

Royal Mencap Society York Road

Inspection report

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Date of inspection visit:
05 October 2017

Date of publication:
07 November 2017

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 ●

Summary of findings

Overall summary

York Road provides accommodation and personal care for people with learning disabilities. At the time of our inspection, four people were living at the service.

At the last inspection on 23 March 2015, the service was rated 'Good'.

We carried out this unannounced comprehensive inspection of the service on 5 October 2017. At this inspection, we found the service remained 'Good'.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were happy at the service. People received care from staff who knew how to identify and report potential abuse. The registered manager assessed risks to people's health and well-being and developed support plans that provided guidance to staff about how to deliver safe care.

The provider ensured there were sufficient numbers of suitably skilled staff deployed to meet people's needs. New staff underwent appropriate recruitment procedures to protect people from receiving care from care workers who were not suitable for the role.

People continued to receive their prescribed medicines from staff who were trained and assessed as competent to do so. Staff followed the provider's procedures and best practice to administer, store, record and dispose of people's medicines at the service.

People consistently received care from trained and skilled staff. Staff continually received training, supervision, appraisal and the support they required to develop in their roles.

People continued to receive the support they required to access healthcare services when needed. People enjoyed the meals provided at the service and received sufficient amounts to eat and drink.

People had their care delivered in a kind and caring manner. Staff maintained people's privacy and dignity and treated them with respect. People were involved in making day-to-day decisions about their care. People received care that was in line with the requirements of the Mental Capacity Act 2005 (MCA) and the restrictions placed on their freedom under the Deprivation of Liberty Safeguards (DoLS). People consented to their care and treatment.

Staff encouraged people to take part in activities at the service and in the community. People had opportunities to develop their daily living skills and received the support to be as independent as possible.

People received care that met their individual needs. The registered manager assessed and reviewed people's care and support plans. Staff understood people's needs and provided care in line with their

changing needs and support plans.

People knew how to make a complaint if they were unhappy with the service. The registered manager investigated and resolved concerns and complaints in line with the provider's procedures. People were asked their views about the service and their feedback was used to improve the quality of care.

People and staff were happy with the management and leadership of the service. The quality of service remained under check to ensure staff delivered high standards of care. The registered manager maintained a close partnership with external agencies to drive the quality of care at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

York Road

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 comprehensive inspection took place on 5 October 2017 and was unannounced. One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. The provider submitted a Provider Information Return (PIR) to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection, we spoke to one person, four members of care staff and the registered manager. We also contacted and spoke over the telephone with a befriender and two relatives who were involved in the care of people using the service.

We reviewed four people's care plans, their risk management plans and medicines management records. We looked at five staff files including information on recruitment, induction, training, supervisions, appraisal and duty rotas. We reviewed quality assurance reports, complaints, safeguarding concerns and feedback made about the service.

After the inspection, we received feedback from two health and social care professionals who were involved in the care of people living at the service.

Is the service safe?

Our findings

People remained safe at the service. One person told us, "I am happy here." One relative told us, "Staff do manage to keep [people] safe." People received care from staff who knew how to identify and report potential abuse. Staff received regular training and refresher courses in safeguarding adults to protect them from the risk of abuse and discrimination. For example, staff maintained accurate records of people's finances and a check we carried out indicated that balances tallied with the recorded totals. The provider investigated safeguarding incidents and reviewed procedures to ensure staff learnt from incidents and to protect people from avoidable harm. The registered manager continued to work with the local authority safeguarding team on concerns about people's safety to minimise the risk of harm.

People were supported to remain safe at the service. Risks to people's health and their well-being were assessed and regularly reviewed to ensure that staff continued to provide appropriate care. Staff had sufficient guidance on how to support people with their needs without unlawfully depriving them of their right to take risks in their daily living, such as accessing the community independently. One member of staff told us, "Managing risks is to do things as safely and sensibly as we can rather than saying we are only doing things that are totally safe." Care plans identified risks to people's safety such as use of equipment, slips in the bath, falling from stairs and burns and scalds. The registered manager told us and records confirmed that they had reviewed a shortcoming in the management of risk to one person. They continued to work with the local authority safeguarding team to ensure there were sufficient resources and that staff followed risk management plans to ensure that people were not exposed to avoidable harm or injury. Records showed support plans were up to date and reflected changes in the risks to people's welfare and the support they required. Each person had an evacuation plan detailing the support required in case of an emergency at the service.

People received appropriate support to meet their needs. Sufficient numbers of suitably skilled staff were deployed at the service, which enabled people to receive safe care. Staffing levels took into account people's needs and recommendations from health and social care professionals. Staff said shifts and absences were covered and they had enough time to provide people's care and support. We observed staff supported people in an unhurried manner and that they responded to their requests in a timely way. Rotas confirmed adequate staff cover and a consistent and regular team. One member of staff told us, "The staff ratios are good. We have enough time to deliver care and engage people in activities." Records confirmed one person received one to one support in line with their increased needs. Daily records showed people continued to receive their care as planned.

The provider carried out appropriate recruitment checks to ensure they recruited staff who were suitable for their role. Recruitment was on-going which ensured staff vacancies were filled and minimised reliance on use of agency or bank staff.

People continued to receive the support they required to take their medicines. Staff assessed each person's ability to manage their medicines. Daily records showed one person required prompting whilst others required full support with their medicines. The provider ensured all staff received training and completed a

competency assessment in managing people's medicines. The registered manager carried out medicine audits to check whether people received their prescribed medicines when needed in line with the provider's procedures and best practice. There were no concerns raised in the checks we saw. Staff completed medicines administration records accurately and there were no errors identified with the entries, quantities administered and the signatures. This indicated that people had received their medicines when they needed them. Medicines were stored safely and securely in a lockable cabinet.

People continued to live in a well-maintained environment. The premises were clean and free from unpleasant odours and dirt. Staff followed the provider's procedures on good hygienic practices such as wearing gloves, aprons and regular hand-washing to minimise the risk of infection. The provider ensured staff received training on infection control to enhance their understanding of how to reduce cross contamination.

Is the service effective?

Our findings

People received care from staff who were skilled and competent to undertake their roles. One member of staff told us, "The training is available. We get reminders and time off to allow us to attend courses off site and in-house." Staff were happy with the training and refresher courses they received which they said equipped them with the skills and up to date knowledge about care delivery. Staff received regular supervisions and appraisal to monitor their performance and to identify any additional support they required. The registered manager put in place development plans to enable staff to acquire skills appropriate for their roles. Records confirmed staff attended the provider's mandatory training and courses to meet people's individual health conditions. New staff underwent a comprehensive induction which ensured they were equipped for their role before they started to provide care independently.

People received the support they required to consent to their care and treatment. Mental capacity assessments were carried out to determine each person's ability to make decisions about their care when needed. People using the service and their relatives (where appropriate), and health and social care professionals were involved in making best interests decisions when a person was unable to consent to care. People used advocacy services to enable them to make informed decisions about their care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions to deprive a person of their liberty were being met. We found that people using the service received care in line with the MCA and DoLS.

Staff showed a good understanding of the MCA and were able to describe how they supported people to make decisions about their care. People subject to a DoLS authorisation received care in line with conditions placed on their care such as when receiving personal care and accessing the community. The registered manager monitored and submitted DoLS applications in time to ensure people's freedom was only limited after appropriate authorisation.

People continued to enjoy the meals provided at the service. Staff had information about people's nutritional and hydration needs and the support they required to eat healthily. People were involved in menu planning where they chose the foods they liked. Staff encouraged people to include fresh fruit and vegetables for a healthy diet. Records showed people received meals of their choice and support to take part in developing their cooking skills and preparing the food. Staff monitored people's weights and involved healthcare professionals when necessary. Staff followed guidelines provided by a healthcare professional to support a person to maintain a healthy weight, for example, one person was supported to attend a gym regularly.

People had constant access to healthcare services to maintain their health and well-being. Each person had a health action plan and received the support they required to access healthcare professionals, which

included dentists, opticians, psychiatrists, speech, and language therapists, occupational therapists and GPs. Staff ensured people attended an annual health check, medical appointments and reviews and followed guidance received about managing each person's health. Staff knew people well and records confirmed they made a referral to healthcare professionals when a person's mental or physical health declined to ensure they received appropriate care.

People did not have access to all parts of the accommodation. The ground floor was wheelchair accessible whilst the first floor was not. While this did not affect wheelchair users as they had all the facilities they required on the ground floor, there was a risk of exclusion from enjoying access to all parts of the service such as chatting to the registered manager, whose office was located upstairs. We talked to the registered manager about this and they informed us they were aware of this and had plans to make the whole service accessible to people with mobility issues including wheelchair users. They also told us that they did ensure that wheelchair users had sufficient room to move around safely and easily on the ground floor. People had access to adapted equipment such as bathrooms and cutlery, which enabled them to receive effective care.

Is the service caring?

Our findings

People using the service and their relatives were happy with the care they received. They described staff as kind, caring and compassionate. One relative told us, "Staff are friendly and good with [people]." People were relaxed and comfortable in the company of staff. Staff were good natured in their interactions with people and addressed them by their preferred names. We observed staff showing an interest in each person's plans for the day to help ensure they felt valued. Staff treated people with respect and talked about them and their needs in a respectful manner. Staff had developed positive working relationships with people and had worked with them for a long period. This enabled them to develop an understanding of each person's needs and to provide the support they required.

People were involved in planning and making decisions about their care and support. Each person had an assigned member of staff who acted as their keyworker. A keyworker co-ordinated people's care, supported them to maintain links with family and friends, helped set goals, discussed their aspirations and enabled them to make decisions about how they spent their day. Records showed people indicated how they wanted to live their lives and that staff supported people as they wished and respected their decisions. Staff had information about each person's likes and dislikes such as having a structured plan for the day and being told in advance of any outings or visitors to come to the service. People had their cultural, gender and spiritual needs met such as who provided their care, what events they wanted to celebrate, the types of foods they ate and whether they practiced a faith or held religious beliefs.

People consistently received care in a manner that respected their privacy and dignity. One member of staff told us, "We respect people's individuality." Staff understood how to maintain people's privacy by knocking on their bedroom doors and waiting to be invited in and providing personal care behind closed doors. People were well dressed and groomed.

People had their confidentiality respected through secure keeping of their records and authorised release of information to third parties on a need to know basis. Staff asked people for their consent before they shared information with other health and social care professionals. People's information was stored on password protected computers and lockable cabinets that were accessible to authorised staff. Staff shared information, writing of notes about each person and handover sessions in private to protect people's confidentiality.

People continued to live independent lives. Care records showed the tasks each person was capable of doing and what support they required in other areas of their lives. Staff supported people to develop the skills they required to develop and maintain daily independent living skills such as the upkeep of their personal hygiene, budgeting and money saving, housekeeping and laundry, meal preparation, accessing the community and building relationships. Records showed that people were able to plan and spend their day away from the service on their own. Staff had information "about people who are important to me" which enabled them to support each person to maintain relationships that they valued. One person was supported to visit a relative once a month. Relatives and friends were able to visit without restriction and told us they felt welcome at the service. People received the support to socialise with each other in the

home and to have some community involvement. For example, people told us they enjoyed a birthday party celebration of a person held at the service. We observed a relaxed environment throughout the inspection and saw that people were friendly to each other.

Is the service responsive?

Our findings

People continued to receive care that met their individual needs. People had been using the service for a long period and staff understood their individual needs. The registered manager consistently reviewed people's needs and updated their care plans to ensure staff delivered care that was appropriate for each person. Care plans showed the support people needed in areas such as personal care, eating and drinking, communication, social and well-being, behaviour management and relationships. People using the service, their relatives and advocates where appropriate, including health and social care professionals, were involved in the review of care plans and their input was included when planning people's care. One healthcare professional commented in a review letter to a person, "I reviewed your care and support plan and is still working for you and continuing to meet your needs, which have not changed since your last review."

People received care that was responsive to their needs. Staff understood triggers to people's behaviours and what action to take to support them. A positive behaviour support plan showed how staff supported a person when they displayed behaviours that challenged the service and others. Records showed people received care that responded to their changing needs. Staff knew how people communicated their needs and we observed them using sign language, pictorial aids and reading people's facial expressions and body language to respond to their needs.

People received the support they required to take part in activities of their choosing. Staff encouraged people to pursue their interests and undertake educational and vocational courses at local colleges. Records showed people were involved in a wide range of recreational activities such as going on holidays, going to the cinema and theatre, parks, shopping, bowling, watching football, eating out, music therapy, drama sessions, listening to music and attending a group for people with learning disabilities. Staff worked closely with volunteers from the local community who provided additional support to people by engaging them in gardening and driving them to places of interest and any other journeys they wanted to undertake.

People using the service and their relatives were able to make a complaint if they were unhappy. They had access to the complaints procedure in a format they understood and knew what action to take if their concerns were not resolved. One relative told us, "I can talk to the staff if I have concerns." Feedback we received indicated that it sometimes took longer than necessary to have concerns addressed. We spoke to the registered manager about this who explained how they continued to work with the people using the service, their relatives and advocates to understand and resolve any concerns raised in line with the provider's complaints procedures. The registered manager told us the service had not received any complaints about the service in the past 12 months.

Is the service well-led?

Our findings

People using the service, their relatives and staff commented that the service was well-managed. Comments showed that they were happy that the registered manager was approachable, enthusiastic and passionate about their welfare and knowledgeable about their needs. The registered manager understood the provider's vision and ensured staff put people "at the heart of everything" at the service.

People remained the focus of the service. A person centred culture enabled staff to meet each person's individual needs. People benefitted from the honest and transparent manner in which staff provided their care. Staff told us people took pride in displaying their achievements over the year at an annual "reflective day" held at the centre.

A registered manager was new in post, having been at the service for two months at the time of our inspection. Staff were happy that there was now a registered manager in place and that he had established himself quickly and was driving improvement at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and provider understood their responsibilities in line with their registration with the Care Quality Commission (CQC). They submitted notifications about incidents at the service as required. Staff had access to up to date policies and procedures on delivering safe care at the service.

People using the service and their relatives completed customer satisfaction surveys, attended review meetings and had telephone and email contact with the registered manager to provide feedback about the service. Their ideas were considered and used to develop the service. One to one meetings provided an opportunity for people to talk about their care, safety, activities, general well-being and any changes they wanted to see at the service. This enabled people to receive person centred care that met their individual needs.

Staff indicated that they enjoyed good teamwork and shared information about people's needs effectively through handovers and communication books. Team meeting minutes showed staff received updates about developments at the service, discussed people's plans and progress on their goals and feedback from people and external agencies. Staff felt valued at the service and that the provider considered their ideas and views to improve the quality of care they provided to people. Staff gave their views about the service through staff surveys and the provider considered their ideas. The registered manager discussed incidents at the service and ensured they reviewed procedures and that staff learnt lessons to prevent recurrence. The provider gave awards of recognition for staff who championed improvements in people's care.

People received care that the provider monitored and audited constantly. The registered manager checked various aspects of the service including care plans and reviews, record keeping, risk assessments, medicines management and health and safety. The checks ensured the accuracy and completeness of records to

reflect people's needs and the support provided. Records were up to date, well maintained and stored in a manner that was easy for staff to access and identify information about people when needed. The provider carried out surveys called "Tell us what you think about Mencap" which enabled people to share their views about the service. The provider had plans to improve the environment. Plans to refurbish the service and to install an access lift to allow access to wheelchair users to the first floor was underway.

People continued to benefit from a close working partnership by the registered manager and provider with other healthcare professionals and external agencies. This ensured people received care and support in line with best practice. The provider received input from agencies such as the local authorities and organisations that specialised in needs of people with a learning disability for guidance, updates on changes to legislation and developments in the care sector. Records showed this enhanced the quality of care staff provided to people using the service.