we spoke with confirmed they felt positive about the recent changes with the new manager. One staff member said, "At the moment it is a good place to work. It has been rough the last year, we have had a lot of staff leave and managers. The manager confirmed there had been changes to the management system and the regional operations manager confirmed in an email that there had been some management changes within the service in a very short space of time.

There is now an assistant manager receiving development in the role to provide further support to the manager, staff and people who used the service. The manager attends the service three days a week and they are in the process of registering with CQC. However, this will not be permanent and the provider intends to place a permanent manager into the service when they find the right candidate.

Because of the changes within the service a decision to complete a health check was taken by the provider, this looked at all areas of the home to identify any areas that may require improvement. On completing the review, the provider had identified a number of issues and implemented an improvement plan. The manager, quality coordinator and area manager confirmed they were happy with the progression of the improvements and acknowledged this was still on going. The managers confirmed they had made improvements. For example, they had found that staff were not completing the required documentation as required. The manager confirmed that this is much better now. We saw that staff were completing documents as required.

However, we noted that old information kept in care plans conflicted with the guidance that had changed in updates that were more recent. We reviewed the improvement plan and it was evident many of the changes required had been completed. The manager and staff were working towards improving the service and experience for people who lived there.

People and their relatives and staff were supported to express their views about the service. Staff confirmed that the manager was approachable and listened to suggestions and ideas. It was clear that people knew the manager and we observed they spent time talking to people and their interactions demonstrated they knew people well.

Staff felt that the management team were approachable. They told us they were confident that the manager would listen and act on any concerns they had. One staff member said, "I feel supported here." We saw that staff took opportunities to engage with people and staff knew their responsibilities and felt the training they

received supported them to provide appropriate care and support.

There was a programme of redecoration to improve the quality of the environment for people. We noted that the manager had recently had the lounge area decorated. People's rooms were personalised. The manager was able to demonstrate that people and their families were involved to support people's choices. One person was involved with some of the painting and helped put the telly on the wall with support.

The manager understood the importance of providing information to the Care Quality Commission (CQC) both when we ask for it and when it is required by law.

We saw there were systems in place to monitor and improve the service. Managers completed audits in areas such as medicines, care planning and health and safety. The manager told us that they carried out regular checks of the environment, performance of staff and quality of care and support provided.

The manager felt supported and received support from their area manager and they had regular meetings to support learning. They also met with other local managers to discuss ideas and share knowledge. The registered manager said, "I do feel supported I know if I need something can call or email people for support." The manager told us they had received supervisions and felt listened to and supported. They also confirmed that they received updates from the provider via email and they used web sites such as CQC to ensure they were abreast of best practices.