

Royal Mencap Society

Royal Mencap Society - 32 Kings Lane

Inspection report

32 Kings Lane,
St Neots,
Huntingdon,
PE19 1LB
Tel: 01480 214928
Website: www.mencap.org.uk

Date of inspection visit: 2 September 2015
Date of publication: 01/10/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Royal Mencap Society - 32 Kings Lane is registered to provide accommodation and personal care for up to eight people. There were seven people living at the home when we visited. Accommodation is provided over two floors. All bedrooms are for single occupancy and there are separate toilets and bathroom/shower facilities.

There are two kitchens, communal areas, including a dining room and lounges, for people and their guests to use. People and their relatives also had access to the rear gardens.

This unannounced inspection was carried out on 2 September 2015. The last inspection took place on 24 July 2013, during which we found the regulations were being met.

Summary of findings

At the time of our inspection a registered manager was in place. 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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that people's rights were being protected as DoLS applications were in progress where required and had been submitted to the relevant local authorities.

People who lived in the home were assisted by staff in a way that supported their safety and in a respectful manner. There were health care and support plans in place to ensure that staff had guidance to meet people's individual care needs. The care and support plans recorded people's individual choices, their likes and

dislikes and the assistance they required. Risks to people who lived in the home were identified and assessed to enable people to live as safely and independently as possible.

. Staff assisted people with personal care, their medication, activities/hobbies, cooking and domestic tasks in a kind and cheerful and sensitive way.

Members of staff were trained to provide care which met people's individual needs and wishes. Staff understood their roles and responsibilities. They were supported by the registered manager to maintain and develop their skills and knowledge through regular supervision, appraisals and ongoing training.

People and their relatives felt able to raise any suggestions or concerns they might have with the registered manager. People felt listened to and reported that communication with the registered manager and members of staff were open and very good.

Arrangements were in place to ensure that the quality of the service provided for people was regularly monitored. People who lived in the home and their relatives were encouraged to share their views and feedback about the quality of the care and support provided.

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 who lived at the service felt safe. Staff were trained and informed about how to recognise any signs of harm and also how to respond to any concerns appropriately. There were enough staff available to meet people's needs.

Risk assessments were in place to ensure that people were cared for as safely as possible and that any risks were identified and minimised.

Medicines were stored securely and were administered as prescribed.

Good



Is the service effective?

The service was effective.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that when needed, staff could take appropriate actions to ensure that people's rights were protected.

People were supported by staff who had received training to carry out their roles.

People had access to a nutritious diet and were able to prepare meals and drinks for themselves where possible, with assistance from staff.

Good



Is the service caring?

The service was caring.

Staff were very caring and supported people to be as independent as possible.

People received care in a way that respected their right to dignity and privacy. People were involved in making decisions about their care.

There were regular meetings held with health care professionals to discuss people's progress and any additional support that they required.

Good



Is the service responsive?

The service was responsive.

People's health and care needs were assessed, planned for and regularly reviewed to ensure that they were met.

A complaints policy and procedure was in place and people and their relatives told us that they knew how to raise concerns and complaints if they needed to.

People had access to a range of social activities and were encouraged by staff to pursue their individual hobbies and interests.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People and their relatives were able to raise any issues or concerns with the registered manager and staff when they wished.

The registered manager and provider had arrangements in place to monitor and improve, where necessary, the quality of the service people received.

Members of staff felt well supported and were able to discuss issues and concerns with the registered manager and senior staff. Staff enjoyed working at the home.

Royal Mencap Society - 32 Kings Lane

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 unannounced inspection was carried out by one inspector on 2 September 2015.

Before the inspection we looked at information that we held about the service including notifications. Notifications are information regarding important events that happen in the home that the provider is required to notify us about by

law. We spoke with the registered manager and five members of care staff. We also spoke with three relatives a care manager from the local authority, a consultant nurse at the local practice, a community learning disability nurse, and a healthcare assistant who had contact with people living at the home and members of staff.

During the inspection we observed people's care and support to help us understand the experience of people who could not talk with us.

We looked at three people's care records, quality assurance surveys, staff meeting minutes and medicines administration records. We checked records in relation to the management of the service such as quality assurance audits, policies and staff records.

Is the service safe?

Our findings

The majority of people that we met with during our inspection were not able to tell us about the care and support they received whilst living in the home, due to their complex needs. However observations we made showed that staff were knowledgeable and reacted to people's non-verbal cues to ensure their support needs were being met. A relative of a person living in the home told us that they had no concerns about the care and support their family member received. They also said, "My (family member) is very well cared for and I feel that they are in safe hands." Another relative said, "The staff are wonderful and they do everything to provide really good care for [family member]."

Staff we spoke with demonstrated to us their knowledge on how to recognise and report any suspicions of harm. They were knowledgeable regarding their responsibilities in safeguarding people and they had received training regarding protecting people from the risk of harm. They were aware of the safeguarding reporting procedures to follow when required. One member of staff said, "I have received safeguarding training and I would not hesitate in reporting any concerns to my manager." We saw that there were safeguarding reporting guidelines available in the office including key contact numbers for the local authority safeguarding team.

We looked at three people's care records during our inspection. A wide range of information was recorded which reflected people's physical, social and health care needs. This included how people liked to be supported with their personal care, their preferences and dislikes, personal history, communication needs, important people in their lives, eating and drinking protocols and guidelines for staff when managing behaviours that challenge.

Care plans were underpinned by a risk assessment process to ensure that people remained safe so that care and support could be appropriately delivered. Examples included assistance with, eating and drinking, medication, mobility and safety when out in the community. We saw that risk assessments were regularly reviewed every six months or more often as required. There were also assessments from speech and language therapists in place which gave guidelines regarding eating and drinking. These were cross referenced to specific risk assessments and care plan documents.

Our observations showed and staff confirmed to us that people were supported by sufficient numbers of staff. We saw that staff who provided care and support during our visit undertook this in a cheerful, unhurried and safe manner. The registered manager told us that staffing levels were monitored on an ongoing basis. Additional members of staff were made available to meet people's individual changing needs and to ensure that any social event such as a day trip could be safely facilitated. We were told by the registered manager that additional staffing had been arranged to support people's increased level of needs when required such as an attendance at medical appointments or admissions to hospital.

One member of staff told us that staffing levels were good which allowed them to have individual time with people living at the home. One person living at the home told us that staff were helpful and available to help them whenever they needed assistance.

Staff only commenced work in the home when all the required recruitment checks had been completed and we saw a sample of two staff records which confirmed this to be the case. All recruitment checks were carried out by the provider's personnel department in conjunction with the registered manager. This was confirmed by staff that we spoke with. A person told us that they had been involved in interviewing new staff and this was confirmed by a member of care staff who had been recently recruited.

Staff said that they that they had received a thorough induction which covered a variety of topics regarding care and support issues. They also said that they had been assisted and shadowed more experienced staff when they first started work in the home. This was to ensure that they understood and felt comfortable in their job role and responsibilities.

We observed staff safely administer people's medication. Medication administration records showed that medicines had been administered as prescribed. We found that staff had been trained so that they could safely administer and manage people's prescribed medications. Staff received ongoing competency checks to ensure they were safely administering medicines and further training would be provided where required. Medication was stored safely and we saw that daily records for this were in place. Daily audits were carried out to monitor stock levels and ensure that all

Is the service safe?

prescribed medication had been properly administered. This demonstrated that people were protected from harm because the provider followed safe medicines management procedures.

There were personal fire and emergency evacuation plans in place for each person living in the home and staff

confirmed they were aware of the procedures to follow. This demonstrated to us that the provider had a process in place to assist people to be evacuated safely in the event of a fire or emergency. Fire alarm, fire drills and emergency lighting checks had also been carried out to ensure people's safety.

Is the service effective?

Our findings

Healthcare records were in place regarding people's appointments with health care professionals, which included GPs, community nurses, dentists and learning disability specialist staff. Each person had a 'Hospital Passport' which was a document that gave essential medical and care information and was sent with the person if they required admission to hospital. This demonstrated to us that people were being effectively supported to access a range of health care professionals which ensured their general wellbeing was maintained. The registered manager told us that people had access to appointments with dietitians if there were any issues or concerns about nutrition or dietary needs. We saw that speech and language therapists were regularly in contact regarding any person's eating and drinking concerns and that agreed advice and protocols were followed by the staff.

We spoke with a consultant nurse from a local surgery that was in regular contact with the home. They told us that they worked closely with the registered manager and staff team and met to review and discuss any changes regarding people's care. They also told us that communication was good and information provided by the registered manager and staff was professional and detailed.

We saw that people had regular appointments with health care professionals. This was confirmed by the care records we saw which showed that people had attended GP, dentist and optician appointments. A relative told us, "The manager and staff have always contacted me when my [family member] is unwell." This showed us that there was an effective system in place to monitor and react to people's ongoing and changing health care needs.

There was a homely and calm atmosphere in the home and people were being assisted by members of staff in a cheerful, attentive and unhurried way. We observed that there was enough staff on duty to be able to provide both support to people in the home and to be able to accompany them to attend appointments and pursue their hobbies and interests. Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs.

Staff told us they had the opportunity to undertake and refresh their training. One member of staff said, "We are informed about when we need to attend training and it is always made available for us." Staff told us that they had received good and regular training and support to do their job. Examples included; safeguarding, first aid, safe manual handling, infection control and medication training sessions. Staff told us that they had received specific training regarding assisting people safely with eating and drinking which they had found to be useful. Staff told us that they received regular one to one supervision sessions and that there were staff meetings to discuss issues and developments.

Staff we spoke with confirmed that they had undertaken training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards and this was confirmed by the staff training record we looked at. The registered manager told us that applications had been submitted for all people living at the home to the relevant authorising agencies and that they were waiting for these assessments to be completed. We saw confirmation of this in correspondence in people's care documents. We observed people during lunchtime and saw that this was a social occasion where people were offered a variety of meal choices and drinks. People also received drinks and snacks throughout the day with assistance from the staff when required. Meals were varied and pictorial aids were in use to assist people with their choices. One person told us that they could have something different if they did not wish to have the planned meal. People assisted, where possible, with cooking meals and they were involved in food shopping trips during the week. One person said, "I like cooking and the staff help me what I need during the day." We saw that meals were planned at the regular meetings held with people and pictorial aids were available to aid people's understanding/choices. The staff told us that food 'tasting' sessions were held to gauge the choices of people who had limited verbal communication skills. This meant that people had the opportunity to indicate their meal preferences.

Is the service caring?

Our findings

One person we spoke with told us, “I am very happy living here and the staff help me with what I need.” A relative we spoke with told us that they had been involved in reviews of their family members care and support. They also told us that communication was very good with the home and they were always kept informed of any changes to their family members care by the registered manager and members of staff. A relative that we spoke with said that they had regular contact with the home and felt involved in the planning and reviewing of their family members care and support. Another relative said, “[Family member] is really happy at the home and the staff are very kind and caring.”

A relative told us, “My family member is very happy living at Kings Lane and I have no concerns.” Observations and comments we received showed that people were encouraged to be involved in the life of the home. One person told us that, “The staff are good and we go out a lot and I really like living here.” here was a friendly atmosphere with a good deal of humour created between the staff and people who lived in the home. People were seen to be comfortable, smiling and at ease with the staff who supported them in a sensitive and attentive way. People were assisted by staff with domestic tasks such as putting laundry away and to help people organise and tidy their bedrooms. We saw that assistance was given in a fun, caring and supportive way

Staff talked with affection and kindness about the people they were supporting and one staff member told us that, “People are cared for really well and we all work closely as a team.” We saw staff speaking with people in a kind and caring and attentive way whilst providing people with assistance.

We saw that staff knocked on people’s bedroom doors and waited for a reply before entering. We observed staff treating people with dignity and respect and being discreet in relation to personal care needs which was provided in private. We observed that staff positively engaged with people throughout the day and enquired whether they had everything they needed. his demonstrated that staff respected the rights and privacy needs of people.

People could choose where they spent their time and were able to use the communal areas within the home and spend time in their own bedrooms. One person told us that they liked their bedroom which they had been able to personalise with their own furnishings and belongings to meet their preferences and interests. . A relative told us, “My family member is very happy living at the home and is very pleased with having all the things he likes in his room.”

Each person had an assigned key worker whose role was to evaluate and monitor a person’s care needs on a regular basis. Daily records showed that people’s daily needs were checked and records made to show any events that had occurred during the person’s day. We saw that other documents such as, support plans and aims and goals were written in a pictorial/easy read format where required. This showed us that the provider gave people information about the service in appropriate formats to aid people’s understanding.

A relative and people we spoke with told us that the staff were kind, caring and compassionate. One relative told us, “The staff know my (family member) really well and they are really happy living there and the staff know how to care and support them.” The registered manager told us that no one living at the home currently had a formal advocate in place but that local services were available as and when required.

Is the service responsive?

Our findings

Staff told us about the range of activities that people took part in. These included attendance at day services, shopping and accessing local events within the community. One member of staff was involved in helping people plan activities during the week and a forthcoming trip to a local seaside town was being planned. One person told us that, “I like to go out to the pub for a pint during the week.”

People were supported to take part in interests that were important to them and included board games, crafts and visits from music entertainers including an Elvis musical show. We saw in the care plans that people had a weekly activities programme which included events at home and in the local community.

Our observations showed that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to fully communicate verbally to make choices. Staff told us that this was done by listening to a person’s answer, key words and understanding the person’s body language and facial expressions. Staff were knowledgeable about the people they were supporting and gave examples of how they assisted people both socially and when providing personal care. Relatives we spoke with also confirmed that they had observed staff to be knowledgeable and understood their family member’s needs.

Staff had access to a shift handover and communication book to ensure that any changes to people’s care were noted and acted upon. People could be confident that their care was provided and based upon the most up to date information.

One person told us that, “I can always talk to the staff if I ever have any worries.” We saw there was a complaints policy and procedure in the home which was also available in an easy read format. This meant that people could access it and use it themselves if they wanted to. A relative told us that that they knew how to raise concerns and said, “I can visit anytime and the staff are really welcoming and I am able to raise any issues and make suggestions and I feel listened to.”

People’s care and support plans were regularly reviewed on a monthly and six monthly basis to ensure that care needs remained up to date. A relative told us that they were regularly contacted by staff and that they were, “Involved in their family member’s ongoing care and support.” Another relative told us, “I am really happy with the care provided and my [family member] is very happy living at Kings Lane.”

Relatives told us that they were always contacted when there had been any changes to their family member’s health, care and support needs. We saw a section in care records where key workers documented people’s ongoing aspirations and day-to-day issues. Examples included organising trips out in the local area and social activities.

We spoke with a care manager, community nurse and a healthcare assistant from the local authority who had contact with the home and they were positive about the care and support being provided.

Is the service well-led?

Our findings

The home had a registered manager in post who was supported by staff. People told us they got on well with the registered manager and throughout our inspection we observed the registered manager interacted well with people living at the home. One person told us, "I can talk to the staff any time and they listen to me and help with any problems I have." Observations made during this inspection showed that staff were readily and actively available to people who lived in the home and assisted them when needed. On speaking with the registered manager and staff, we found them to have a good knowledge of people and their care and support needs.

The relatives had positive comments about the home and they were happy with the service provided to their family members. We saw evidence that people had completed a satisfaction survey, (some people were assisted by staff to do this) and we saw positive feedback regarding the care and support being provided. Relatives said that they were involved in discussions about the care and services provided in the home for their family member. One relative told us that, "Staff are very helpful and keep me in touch with any events regarding my family member."

Staff told us that they could make any suggestions or raise concerns that they might have. One member of staff told us, "The team work well together and I feel very supported." Another staff member told us that, "The registered manager is knowledgeable and very supportive and helpful." We saw minutes of regular staff meetings where a range of care and support issues had been discussed.

The registered manager and staff demonstrated to us that they understood their roles and responsibilities to people who lived in the home. Staff told us that they felt well supported by the registered manager and provider to carry out their roles and were confident in raising any issues.

Staff told us that they were confident that if ever they identified or suspected poor care practices or harm they

would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. Staff said that they felt confident that they would be supported by the registered manager to raise their concerns. One staff member said, "We are a good team if there was any bad practice this would be reported to the manager and acted upon without any hesitation or delay."

There were arrangements in place to regularly assess and monitor the quality and safety of the service provided to people living in the home. The provider had effective systems in place to assess and monitor the quality of service people received. The registered manager submitted reports to their operational manager who monitored the home's performance and highlighted any identified risks. We saw that where the need for improvement had been highlighted action had been taken to improve systems including care plan updates, training and staff recruitment. This demonstrated the provider had a positive approach towards a culture of continuous improvement in the quality of care provided.

We saw that there was a regular meeting held with the registered manager and senior staff to ensure that checks of key areas were made including; health and safety, medication and care and support issues. We saw up-to-date fridge/freezer temperature records, fire records and water testing and temperature records were held within the home. Any repairs and maintenance issues were reported to the organisation's maintenance team for further action.

Incident forms were looked at by the registered manager. Any actions taken as a result incidents were documented as part of the homes on-going quality monitoring process to reduce the risk of the incident reoccurring. This showed us that the provider had systems in place to monitor the quality of service being provided at the home.