

Royal Mencap Society

Royal Mencap Society - 71 Middleton Avenue

Inspection report

71 Middleton Avenue, Thornaby, Stockton on Tees.

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Website: www.mencap.org.uk

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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?

Outstanding



Is the service well-led?

Good



Overall summary

The inspection visit took place on the 4th August 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service in 2013 and found the service was not in breach of any regulations at that time.

71 Middleton Avenue provides care and support for up to six people who live with a learning disability. The home does not provide nursing care. The detached bungalow is situated in Thornaby, close to all amenities and transport links.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We spoke with three people who lived at the home who had a range of communication skills, people had some verbal communication whilst other people used signs or gestures which staff interpreted. Two people were out at their day activities during the course of our visit and one person was experiencing anxiety difficulties so we did not seek their views. Comments we received included; "I like it here" and "I like my room."

We observed people were encouraged to participate in activities that were meaningful to them. For example, one person had gone shopping and to collect some professional photographs they had taken.

We found there were policies in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and staff were fully aware of what these meant and the implications for people living at the service. All paperwork in relation to the six authorisations for people were in place and were well managed to ensure any updates or new renewals were flagged up as requiring action before they expired. People also had best interests decisions in place and these had been undertaken with the person and others close to them such as family and other professionals. This meant peoples' rights were upheld.

There were some areas of the service that required decorating and the registered manager informed us they had gained funding to do this. Staff told us about how they planned to involve everyone who used the service in making choices around this décor.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Staff had also received more specific training in managing the needs of people who used the

service such as positive behaviour support. There were sufficient staff on duty to meet the needs of the people and the staff team were very supportive of the registered manager and of each other.

Medicines were stored and administered in a safe manner although the service was working with their pharmacy provider to address some concerns they had around the blister packs system the pharmacy provided.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify and support their personal and professional development.

We saw people's care plans were person centred and had been well assessed. We saw people were being given choices and encouraged to take part in all aspects of day to day life at the service, from going to day services to helping plan the décor. One person had recently transitioned into the home and we saw this had been planned and assessed so it was as smooth as possible.

The service was exceptional in enabling people to maintain their independence. The service was using innovative programmes to support people into the community via an awards scheme and staff were also encouraged to develop themselves personally and professionally. The service actively supported people to be involved in the local community as much as possible and were supported to use public transport and accessing regular facilities such as the local G.P, shops and leisure facilities.

We also saw a regular programme of staff meetings where issues were shared and raised and staff told us how they felt supported and supported each other well. The service had an easy read complaints procedure and staff told us how they could recognise if someone was unhappy. This showed the service listened to the views of people and have developed and sustained a positive culture. Staff told us how they felt valued and had been given opportunities to develop themselves within the service such as delivering coaching and training.

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?

This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the home.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff had training and knew how to respond to emergency situations.

Good



Is the service effective?

This service was effective.

People were enabled to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Staff received training and development, formal and informal supervision and support from management. This helped to ensure people were cared for by knowledgeable and competent staff.

Staff we spoke with at the service were fully aware of the Deprivation of Liberty Safeguards (DoLS) and that they were in place for everyone at the service.

Good



Is the service caring?

This service was caring.

The home demonstrated support and care specific to people's individual needs

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and staff were exceptional in enabling people to remain independent.

We saw people's privacy and dignity was respected by staff who had an in-depth appreciation for this.

Good



Is the service responsive?

The responsiveness of the service was outstanding

People's care plans were written and planned proactively from the point of view of the person who received the service. Plans described how people wanted to be communicated with and supported.

Outstanding



Summary of findings

The service provided a choice of activities based on individual need and people had 1:1 time with staff to access community activities of their choice. The service supported people to have relationships and encouraged this in a professional manner.

There was a clear complaints procedure available in easy read format. Staff stated the registered manager was approachable and would listen and act on any concerns, which empowered people to voice their opinions.

Is the service well-led?

The management of the service was very good..

Staff and people using the service were encouraged and supported to develop personally and professionally with innovative schemes and mentorship.

The service took a key role in encouraging people to become more involved in their community and increase their social circle.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the team and registered manager to ensure any trends were identified and lessons learnt.

Staff said they could raise any issues with the registered manager and we saw how they were accessible and approachable, actively promoting a positive culture.

People's views were sought regarding the running of the service, which empowered them to voice their opinions.

Good



Royal Mencap Society - 71 Middleton 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.

The inspection visit took place on 4th August 2015. Our visit was unannounced and the inspection team consisted of two adult social care inspectors.

The provider was not asked to complete 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 also reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also spoke to Commissioners who raised no concerns about the service.

During our inspection we spent time with three people who lived at the service and four support staff as well as the registered manager. We observed care and support in communal areas. We also undertook a review of care plan for three people to check their records matched with what staff told us about their support needs. We also looked at records that related to how the service was managed, looked at staff records and looked around all areas of the home including people's bedrooms with their permission.

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us; “It’s about keeping people safe”.

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority, they said; “We have an idiots guide, because even though we all know what to do, you might be panicking if something did happen so the guide would help.” This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations and one person who had only started their induction the previous day told us they had been made aware of what to do in an emergency on their first day.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. This ensured any cross infection risk was minimised. We also saw staff wearing protective gloves when administering medicines.

We were shown the system for managing people’s finances. Every service user has their own hard backed ledger. This was implemented in place of separate A4 sheets as the registered manager identified that these would at times go missing or be completely re-written by staff if a mistake was made and therefore no clear audit trail was available. The balances were clearly checked on a monthly basis and receipts were kept in clearly labelled envelopes which were filed each month and archived regularly.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely

maintained to allow continuity of treatment and medicines were stored in a locked facility. One staff told us; “Two people check the medicines in when they arrive from the pharmacy and we check the medicines again at every handover.”

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Staff could explain to us what each medicine was used for and they said they supported people by informing them what their medicines were for. We saw that in a couple of medicine records that handwritten entries were not always double signed. We discussed with staff that in line with National Institute for Health and Care Excellence (NICE) guidance, any handwritten medicine administration records (MAR) should be double signed by two members of staff and staff told us they would implement this practice straight away.

All staff had been trained and were responsible for the administration of medicines to people who used the service. Policies were in place for medicines and these were very specific including a protocol for each person who used the service around how they needed support for any ‘as and when required’ medicines. Staff told us how they; “Took their time and encouraged people,” as several people had difficulties with taking their medicines. We asked staff what if they dropped medicines prior to it being administered and they told us; “I would pick it up and place it in this plastic bag and place in the returns box, mark it on the MAR sheet, and ring the GP to order additional medicine.” This showed staff knew what to do if this occurrence took place. Staff also told us they had sought medical advice for one person who had a choking risk and we saw there was an appropriate risk assessment and authorisation in place from their GP so they received their medicines with yoghurt.

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day to enable people to access community activities. This meant there were enough staff to support the needs of the people using the service. Staff told us; “We are a team and cover one another if anyone is off.” Some staff said they felt there should be more staff on a weekend to enable people who used the service to get out more. We asked whether staff had raised this with the registered manager and if so how they felt it had been responded to. Staff said that the

Is the service safe?

registered manager acknowledged the problem, and; “It feels like we are all on the same page” but they said they recognised that there are some things that are outside of the registered manager’s control.

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We saw that checks to ensure people were safe to work with vulnerable adults, called a Disclosure and Barring Check, were carried out for any new employees. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of one member of staff who had recently been recruited to the service. There were checks on their identity as well as scenario based questions at interview which showed that potential applicants understood the nature of the service and type of support to be given. This person told us they had visited the service for their interview and the registered manager told us they observed how well prospective applicants interacted with people who used the service as part of the interview process.

The home had an induction checklist in place which included an induction to the home and a formal induction programme. We saw that in the first week of induction, staff

completed the following training modules; moving and handling, first aid, and supporting people with a learning disability. The team developer also carried out observations of staff engaging in financial transaction, people moving and medicines after they were trained in these areas.

Some communal areas of the service were looking tired in décor. The registered manager stated they had gained funding to address this and staff told us how they were planning on getting everyone who lived at the service to be involved in choosing the new décor and furniture. This showed people were involved in the running of their service.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety and portable appliances and moving and handling equipment had been tested.

Accidents and incidents were monitored regularly by the registered manager to check for any trends and staff told us how they reported any accidents and incidents promptly. We saw how staff had used incident recording to support the service in approaching commissioners and specialist learning disability services for additional support for people.

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

At the time of the inspection everyone who used the service had been assessed as lacking capacity and were being deprived of their liberty. A deprivation of liberty occurs when a person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements. The staff at the service had made appropriate applications to the local authority, and had received authorisation in respect of these. All staff we spoke with had an understanding of DoLS and why they needed to seek these authorisations. The service also had a system for monitoring when authorisations were due to expire so they could be re-applied for promptly.

A staff member we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. We saw records to confirm that this was the case. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The staff member had an understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions – they talked to us about what may constitute a deprivation of liberty. We looked at the support file for three people who had been assessed as lacking capacity to make best interest decisions in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was recorded within the person's support plan. Staff had all been provided with credit card size laminated checklists showing the five MCA Principles, four point capacity test and best interest checklist and there was also information on the walls around the office. The registered manager said they were pleased with how staff have taken to this and felt it was something that they all wanted to learn about and understand.

All staff had an annual appraisal in place. Staff told us they received supervision on a regular basis and records we

viewed confirmed this had occurred. These supervisions were called 'Shape Your Future' meetings and it was through these meetings that staff said their particular strengths were recognised and encouraged.

We viewed the staff training records and saw that nearly all staff were up to date with their training. One person was on long leave so was not up-to date according to the records. Staff told us; "The team developer is excellent at looking for training opportunities". Two staff members we spoke to were happy with the level of training they had received. They had both undertaken dementia awareness training and had found this to be very informative. One staff member said that they would like to attend an autism awareness training course and when we asked whether they felt comfortable asking the registered manager about this they said that they were. We were also told that the registered manager kept staff informed of other training opportunities, for example if other services were delivering courses and had spare capacity.

We looked at the training records of all staff members which showed in the last 12 months they had received training in food hygiene, fire, safeguarding, finance, and moving and handling amongst others. One staff member told us; "I enjoy training – you get loads of ideas from other people who are there."

Staff told us they met together on a regular basis. We saw minutes from regular staff meetings, which showed that items such as day to day running of the service, training, medicines, and any health and safety issues were discussed. Staff told us; "We talk through every person too and discuss ideas and what we can improve."

Each person had a keyworker at the home who helped them maintain their support plan, liaise with relatives and friends and support the person to attend activities of their choice. We asked staff about the skills they needed to support people at the service. They told us; "You need to be patient," and "You need to have good communication skills – be able to interact, talk and look for gestures and body language."

The home had a domestic kitchen and dining area. The menus showed a hot meal was available twice a day and there were choices at all mealtimes.

The menu was planned with the staff team and people living at the home and as well as planning and cooking, people helped with the food shopping. Staff also told us

Is the service effective?

about people's likes and dislikes. One staff member told us; "X is possibly a choking risk so we ensure their food is as safe as possible for them." The service had also sought assistance for this person from the Speech and Language Therapy (SALT) team as this person really enjoyed toast. Staff and the SALT discussed measures they could take to ensure this was safe for the person and we witnessed throughout the inspection that a member of staff was always present when this person ate or drank anything. Another person also needed support to maintain a healthy weight and their support plan noted that staff were to think of ways in which to encourage them to eat. Whilst we were in the lounge an ice cream cone containing frozen Complan (food supplement) was given to them as a 'present' and staff wished them 'Happy Birthday' both of these things were noted as being important in making them happy in their support plan so staff were using this information to try to encourage them to eat. Although the food was refused on this occasion it was evident that staff were making a very personalised approach to tackling this issue.

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. We saw that for one person with difficulties in eating, that food and fluid charts were not always completed consistently in one place. Some staff used a bound book whilst others recorded it in their daily record. The registered manager agreed with us that this could lead to inaccurate recording and they stated they would discuss implementing a

consistent approach with the staff team. The staff team had training in basic food hygiene and in nutrition and health and we saw that the kitchen was clean and tidy and food was appropriately checked and stored.

The registered manager told us that healthcare professionals visited and supported people who used the service regularly. During our visit two learning disabilities nurses visited to offer support to one person who was experiencing difficulties with their condition. We saw detailed records of such visits to confirm that this was the case and staff told us how they communicated any event such as a GP visit on a form which all staff were asked to read when they came on shift so everyone was up-to-date with any changes in people's health or well-being.

One person whose support plan we looked at had a diagnosis of a debilitating physical condition and we asked staff whether this had caused any problems or any action had been taken to meet this need. Staff told us that a new bed had been obtained which enabled the individual to sit up in bed. This had helped alleviate discomfort caused by morning stiffness.

People were supported to have annual health checks, Health Action Plans were in place and were accompanied by staff to hospital appointments. Each person had a Hospital Passport, an easy read document all about them using photographs and symbols and which told other services how people needed to be communicated with and any allergies or sensory needs. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

We arrived at the service at 8:30am and as we arrived one of the people who used the service was waiting with a member of staff for their driver to arrive to take them to a day centre. They were well presented, nicely dressed and had their hair and make-up neatly done. They appeared happy and smiling and staff pulled back a door curtain so that they could look for their transport arriving.

We were shown around the premises by a member of staff who demonstrated an exceptional knowledge of people using the service, describing their personalities, likes and dislikes as well as their care needs. One of the people using the service was experiencing a significant dip in their condition and staff asked that we be mindful of this during our visit. One staff member was with this person on a one to one basis for quite some time and a specialist learning disability nurse was also called in for an assessment whilst we were there as part of this person's support for their condition.

We asked staff how they would support someone's privacy and dignity. They told us about ensuring people's bedroom doors or bathrooms were kept closed and staff told us about how they discussed this in their supervision meetings. One staff member said; "It's important you are at someone's own level not towering over them when you are speaking with them."

We were shown people's rooms which were all very different and reflected their individuality. The member of staff who showed us around was able to point out items that particularly reflected the individual's personality and explained what was important to each of them.

We looked at three support plans for people who lived at Middleton Avenue. They were all set out in a consistent way and contained information under different headings such as a one page profile (a summary of how best to support someone), a key information sheet, what support needs people had and what outcomes the service was assisting people to achieve. The support plan was written with the person if they were able and was very much written from the perspective of the person and shared through reviews with relatives and other professionals who knew the person. This showed that people received care and support in the way in which they wanted it to be provided. There were very clear proactive strategies for staff to follow if

people became anxious so that the staff approach was consistent for the person. We also saw that specific protocols for example to support someone with epilepsy had been developed with the GP and psychiatrist so the service had sought multi-disciplinary advice and support to ensure the best outcome for the person.

We saw people were treated exceptionally by staff who had an in-depth appreciation of people's needs. People were treated with kindness and compassion. Staff were attentive and interacted well with people, there was lots of banter and laughter. Staff were very aware of people's likes and dislikes and we saw that in reading the one page profiles in support plans that staff adhered to these with everyone throughout the day so people were supported and communicated with in a consistent and meaningful way.

We spoke with one relative who told us they thought the staff were; "Excellent, they are all very caring and look after (the person) really well."

People were actively encouraged and supported to maintain and build relationships with their friends and family. There were no restrictions placed on visitors to the home and people who used the service were able to visit their relatives and friends regularly. We asked how family were kept informed and was told that regular weekly calls were made to those relatives who were involved with the service. These calls were prompted by entries in the daily diary.

Staff told us that keyworkers reviewed support plans on a monthly basis with the person and checked whether people were happy with the care and support they received. One staff member said; "We come up with ideas and activities, and for (the person) we have supported them to shop and wear clothes of their choice. We have had loads of positive comments from their family and day service about how they look much better, and is happier and more comfortable."

We saw a daily record was kept of each person's care. They also showed staff had been supporting people with their care and support as written in their support plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist.

Is the service caring?

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required. People had used advocacy through the Deprivation of Liberty Safeguards assessment process.



Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the registered manager sought the views of people using the service on a regular basis and that this was recorded. The complaints policy also provided information about the external agencies which people could contact if they preferred. This information was also supplied to people who used the service using symbols and an easy read format. Staff told us; "We could tell by observing someone through their behaviour and body language if they weren't happy and we would discuss it as a team straight away to try and put it right."

We looked at support plans for three people who used the service and saw they were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The files had information stating for example, "How I communicate, things I can do and my interests." People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were documented in the support plans and they were reviewed monthly. Risk assessments were all signed and dated with dates for review clearly noted. The documents were signed by staff to state that the plans had been read and understood and this was evidenced in the way staff interacted with people throughout the day.

We saw how the service demonstrated through responsive recording that it was aiming to achieve the best outcomes for people. For example, one person whose condition led to periods of high anxiety we saw for a period of time a high level of one to one care was funded for this person and as a result there was an improvement in their behaviour. Because things had improved the one to one care was reduced. Through clear records in the daily notes and support plans, staff identified that this person was experiencing difficulties with anxieties again. The staff team produced innovative statistics and graphs showing the increase in "as required" medication, the deterioration in behaviour and anxiety for this person at times when staffing had been reduced. As a result of this the registered manager was able to use this evidence discuss and agree additional support hours for this person.

Staff also told us about one person who transitioned to the service earlier in the year; "We all agreed at a team meeting that (the person) needed to go out more after they moved to the service and so we got a referral to occupational therapy and they provided an appropriate wheelchair. We also sought continence advice and that's helped massively. They are much happier now and that's down to improving their dignity, they are more comfortable." This meant the person had an enhanced sense of wellbeing and an improved quality of life.

During a conversation with one staff member they had responded 'no' to one of our questions. They quickly realised that this may have caused distress to one person who was also sitting in the lounge as this was a 'trigger word' for them to become anxious. We had seen this information documented in their support plan and it was clear from the way the member of staff reacted that they were very aware of this person's needs and they quickly moved to distract the person to avoid any potential upset. This showed how staff were responsive to people's needs.

People who used the service are encouraged and supported to engage with events outside the service. A 'Reflection Event' was held recently at the Mencap regional office. We were told this was a very successful day attended by the area manager, quality team, health professionals, people who use the service, relatives and staff. The one page profiles we saw within the support plans were drawn up as a result of this interactive event and the day had focussed on how outcomes could be achieved for people. The registered manager said they felt that it is best practice to recognise what was important to each individual and these one page profiles and support plans clearly demonstrated the outcomes the service wanted each person to achieve. Mencap had agreed to fund a Gateway Award for two people using the service, which is a similar type of award to a Duke of Edinburgh and which focussed on community participation.

We asked the registered manager how they ensured the service was delivering person centred care, they said that they encouraged staff to listen and watch the people they provided care for. They said; "In this way they learnt about their needs and things that are important to them." They were confident that the staff at the service all knew the people they were supporting and they ensured that new staff shadowed more experienced staff members to learn from them. They told us of how the service respected the



Is the service responsive?

wishes of the people within the service, for example one person chose not to have family visits and although staff checked with them from time to time they did not try to influence them despite this being difficult for the family.

We saw staff painting the nails of a person during the morning; it was noted in their support plan that this was something that was important to them. Their nails were already painted before we arrived which was evidence that this activity was not done purely for our benefit.

This same person had recently had a birthday and staff members had voluntarily arranged a birthday party for them, inviting a small number of people including their support worker from their previous home and family member. We saw photographs in the office of the party and also of another service user building a small greenhouse with staff that he was using to grow tomatoes. This person also showed us a file containing details of an upcoming trip he was going on to Emmerdale, a favourite TV show which had been facilitated by staff following the reflection event. Staff knew how to meet the preferences for this person and were innovative in suggesting ideas.

We were told of a system that had been put in place to assist with a person who became very upset when out at a day centre about coming home again. This was happening when the person was new to the service and it was identified that they were anxious because when the driver came to collect them they were not sure where they were being taken. The day centre were given photographs to show the person which depicted the home, their room and the sofa they sat on in the lounge so they knew that was where they were being taken. This had worked well in resolving the situation. This showed the service tried innovative ways to ensure people were reassured and worked with other care and support providers to ensure people were supported.

Two of the people who used the service had a particularly close relationship and the registered manager and staff were careful to ensure that they got time to be together whilst respecting one person's wish for some time alone too. As part of the redecoration they are looking to make the dining area multi-purpose to incorporate a small lounge area for this couple to sit together.

On the day of our inspection, one person was out at their day service placement. Another person went out with into the community shopping, and two other people at the service were involved in watching TV, as well as helping staff with day to day tasks such as doing their laundry. Staff told us they worked flexible shifts to ensure people got to activities.

Staff explained how they supported a transition for one person within the last year who used the service. The person visited for tea and during the day before trying an overnight visit. All of this was done gradually at the person's pace until they were comfortable to move in permanently. Staff also told us they liaised with the person's previous placement to ensure they knew as much as possible about the person before they moved in as well as linking with this person's family. We spoke with their relative and they told us; "We are delighted with how (the person) is doing, they are going out more and their mobility has improved such a lot since they have been here."

Risk assessments had been completed for people in areas such as risks associated with going out into the community. The risk assessments we saw had been signed to confirm they had been reviewed. The home also had an environmental risk assessment and fire risk assessment in place.

Is the service well-led?

Our findings

The home had a registered manager and one staff member stated that the registered manager was very understanding and very supportive, particularly when they had first started working at the service as they had not previously worked in a supported living environment before. They said of the registered manager; “If you have a problem then X [the registered manager] has no problem listening to you.”

One staff member told us they were always able to sit down and tell the registered manager if they had any problems. Although there were regular staff meetings and scheduled supervision sessions every month staff told us they would feel able to approach the registered manager at any time between these. They said that they had no concerns about anything within the service currently but in the past had cause to report something to the registered manager. They said they felt that the registered manager had handled the situation very well, keeping them informed even whilst not at work and they had been satisfied with the way the situation was resolved. This showed the registered manager enabled a positive culture and listened to staff and kept them informed of developments that may affect them.

We spoke to three staff members about what it was like to work at the service about their opinion of how the service was managed and about any issues they had. They told us; “It’s really nice here, we help each other and are a real team,” and “We all forward think, we are thinking about what needs to be done tomorrow and in the future.” Another staff member went on to say that they were very happy working at the service and that morale within the team was very good; “There are no words to describe it, we are all like friends and family – everyone gets along.”

When asked about their greatest achievements the registered manager cited the improvement in staff morale. We asked how they felt they had achieved this and they stated that staff knew that they would challenge them but also knew that they had a manager who would support them and help them wherever they can. They believed that that they were easy to talk to and to get hold of should staff need to speak to them. Staff confirmed to us that they could speak to the registered manager about anything and they were very accessible. The registered manager also said they thought it helped that they were willing to get ‘hands on’ and staff respected that they came from a support

worker background. We saw the registered manager interacting with staff and people using the service and it was evident that everyone was very comfortable in their presence and they knew people extremely well.

We asked the registered manager and team developer about how they developed the staff team. They told us they were keen to identify skills within the team and work with them to best utilise these skills. The member of staff who has been identified as ‘team developer’ has been downloading training material from the Mencap ‘Learning Swerve’ online resource and then delivering the training to staff in house. This had then led to them providing training to other Mencap services and developing their coaching and training skills. The registered manager said that some staff had been nervous about making telephone calls to health professionals etc. and in order to develop their skills and build confidence they encouraged them to listen in when they placed these calls. The team developer told us; “I make myself available to help staff gather data and evidence throughout the year to support their “Shape your Future” programme, this means staff can really focus on their achievements and it will be a positive meeting. The “Shape your Future” programme is described by Mencap as an initiative that gives the employee and manager tools and guidance to plan and manage their career. This showed how the service’s management encouraged staff to develop themselves personally and professionally.

People were an active part in the community using the local pubs, shops and services with the support of the staff team. The staff team had also put forward two people at the service to undertake a Gateway Award, a scheme similar to the Duke of Edinburgh scheme. The Gateway Award is an activity award which people with a learning disability of any age or ability can take part in. The award encourages people to gain new skills and experiences, become more independent, make friends, be active in the community and to have better health and wellbeing. The team developer explained; “It’s about seeing how we can support them to increase their social circle and be more a part of the local community as well as achieve better outcomes in relation to their health and well-being.” One person’s relative said they were “delighted” as their relative was going out much more and accessing the community more than they had done at a previous service.

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We saw the minutes of team meetings which confirmed that these were held monthly. A sheet was attached to the minutes and was signed by staff to say they had seen the minutes, thereby ensuring those staff unable to attend had opportunity to learn what had been discussed.

At these monthly meeting the key workers for each service user completed a 'My monthly meeting' form which addressed any issues, concerns or necessary changes needed to support plans and risk assessments. This was also a way to monitor any accidents and incidents. This was in effect a monthly review of each person's needs and was good evidence of good practice.

We asked about the procedure for reporting accidents, incidents and near misses. The registered manager showed us how these were logged by staff and were then sent to Mencap's quality monitoring. We asked how trends were identified if the forms were all sent individually and they informed us that these were monitored by the quality team centrally and also by the key worker for each individual so any trends were identified. The registered manager said they were well supported by their senior manager and found them very responsive and supportive as well as finding the registered manager's regional network a useful way of sharing information relating to new learning and best practice. The manager told us how they liaised closely with the local authority and had recently shared information with other Mencap managers about how the DoLS guidance forms were changing.

All of the 'in-house' audits were completed online. They were updated by the last Thursday of every month and were available to be viewed by stakeholders and Trustees. We checked through these with the registered manager and they had all been completed in line with the online template provided. The information from these individual audits was pulled though onto a front summary page with graphs highlighting any areas not completed so the manager had a clear action plan. This showed that the DoLS checks had not been updated however when we drilled down into the separate sheet the information had been correctly entered and showed that one person's authorisation was due for renewal shortly confirming what the registered manager had already told us. We suggested that this may be a glitch in the programme and that the registered manager may wish to highlight this to their IT department.

A staff survey was conducted by Mencap annually. This used anonymous data and results of this were analysed by Mencap head office. Relatives' surveys were conducted by the home and we were shown the two that had been completed and returned from the last survey. All categories were marked as excellent and one relative commented that their relative appeared well settled and happy. They went on to say that staff were helpful and kind and they had no complaints.

We saw a copy of the stakeholder survey. The registered manager told us that the return rate was poor but we saw one that was all rated good and very good. This showed the service sought views about its quality and effectiveness from external professionals.

We asked the registered manager what they felt their key challenges and main concerns were about the service and they said they were always aware that due to the extremely complex needs of the people living in the home it was impossible for them to say if they were unhappy or if someone had hurt them. We asked how they handled this and they told us they observed behaviour closely, spoke to staff regularly and ensured that where possible they got involved 'on the shop floor' often staying back later to complete paperwork to accommodate this. The registered manager said they would challenge staff around their practice and had disciplined staff in the past for poor practice. We saw from records that the registered manager had made prompt safeguarding referrals and had instigated disciplinary procedures where necessary.

The registered manager told us about how they had worked with the building's landlord to address issues of maintenance. The registered manager said they had been reporting lots of building issues and nothing was happening. The registered manager arranged a meeting with the landlords and they agreed a method of a weekly maintenance report that was actioned and issues escalated if they were outstanding. The team developer said; "We do one form a week now rather than bombard them with requests and its working loads better." This showed the service was pro-active in resolving issues and maintaining high standards.

The registered manager had informed CQC promptly of any notifiable incidents that it was required to tell us about and

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we also saw that safeguarding alerts were also examined and support plans and risk assessments were reviewed and updated where required. This showed the service was willing to learn from incidents.