Care Quality Commission

Royal Mencap Society
Churchfield Avenue

Inspection report

21-23 Churchfield Avenue
Sawston
Cambridgeshire
CB22 3LA
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Churchfield Avenue is registered to provide accommodation and non-nursing care for up to nine people who have a learning and physical disability. At the time of our inspection there were nine people using the service.

A registered manager was not in post at the time of the inspection and there had not been a registered manager since 19 November 2014. 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. Recruitment of a permanent manager was in progress when we visited the home.

At our unannounced inspection on 18 June 2014 the provider was meeting the regulations that we had assessed against. The inspection of 07 July 2015 was unannounced and was carried out by one inspector.

People were safe and staff were knowledgeable about reporting any incident of harm. People were looked after

Summary of findings

by enough staff to support them with their personal care and safety needs. However, there were times when there were not enough staff to provide people with one-to-one quality care to support them with their individual choices. Pre-employment checks were completed on staff before they were judged to be suitable to look after people who used the service. People were supported to take their medicines as prescribed and medicines were safely managed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access a range of health care services and their individual health needs were met.

People were supported by staff who were trained and supported to do their job, which they enjoyed.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Some DoLS applications had been made to the appropriate authorities to ensure that the rights of people's rights were protected. Other DoLS applications were in progress although people had not had their mental capacity assessed to justify why the DoLS applications were to be made.

People were treated by kind, respectful and attentive staff. They and their relatives were involved in the review of people's individual care plans.

Support and care was provided based on people's individual needs and they were supported to maintain contact with their relatives and the local community. People took part in a range of hobbies and interests. There was a process in place so that people's concerns and complaints were listened to and would be acted upon.

Following the last registered manager, a manager was appointed but they had left before they became registered with the CQC. Interim management arrangements were in place whilst a permanent manager was recruited. Staff enjoyed their work and were supported and managed to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken as a result. However, due to current staffing numbers, people's suggestions were not always acted on. Quality monitoring procedures were in place and action had been taken where improvements were identified.

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 were given their medicines as prescribed and there were systems in place to ensure that medicines were recorded correctly.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people's health and safety needs were met by enough suitable staff.

Good

Is the service effective?
The service was not always effective.

Mental capacity assessments were not consistently in place to show how people's rights were protected from unlawful decision making processes.

Staff were supported and trained to do their job.

People's health and nutritional needs were met.

Requires improvement

Is the service caring?
The service was caring.

People's rights to privacy and dignity were valued.

People were supported to maintain contact with their relatives and make friends.

People's decisions about how they wanted to spend their day were respected.

Good

Is the service responsive?
The service was responsive.

People were consulted on a day-to-day basis in relation to their needs.

The provision of hobbies and interests supported people to take part in a range of activities that were important to them.

There was a procedure in place which was used to respond to people's concerns and complaints.

Good

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

Interim management arrangements were in place pending the successful appointment of a permanent manager.

Good

Summary of findings

Management procedures were in place to monitor and review the safety and quality of people's care and support.

People and staff were involved in the development of the home, with arrangements in place to listen to what they had to say.

Churchfield Avenue

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 07 July 2015 and was unannounced. The inspection was carried out 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. Before the inspection we looked at all of the information that we had about service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we received information from a local authority contracts and placement officer and a community learning disabilities nurse.

During the inspection we spoke with four people who use the service. We also spoke with the assistant service manager, an acting manager, the area operations manager and four care staff. We looked at four people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

Good

Is the service safe?

Our findings

People told us that they felt safe because they said they were treated well. One person said, "[Member of care staff] is nice. I like him." We saw how people interacted with members of staff and they did this freely and with confidence.

Staff were trained and were aware of their roles and responsibilities in relation to protecting people from harm. They gave examples of types of harm and what action they would take in protecting people and reporting such incidents. The provider had submitted notifications which demonstrated that there were appropriate reporting systems in place when people were placed at risk of harm. Measures were in place when such incidents had taken place; there was a staff disciplinary procedure in place which had enabled the management team to address the suitability of staff members in relation to caring for people.

People's risks to their health and safety were assessed and measures were in place to minimise these. These included risks of choking, developing pressure ulcers and when walking about. Measures were in placed to manage people's risks; this included observing and reminding people to eat slowly so that they would not choke; monitoring people's condition of their skin and guiding people who were visually impaired to avoid hazards.

People said that they were enough staff to look after them. We found that people had been given their breakfast and lunch and had been supported with their personal care and morning medicines. We also found that when people returned from their day out, there was enough staff to help them off the bus and back into the home and this support was carried out in a measured and calm way. A community learning disability nurse told us that they had received no concerns that people's needs were not being met.

Since January 2015, there had been a turnover of members of staff; most of whom had resigned for personal reasons or development of their career. There was active recruitment of permanent staff and the numbers of staff required was based on people's needs and funding arrangements made by local authorities. Measures were in place to cover staff vacancies or absences, which included the use of agency staff. One staff member said, "The shortage of staff is a major issue. We use different agency staff. It can be quite difficult with new agency staff because we have to help with their induction and it takes time to get the job done." The area operations manager said, "We're in a lot better position than we were three months ago. The agency use was quite high and it is slowly reducing."

During March 2015, we received information that there was an insufficient number of staff to enable people to be supported to go out. Members of staff told us that there was not always enough staff to consistently provide people with what they wanted to do. This included taking part in social and recreational activities. One member of staff said, "Staff are over-stretched with covering shifts and trying to get people out, for their social care, is getting very hard." One of the people said that they would like to get out more as they felt bored, although most weeks they attended a day centre. We saw another person ask a staff member to be taken to Cambridge to go shopping. However, there was not enough staff to provide the person with the one-to-one support for the time that this request would require. (A compromise was reached whereby the person was satisfied with being taken to the local shops by a member of staff).

Staff told us that the issues with staffing numbers were sometimes due to the need for them to support one of the provider's registered domiciliary care service. One staff member said, "Yesterday, we couldn't take [names of two people] out because we had to do dom (domiciliary) care." The area operations manager told us that the change of how staff were expected to work had been introduced since May 2015 but the change may not have been as managed as well as it could have been.

People were protected from the risk of unsuitable staff because of the recruitment systems in place. Members of staff described their experiences of applying for their job and the required checks they were subjected to before they were employed to work in the home. One staff member said, "I had to produce my 'Right to work in the UK' information, had a DBS (Disclosure and Barring Service check), proof of my address, three written references and an application form. I attended a face-to-face interview with [names of assistant service manager and acting manager]."

People were satisfied with how they were supported to take their prescribed medicines. One person said, "Staff gave me my tablets this morning. I have them every morning. I've got two tablets to take at 11 o'clock. They (staff) wait and make sure I have (swallowed) my tablets." They also told us that that were given pain relief when they

Good

Is the service safe?

asked for it and they had gained comfort from the effect of the medicine. Records for people's medicines demonstrated that people had received their medicines as prescribed and the storage of medication was satisfactory.

Members of staff told us that they had attended training in the safe management of people's medicines and had their competencies checked. Records demonstrated that staff members had attended training and had been assessed to be competent in supporting people with their medicines.

Requires improvement

Is the service effective?

Our findings

The provider told us in their PIR that Deprivation of Liberty Safeguard (DoLS) applications were made for the local supervisory body to consider. This was to ensure that any restrictions imposed would be authorised by the local authority. Authorised DoLS applications were in date.

An audit of people's care records showed that other people were to have DoLS applications made on their behalf. However, there were no mental capacity assessments in place to justify why such applications were to be made.

One person said that they were satisfied with and knew the reason why they had a lap belt around their waist. They said, "It keeps me in my (wheelchair) chair." People were supported to go in and out of the home and people had free access around the internal and external parts of the home.

People were supported in making decisions about their health and support to minimise their assessed risks. These included, for instance, well-women screening services and checking the safety of a person at night when they were in their room. However, this involvement was not consistently applied. We found that risk assessments were carried out and measures were in place without the support of an MCA best-interest decision assessment. This included the management of people's finances and the monitoring of a person's health condition by means of alarm equipment.

Staff told us that they had training, which included induction training, and support to do their job. Training was attended in safeguarding people, medicines, first aid and staff had an awareness of DoLS and the application of this. Arrangements were made for staff to attend training in MCA and DoLS. Agency staff had an induction to the home. One member of (permanent) staff said, "We get agency in. Some have been before and some haven't. When they are new, we have to have them shadow us." An agency member of staff, who was new to the home, told us that they were given the right information about people's needs, during the staff handover session. Supervision arrangements were in place when members of staff were enabled to discuss their training needs and other work-related needs. The assistant service manager also told us that the supervision sessions of staff enabled a review of the member of staff's work performance.

People told us that they had enough to eat and drink. One person said, "It's lovely food here. I like sausages and mashed potatoes." Another person told us that they had cornflakes for breakfast and enjoyed their lunch time choice of a ham sandwich. After eating their lunch they said, patting their stomach, "I'm full up."

People were involved in making menu choices for the week and an easy to read, picture menu was on the board for people to see. A member of staff told us that verbal information was provided to people who were unable to see or read the menu. They also told us what types of food people liked to eat and the types of food that some people should avoid, based on dietary and medical advice. People's care plans detailed what people liked and what they did not like to eat and drink.

One person told us that they had recently been seen by the GP who was treating them for a medical condition. People's care records demonstrated that people were supported to maintain their health. This included support and encouragement to reach and maintain a healthy weight, to take exercise and to be assessed and treated at health care services and by their employees. These included dieticians, well-women screening services, GPs, learning disability psychiatrists and local hospitals. Before the inspection a community learning disability nurse told us that there was no evidence to suggest that advice from health professionals had not been followed by the staff.

Good

Is the service caring?

Our findings

People told us that they were looked after well and that staff were kind and caring. One person said, "I don't mind living here. Staff all look after me well." We saw that members of staff were attentive and kind to people they supported and included them in everyday conversation. This also included letting people know of current news items.

Members of staff were aware of what people liked to do and knew how people communicated. One staff member said, "It's been wonderful getting to know people and them getting to know me." We saw staff talked to people in the way that they could understand and we saw people share a joke with each other and with members of staff.

We saw that members of staff were patient, attentive and kind when they supported people to make choices about what they wanted to eat and drink. People were also offered choices of how they wanted to be supported with their personal care. One person said, "I had a nice warm bath this morning by a new lady. I don't mind who does it, male or female. I can pick my own clothes (to wear)." Another person told us that they had got up when they liked to and had chosen what they wanted to wear.

People's care records demonstrated that people's choices of how they wanted to be looked after was valued. This included how they wanted to take their medicines (on a spoon or in their hand) and the recreational activities that they wanted to take part in and what they liked to eat.

Members of staff told us how they promoted people's independence with their mobility, eating, drinking and personal care. One staff member described how they enabled people to be independent with their personal care, with the use of prompts and encouragement. People's care records confirmed that people's independence was encouraged with eating and drinking with the use of specialised crockery and with support from staff.

Staff members were aware of the principles of caring for people. One staff member said, "It's making people safe and giving them their personal care." Another staff member expanded on this and said, "We encourage people to be as independent as they can. Independent with their personal care. You need to keep encouraging them and where to wash and dry properly and to independently eat. It's getting the best out of everyone."

The premises maximised people's privacy and dignity. All bedrooms were used for single-occupancy only and toilets and bathing facilities were provided with lockable doors.

People were supported to maintain contact with their relatives via telephone and visiting them. Some of the people had made friends with each other and we saw people talking with each other in a social way. 'Birthday buffets' were held so people could celebrate each other's birthdays.

People, and their relatives, were invited and had attended the annual reviews in relation to their family members' care programme. Care records demonstrated that people, their relatives and other people that were important to them had attended these reviews. Each month, people were consulted about their care plan and the records were signed to confirm this level of the person's participation.

Advocates are people who are independent and support people to make and communicate their views and wishes. The assistant service manager advised us that advocacy services were not used. They told us that they would find out who to contact, if this service was needed.

Good

Is the service responsive?

Our findings

Members of staff were aware of people's individual needs and these were met in line with their care plans. This included the application of the principles pressure area care and guiding a visually impaired person to keep them safe and calm when they returned home from their day out. People were also supported to maintain their own sense of reality. This included staff engaging with a person in their world that was real to them. We saw that this had made them feel more at ease.

People were supported to attend day services and day centres. One person said that they had enjoyed using a computer at the day service where they had spent their day at. Another person said that they enjoyed shopping for toiletries and enjoyed looking at flowers in people's gardens when going to and from a local shop. People were also supported and encouraged to take part in domestic and gardening duties to develop and maintain their life skills and to contribute to the running of the home.

People's suggestions as to how they wanted to spend their leisure time were recorded in the meeting minutes. These included going shopping for new furniture and curtains. The management team advised us that, once there was a more stable team of staff and management within the home, people's recreational activities would be tailored to their suggestions.

Records showed that people's demeanour and response to their daily activities were recorded and monitored. People's records demonstrated that people were happy with the activities that they had taken part in. The care plans recorded people's goals, wishes and aspirations and these were based on day-to-day activities and people's choices. We found that people's goals and aspirations were responded to, which included, eating food they liked, going shopping and keeping in touch with their relatives.

People's care records and risk assessments were kept-up-to-date and reviewed. Changes were made in response to people's needs, which included changes in people's health conditions. An agency member of staff, who was new to the home, said that the detail in people's care records was informative and, "Self-explanatory."

There was a complaints procedure in place and this was in both a formal and easy-to-read format. One of the people told us that they knew who to speak with if they were unhappy. Reviews of people's care, their monthly meetings and day-to-day engagement with staff enabled people to make their concerns known and if they were unhappy about something. The provider stated that in their PIR there had been no complaints made with in the last 12 months. The local contracts and placement officer advised us that they had no concerns about the care provided to people living at Churchfield Avenue.

Good

Is the service well-led?

Our findings

The provider submitted their PIR when we asked for this to be sent. The document told us what the service did well in, which included involvement of people in the care planning and the training and development of staff. The provider identified areas where improvements were identified; this included the appointment of a manager who would become registered with the CQC. The previous registered manager left their position in October 2014 and their registration was cancelled on 19 November 2014. The provider had made satisfactory attempts to fill the vacant position for a manager and their PIR noted that an area for improvement would be the successful appointment of a permanent manager by 30 June 2015. Interim management arrangements had been made whilst the permanent manager's position remained vacant. The area operations manager advised us that the recruitment for a manager had been successful but the appointment was yet to be finalised.

Members of staff told us that there had been a lot of changes in the management of the home. One member of staff said, "We need a (permanent) manager here." The assistant service manager said, "We are getting there slowly with person centred care. We've got a lot of plans in place but it is slow progress due to staffing levels and (managerial) time we have to spend to support other roles outside (i.e. domiciliary care)."

Staff members told us that they attended monthly team meetings and were enabled to contribute to the meeting agenda. Minutes of staff meetings demonstrated that staff had told each other their 'success stories' which included supporting people to get new equipment and foot wear. The assistant service manager told us that this had boosted staff morale during the changes in the management of the home. They also said, "The staff are fantastic and dedicated and passionate about people we support. It's a good team ethos and staff have a good relationship with people. There is a lot of potential in developing this service (home)."

The area operations manager advised us that surveys were sent out for this year to obtain people's views about the home. However, this was still on-going and results were yet to be complied.

Staff were aware of their whistle blowing roles and responsibilities. One staff member said, "If I heard anything or see anything unusual, I would report it and I have done this." They told us that they felt protected and safe from any reprisal when doing so and would have no reservation in blowing the whistle in future.

Audits were carried out and these included audits for medicines, the management of people's finances and how people were protected from harm. Audits were also carried out on people's care plans and deficits were identified. However, there was no timescale for when these deficits were to be addressed and by whom. The area operations manager told us that they visited the home every week and kept a check on the progress of improving the standard of people's care plans.

Learning took place in the event of reported and recorded incidents and accidents. This included improving systems in the auditing and recording of medicines and for people not to attend activities that were found to be harmful to their health, which included sensory stimulation.