Care Quality Commission

Royal Mencap Society

Montague Street Care Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 14 October 2014 and was unannounced.

The last detailed inspection was carried out in May 2013. We found there was a breach of regulations in respect of eating and drinking. The menu did not demonstrate people were receiving a choice of well-balanced meals at that time. We received an action plan and checked improvements were made. We found staff received further training, the menu had been reviewed and there were greater choices of well balanced meals for people.

Montague Street Care Home provides accommodation for people with learning disabilities. There were 12 people living there when we visited. The home is made up of two adjoining houses with separate internal communal areas and a shared garden area.

As this service is a care home, a manager is required to register with us by law and there was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider used safe systems when new staff were recruited and the staff were aware of their responsibility to protect people from harm or abuse. Although risks to safety were minimised, as far as possible action was needed to improve the administration of medicines and to attend to advice given by a fire inspector in order to eliminate all risks to health and safety.

Staff received regular training and knew how to meet people's individual needs. Any important changes in people's needs were passed on to all staff when they started their shifts, so that they all knew the up to date information.

The staff were knowledgeable about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and there was currently no need for any applications for DoLS. Staff gained consent from people whenever they could and where people lacked capacity we saw that arrangements were in place for staff to act in their best interests.

People had appropriate food and drink and staff supported them individually, so that their health needs were met.

Staff were kind and people appreciated the positive relationships they had with staff. Choices were given to people at all times. People's privacy and dignity were respected and all confidential information was respectfully held securely.

People's individual needs were assessed and full clear plans were specific to people as individuals. Staff were knowledgeable about how to manage people's individual needs and assisted people to take part in appropriate daily activities and holidays.

Overall, the service was well led by a registered manager, but we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and this was in relation to medicines. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not consistently safe as people were not all receiving their medicines as prescribed by a doctor.

There were enough appropriate staff available at all times and people were protected by the staff in the way they provided individual care and support.

All risks to people's health and safety were assessed and appropriate action was taken to keep individual people safe. However, further action was needed to the structure of the building.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received appropriate training. The staff were knowledgeable about individual people's care and support needs.

People's mental capacity was assessed and their care was managed in line with current legislation and guidance.

People had appropriate food and drink and their individual health needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind to people and treated them as individuals.

People were involved in planning their own care and were given choices at all times.

People's privacy and dignity were always respected and promoted.

Is the service responsive?

Good

The service was responsive.

People's individual needs were planned for and met. Daily activities were provided in response to individual interests and preferences.

There were opportunities for people to express their views about the service and there was a clear complaints procedure.

Is the service well-led?

Good

The service was well led.

There was a registered manager who encouraged openness throughout the service and all staff had opportunities to discuss their practice regularly.

Summary of findings

There was an assistant manager to support the registered manager so that leadership was always provided for staff.

Systems were in place for the provider to monitor and audit the quality of the service provided.

Montague Street Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 14 October 2014. The inspection team consisted of two inspectors. Before we visited we reviewed the information we held about the home. The registered manager had 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.

During our visit we spoke with five people living at the home, four care staff and the registered manager. We observed care and support in shared areas. We reviewed the care plans for four people, the staff training and induction records for staff, five people's medicine records and the quality assurance audits that the registered manager completed

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot fully express their views by talking with us.

Requires Improvement

Is the service safe?

Our findings

People told us the staff gave them their medicines and they took them with food or drinks. We saw one person being supported with their medicines at lunchtime. We heard how care staff prompted the person and explained why they were taking the medicines. Care staff stayed with the person until they had taken their medicine.

Before this inspection the registered manager told us the staff had made nine errors with medicines within the last 12 months. When we visited we found the registered manager had taken action each time there had been any error and no one had suffered harm. Some care staff had been retrained in administering medicines and advice had been taken from a pharmacist.

We saw that medicines were stored safely and there were records to show when medicines were received and disposed of. There were some clear plans about how people should be assisted and staff were initialling records to show whether people had taken their medicines or not. However, from discussion with staff and checking daily records we found that people were not all receiving their medicines as prescribed by a doctor.

For example, the instruction for one medicine given via a skin patch stated that a new patch was to be applied every 72 hours to ensure the medicine was absorbed continually. The records we saw showed the skin patch was changed every 96 hours. Staff confirmed they had misunderstood the instruction and were following a flawed plan. The registered manager changed the plan immediately during our visit.

We found instructions for another person's medicines were handwritten by one of the care staff onto the medicine administration record (MAR), but no one had signed the sheet or witnessed that the instructions were correct. There were no prescriptions from the doctor for these as they had originated from the hospital, so we checked them against the hospital pharmacy prescription labels on the medicines. We found that for one dispersible tablet the pharmacist had printed on the label "dissolve in the mouth at night." This was not written on the medicine administration record and staff said they gave the person all their tablets to swallow whole.

Also, staff told us they had changed the frequency and time of another person's medicine, because a doctor had verbally directed one of the staff about this, but it was not changed on the instruction on the medicine administration sheet or the care plan to inform all staff to make sure the doctor's instructions were followed.

These issues demonstrated that there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe living at the service. Two people specifically said they knew they could speak to the manager if they had any concerns about their safety in any way.

When we spoke with staff on duty, they could identify the different types of abuse and knew how to report any concerns using the local safeguarding procedures. We found that all staff had received training in safeguarding people. From the notifications of safeguarding we had received since the last inspection we found that all concerns were dealt with appropriately and action was taken where needed to keep people safe.

The registered manager informed us of a visit made by a fire inspector in August 2014. Most recommended action had been taken, but there was still action needed. The provider was considering the structural changes needed and this would be followed up by the fire service.

Meanwhile, there was regular testing of fire alarms and equipment. Staff had recorded people's responses to the fire alarm in their care plans. There was a personal emergency evacuation plan for each person, so they would receive the right support if they needed to leave the building in an emergency. There were assessments of other risks within the care plans that we looked at and staff were aware of action they needed to take to support people in various activities safely. We observed one person who was assisted to move into a wheelchair and this was carried out safely.

One person was aware that risks to their safety had been assessed and they knew they needed staff with them when they went out to help them remember where they were and how to get home safely. We saw one of the staff travelling with a group of people who were having lunch at a local luncheon club. The member of staff ensured the people were as safe as possible on the journey.

Requires Improvement

Is the service safe?

The manager gave us full information in the provider information return about service checks on all mobility equipment. This included the stair lift and hoisting equipment. There were records of a full health and safety check carried out each month.

There were safe recruitment and selection processes in place. New staff we spoke with told us they had been through a formal recruitment process that included an interview and a range of pre-employment checks. We saw records that confirmed that all required checks were completed before staff began work.

People told us there were always enough staff around to help them. We saw allocated staff in each part of the home and additional staff moving between areas where they were needed. One person who needed one of the care staff to accompany them when they went out into the community told us, "I sometimes have to wait until they're ready, but not for long." They told us there was always at least one care staff awake at night in case someone needed help and that this was enough as it was, "Very quiet at night". The registered manager told us a second care staff slept in at night in case anyone needed two people for their personal care and there was always a third staff member available 'on call' to come to the home in case of emergency. This confirmed action was taken to ensure there were always enough staff to keep people safe.

Good

Is the service effective?

Our findings

People told us they were happy that staff knew how to look after them. We saw a new member of staff reading one person's care plan to help increase their knowledge and awareness about how to meet the person's needs. We spoke with other staff who showed they were knowledgeable about people's medical and social history as well as how to meet current needs.

A new member of staff told us they had completed four weeks of their induction training so far and other staff said the induction period lasted 12 weeks in total. All staff felt they received sufficient initial training and support from other staff to enable them to carry out their roles and meet people's individual needs. They described subsequent training as "Very well organised." They had a mixture of workbook, computer based and classroom training and there was a colour coded list of training that showed all staff were currently up to date with their training requirements.

Staff were regularly supervised by the registered manager or assistant manager. They had an appraisal meeting to discuss their progress and review their knowledge and training needs every 12 months. There were records of these and a system to remind the manager when the next supervision and appraisal meetings were needed for each of the staff. Any important changes in people's needs were passed on to all staff when they started their shifts, so that they all knew the up to date information.

The staff we spoke with understood how best interest decisions were made using the Mental Capacity Act (MCA). We saw examples of how they had determined whether a plan was needed for staff to make some decisions in people's best interests. Staff also understood the importance of giving people as much choice and freedom as possible. The manager had appropriately not made any applications for Deprivation of Liberty Safeguards (DoLS) so far, but was seeking more guidance on this. We observed staff gaining consent with the support they were giving in assisting people to move and we saw that staff understood the different ways people indicated "yes" or "no".

Staff told us that sometimes some people expressed their anxieties through behaviour that might be a risk to themselves or others. They explained that they used non-physical de-escalation techniques and that these were sufficient and effective in redirecting people to alternative activities. We saw an example of a plan that described things which might upset a person, such as loud noises, crowds and shouting. The plan described the type of behaviour care staff might see and what action to take to support the person. For example, staff were to encourage the person to move somewhere quiet to help them calm down. We saw records of how these techniques had been effective in practice. Staff recorded the triggers and patterns of behaviour for analysis later, so that all staff would learn from the experiences and any changes needed could be put into practice.

People were happy for staff to prepare their food for them . Two people told us they always chose what they wanted to eat and there was a good choice offered. We saw people were offered hot or cold food at lunchtime and those who wanted jacket potatoes had a choice of toppings. Care staff asked each person individually what they would like. People told us they always had enough to eat and drink. Some went out to a luncheon club during our visit and we saw all people were continually offered hot drinks and juice at various times. One person said, "I can have a drink whenever I want one."

An electronic shopping list was used that identified what essential food items were required and staff added additional items dependent on the menu that had been discussed with people in advance. We saw the delivery of food supplies and a large range of fresh, dried and canned food was included. Staff were fully aware of people's dietary needs and told us of the 'Eat Well' training they had previously received about appropriate eating. They said this had increased their awareness and they made sure they always offered people a balanced variety of food.

Staff were aware of current plans to meet person's health needs. When any changes were noticed they took action to contact medical professionals. We saw records of health appointments and the involvement of various health and social care professionals. Staff accompanied people to specialist appointments. Staff told us they were frequently involved in discussion with other professionals, including falls specialists, occupational therapists and physiotherapists, and made notes of the advice given to ensure all support was given effectively.

Good

Is the service caring?

Our findings

Two people told us staff were kind to them. One person said, “All the staff are really kind to us all. They look after us well when we go out too.” Each person had a member of staff linked to them who were responsible for ensuring people’s clothing and needs for other personal items were met. We saw that staff were aware of which were people’s favourite clothes. People appreciated the relationships they had with staff and spoke fondly about them. Staff told us they always tried to make individuals feel extra special on their birthdays and one person had the use of a stretch limo during their special day.

Relatives had given written comments to the provider in response to a questionnaire and these included, “All staff are caring, helpful and friendly” and “[My relative] is well cared for.” Another relative described staff as “Lovely people, who do the job efficiently with passion.”

We observed staff sitting next to people and talking with them at various times during the day. Communication was always focused on what the person wanted to talk about or do. Sometimes staff chatted with each other, which could lead to people feeling excluded, but we saw that people were listening and to some extent were entertained by this. Overall, staff were attentive to people’s needs and whist some people were quietly waiting to go out to a luncheon club, we saw that staff frequently checked with them to make sure they were alright. There were plenty of smiles and positive comments to show the staff were caring.

In the care plans we saw that people had signed agreement to the way staff were to support them. Senior staff told us that they discussed the plans with people in the way each person would understand and also discussed any changes that might be needed. There were review meetings at least once a year for each person and they attended as much of the meeting as they wanted to. We saw records of these meetings that included the person’s family members and social workers. We also saw there was information about advocacy services available on the corridor notice board.

We observed staff offering choices at all times. One person was offered the choice of which cardigan to wear, another was offered choices of what to do and where to spend their time. We saw that staff patiently gave extra time for people to make choices.

We heard staff using people’s preferred names at all times. We also observed care staff respectfully knock on bedroom doors and check with the occupants if it was okay to enter the rooms before doing so. Staff told us all their training included respecting people’s dignity at all times and that their provider company, Mencap, was always promoting people’s individual choice and they put people at the centre of everything they do. All confidential and personal information was held securely.

Good

Is the service responsive?

Our findings

The people we spoke with told us staff responded quickly when they needed assistance. One said, “They always make sure I have what I need.” Another person said, “Staff know me really well. They know what I like to do.” We observed staff responding to people’s individual needs. For example, one person enjoyed writing in their notebook for short periods of time and staff made sure the person’s personal pencil case and notebook were always available.

Two people attended a day centre during our visit and four others went to a luncheon club. Staff knew what times people needed assistance in getting ready and when they would be returning. The registered manager told us the staff had recognised one person’s need to attend a day service on five days a week and had to persist with the request until they were successful. This was an example of responding to individual needs. One person showed us their bedroom and it was clear staff had assisted in making the room personal to meet the needs and interests of the person. We saw that there was a stair lift in place in response to another person’s needs.

Some staff told us they had known most people for several years and were fully aware of their individual preferences though their needs changed. We saw from a sample of care plans that all individual needs were assessed and full clear plans were written to direct staff about how to meet them. There was important information about people’s health conditions and allergies. Their levels of independence were assessed so that suitable care could be delivered. Care plans were specific to people as individuals and provided staff with information on how to manage people’s individual needs. We saw that the care plans were reviewed on a regular basis and updated as and when people’s needs changed.

One person told us about their holiday with staff support. The registered manager explained that holidays were arranged to meet individual needs and preferences. Some people became anxious if they were away from home for more than a few nights, so short stays were arranged.

Two people told us they knew they could speak to the registered manager if they had any concerns. One person told us they had written information about who to speak to. They said there were people within Mencap they could contact or they would contact their social worker if they had any concerns. We saw there were photographs on the noticeboard of key people to contact should anyone have any concerns. The manager told us the complaints information was given to people in a folder when they first moved in and people kept them in their rooms.

We looked at the management file of complaints received and found the full complaints policy and procedure was there to inform staff. The one complaint we found had been addressed with appropriate action taken and there were records to show that the complainant was satisfied with the outcome.

Good

Is the service well-led?

Our findings

One experienced care staff told us they could approach the registered manager or assistant manager easily, whenever they wanted to discuss anything. They also had regular staff meetings and told us there was a very happy and supportive staff group. A new member of staff told us that all the staff had been very supportive and helpful. They said, "I can ask anyone a question if I'm not sure about something and everyone has been happy to help."

We found the staff culture was open and honest. We saw the minutes of the most recent staff meeting that were on the office notice board. There were clear action points, so that all staff knew what action was taken following on from their discussions. We observed that care was provided with compassion, dignity and respect in accordance with the provider's values. The staff were made aware of the provider's values through their induction, training and staff meetings. This was confirmed by staff we spoke with and records we looked at. The staff told us that all their learning and development needs were thoroughly assessed and monitored through regular supervision and annual appraisals.

Regular monthly meetings were held for the people that lived at the home to meet with the staff on duty. The last one had taken place on 6 October 2014. They discussed events being planned and any changes people wanted to make to the menu. An annual satisfaction survey was carried out in April 2014 and we saw forms had been completed by relatives and health and social care professionals. Relatives were complimentary about the service and one professional had described the staff as "approachable and knowledgeable about [people's] daily needs."

Staff leadership was provided by the registered manager and an assistant manager. At least one of these was available at all times and they led by example whenever possible. The registered manager told us they always kept a positive attitude and encouraged staff to do the same. For example, she looked at risk assessments with staff and encouraged them to think how a situation affected an individual person, so that they would analyse the risks and actions needed. All the people we spoke with knew the registered manager and the assistant manager by their first name and said they could ask them for help at any time and not just in a meeting.

The managers had notified us of the incidents that they were required by law to tell us about, such as accidents, injuries and other concerns. We were able to see, from people's records, that positive actions were taken to learn from incidents. For example, when accidents had occurred they had reviewed risk assessments to reduce the risks of these happening again and make sure that people were safe. These were also summarised in a management file.

We saw there were specific systems to monitor and improve the quality of the care provided. The registered manager showed us the computerised systems used when checking most areas of the service. Information was taken from records and added to the computerised system in order to provide an overview of incidents and action taken. The registered manager assured us that the overall incidents in the service were analysed to identify potential triggers and patterns. For example, records of falls were checked within 24 hours by the manager to make sure any immediately needed action had been taken and then checked again each month to look for trends and patterns. One person had previously had a succession of falls and changes were subsequently made in the way staff assisted the person to move. We also saw care plans had been updated to reduce the potential for similar incidents recurring.

We saw the computerised systems included audits of care records, infection control, health and safety and incidents, staffing records and training. The manager told us that the responsibility for checking medicines was delegated to senior workers, but from the inconsistencies found during this inspection she realised further checks and action was needed.

The provider's area manager completed monthly visits and targeted certain areas. We looked at a recent check completed in October 2014. This looked at the quality of care plans and the use of the Mental Capacity Act. Incidents were checked and the area manager had noted the need for overall outcomes to be clarified. An improvement plan was completed and improvements were taking place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected against the risks associated with unsafe management of medicines. People were not all receiving their medicines as prescribed by a doctor. Regulation 13.