Care Quality Commission

Royal Mencap Society

Royal Mencap Society - 62 Wright Street

Inspection report

62 Wright Street
Horwich
Bolton
Lancashire
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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?	Good
Is the service well-led?	Good

Overall summary

The unannounced inspection took place on 18 November 2015. The last inspection took place on 06 August 2014 and the service was found to be meeting all the regulations inspected at that time.

62 Wright Street is a domestic property providing support and accommodation for up to 4 people with a learning disability. The home is situated close to Horwich town centre and has good access to local shops and public transport. There is a small front garden and back garden, mainly paved. Parking is available on the front street. The home also has its own vehicle.

There was a registered manager at the service. 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.

The service had a robust recruitment procedure in place, to help ensure staff employed were suitable to work with vulnerable adults. There were sufficient staff at the home to meet the needs of the people who used the service.

There were safeguarding adults and whistle blowing policies in place. Staff demonstrated an understanding of safeguarding issues and were confident to follow the local procedures.

Appropriate risk assessments were in place and accidents and incidents were recorded and followed up appropriately.

Infection control procedures were followed at the home. There was a medicines policy in place, medication systems were fit for purpose and all staff had undertaken medication training.

There was a robust induction programme in place, which included mandatory training and shadowing of an experienced member of staff. Training and development for staff was on-going and supervisions were regularly undertaken.

Care records included relevant health and personal information and were reviewed and updated regularly. People's individual nutritional needs were met and monitoring was carried out by the service when required.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People we spoke with told us staff were caring and kind and we observed friendly, respectful and relaxed interactions throughout the day. Staff endeavoured to work in an anti-discriminatory manner.

Information was clear and comprehensive and people who used the service were involved in all aspects of their care delivery as far as they were able.

Some staff had undertaken accredited training in end of life care and people who had previously lived at the home had been able to remain there and be cared for in familiar surroundings at the end of their lives.

Documentation was person-centred and included people's individual preferences, likes, dislikes, choices and interests. People were encouraged to pursue their hobbies and interests and there were a number of activities on offer both inside and outside the home.

There was a relevant complaints procedure in place but there had been no recent complaints. The home had received a number of compliments from both relatives and professionals.

Staff and professionals described the management team as approachable and said they felt listened to. The service undertook a number of audits and checks, results of which were monitored and analysed, issues identified and actions put in place.

Supervisions and staff meetings took place regularly. The registered manager attended local professional partnership meetings.

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?

Good

The service was safe.

The service had a robust recruitment procedure in place and there were sufficient staff to meet the needs of the people who used the service.

There were safeguarding adults and whistle blowing policies in place. Staff demonstrated an understanding of safeguarding issues and were confident to follow the local procedures.

Appropriate risk assessments were in place and accidents and incidents were recorded and followed up appropriately.

Infection control procedures were followed. There was a medicines policy in place and medication systems were fit for purpose.

Is the service effective?

Good

The service was effective.

There was a robust induction programme in place and training and development for staff was on-going.

Care records included relevant health and personal information and were reviewed and updated regularly.

People's individual nutritional needs were met and monitored appropriately..

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People we spoke with told us staff were caring and kind and we observed friendly, respectful and relaxed interactions throughout the day. Staff endeavoured to work in an anti-discriminatory manner.

Information was clear and comprehensive and people who used the service were involved in all aspects of their care delivery as far as they were able.

Some staff had undertaken accredited training in end of life care to enable people to be cared for in familiar surroundings as they neared the end of their lives.

Is the service responsive?

Good

The service was responsive.

Documentation was person-centred and included people's individual preferences, likes, dislikes, choices and interests.

People were encouraged to pursue their hobbies and interests and there were a number of activities on offer both inside and outside the home.

Summary of findings

There was a relevant complaints procedure in place but there had been no recent complaints. The home had received a number of compliments from both relatives and professionals.

Is the service well-led?

Good

The service was well-led.

Staff and professionals described the management team as approachable and said they felt listened to.

The service undertook a number of audits and checks, results of which were monitored and analysed, issues identified and actions put in place.

Supervisions and staff meetings took place regularly. The registered manager attended local professional partnership meetings.

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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 took place on 18 November 2015 and was unannounced. The inspection was carried out by an adult social care inspector from the Care Quality Commission. At the time of the inspection there were four people residing at the home.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of notifications received from the service.

We were unable to speak with any of the people who used the service, due to the nature of their disabilities. We spoke with one relative, one visiting professional and four members of staff including the registered manager. We also contacted four health and social care professionals outside the inspection day. We used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at records held by the service, including all four care plans, three staff files, audits, training records, meeting minutes and general information supplied by the provider.

Good

Is the service safe?

Our findings

We saw an appropriate safeguarding adults policy, which was linked to the Care Act 2015 and included case studies. The policy referenced the local authority safeguarding definitions and relevant contact numbers, including out of hours contacts, were documented. There was also a whistle blowing policy in place. Staff we spoke with demonstrated a good understanding of safeguarding issues and were confident they would recognise signs of abuse or poor practice. Staff were able to explain how they would report any concerns using local authority procedures.

The service had a robust recruitment process in place, which included obtaining two written references, proof of identity and an enhanced Disclosure and Barring Service (DBS) check on each potential employee. A DBS check helps a service ensure people are suitable to work with vulnerable people.

We looked at staffing levels and saw that there were sufficient staff to attend to the needs of the people who used the service. Staff worked flexibly and rotas were carefully planned so that extra staff could be on a shift when someone had an appointment or outside activity to attend in order to facilitate this.

We looked at all four care plans and saw that appropriate risk assessments were in place to help ensure people's safety and well-being. These were up to date and complete. The service had endeavoured to ensure that people who used the service were compatible with each other. However, there was an issue with one person at the home who may have been inappropriately placed and the management were consulting with relevant professionals to try to address this issue. In the meantime there were appropriate measures in place to ensure that all the people who used the service received the correct level of care and attention and their needs were met satisfactorily.

Fire alarms and equipment and emergency lighting were tested, maintained and serviced regularly and records were complete and up to date. We saw that annual fire drills were carried out and there was a fire risk assessment in place. All staff had undertaken fire training and this was regularly refreshed. There were personal emergency evacuation plans (PEEP) in place for each person who used the service, to help ensure they would receive the appropriate level of assistance in an emergency situation. These were reviewed regularly to ensure people's individual needs were accurately recorded.

There was a policy and procedure in place for the prevention and control of infection, which included guidance for staff, an outbreak flow chart and contact numbers. All staff had completed infection control training on induction and were aware of the procedures. The home was clean and free from malodours. We saw that there were colour coded chopping boards in the kitchen and colour coded mops to help prevent the spread of infection. A cleaning check list was in place to ensure cleaning tasks were completed in a timely way. Records were complete and up to date on the day of the inspection.

Accidents and incidents were recorded appropriately. These were regularly monitored via head office for trends and patterns so that these could be addressed by the service.

We looked at the medication policy and the systems within the home for ordering, administering, storing and disposing of medicines. All staff had been fully trained in all aspects of medication, observations of practice were undertaken to ensure staff maintained competency and training was refreshed regularly. Medicines were stored safely in a locked cupboard. One medicine was stored in the fridge in a locked box as advised by the pharmacy used by the service. Fridge temperatures were taken daily to ensure they were within the manufacturers' recommended temperature range.

Good

Is the service effective?

Our findings

One health professional we spoke with told us, "I have no concerns at all with the care given to clients or the effectiveness of the team.They are very pro-active in reporting health concerns to our team and to the GP when needed".

We looked around the home and saw that the environment was adapted for wheelchair use. The home was clean, tidy and uncluttered and there was ample space for people with restricted mobility to move around freely.

We looked at three staff personnel files and saw that new employees were required to undertake a comprehensive 12 week induction programme. Mandatory training had to be undertaken, including safeguarding adults, manual handling, first aid, medication administration and fire training. New staff shadowed experienced staff members prior to being assessed as competent to commence work alone. There was a good practice guide, which included policies and procedures, available in the office for staff to consult.

Training was on-going for all staff and there was an electronic system in place to ensure each staff member's training requirements were monitored and alerts were generated when refresher training was needed. All staff had completed the required training and some had undertaken further training courses or were pursuing National Vocational Qualifications (NVQs).

We saw that staff performance was reviewed and monitored via quarterly meetings and annual appraisals. Staff were able to seek informal supervision at any time as the registered manager or deputy were always available if they were required. Staff competency was monitored via regular observations of practice.

We looked at all the health action plans and support plans and saw they included a range of health and personal information. People's communication methods, including non-verbal communication, signing and facial expression were documented and staff were aware of and experienced in using different techniques in order to communicate effectively with each person. We saw that different techniques were used by staff throughout the day.

There were relevant risk assessments regarding issues such as falls, mobility and nutrition. Monitoring was undertaken where required and records were complete and up to date. All records were reviewed and updated regularly and changes to care delivery were recorded. We saw that a wide range of other agencies were involved with people's care, including speech and language therapists (SALT), physiotherapists, occupational therapists, chiropodists, community nurses, opticians, dentists, incontinence team and GP. Each person's current medicines were described within the files and there were pictorial representations of each medicine with explanations of when and how they should be taken.

Staff were aware of people's nutritional requirements and worked closely with other professionals, such as dieticians and SALT team to monitored people's dietary intake. One person at the service was fed via percutaneous endoscopic gastrostomy (PEG). This is when a person is unable to eat their food orally and receive it through a tube into their stomach. All staff were trained in PEG feeding. Food in the fridge was checked daily to ensure it was not out of date.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 on authorisations to deprive a person of their liberty were being met.

We saw that the records included information around best interests decision making, who to include in the decision making process and outcomes of decisions made. The use of independent advocates was considered when appropriate to help ensure people's best interests were served. The records made reference to the MCA and DoLS.

One person had a DoLS authorisation in place and authorisations had been applied for in relation to the other people who used the service. Staff we spoke with were

Good

Is the service effective?

aware of the principles of the MCA and of the DoLS procedure. The registered manager was in the process of arranging further training for all staff in MCA and DoLS to ensure their knowledge was current.

Good

Is the service caring?

Our findings

We spoke with one relative who told us, "The staff are lovely with [my relative], they are caring". They went on to tell us that they felt their relative was not appropriately placed at the home and had been let down by the system, but felt that the service were in no way to blame for this and had done everything that could be done. They told us that the staff at Mencap were, "The only people who have allowed [my relative] to feel unthreatened".

There was a student health professional at the home when we visited, who was spending some time at the service as part of her placement. She told us, "It is a lovely home and atmosphere. The team work well together and there is lots of banter". Another health professional we contacted said, "I have always found the staff to be very caring and respectful to clients at this property. I have always found the staff very approachable and willing to be involved and carry out recommendations. I have a good working relationship with both support staff and the managers. Staff are able to give detailed information when feeding back about clients' progress. Staff will seek advice from professionals and ask for further training for individual clients appropriately". She went on to say, "My only concern is sometimes if two clients have appointments at the same time the staff sometimes are unable to support both activities".

We observed staff interaction with people who used the service throughout the day. The atmosphere was friendly and relaxed and staff clearly had positive relationships with the people who used the service. Staff members spoke to individuals in a kind and considerate manner and ensured they explained what they were doing at all times.

A stakeholder survey was sent out on an annual basis and we saw some comments made in the most recent survey. Areas commented on included keeping safe, paperwork, staff, managing support and helping to achieve. The comments included, "I feel the service all round is excellent" and, "Staff have achieved a minor miracle in the way they manage the health and safety aspect of [person's] life".

There were cultural fact sheets at the home with information about different religions and cultures to guide staff in this area. The registered manager explained that workshops on anti-discrimination took place and case studies were used to help ensure staff treated people with respect and according to equality and diversity principles.

Appropriate policies were in place with regard to data protection, document retention and confidentiality and there was guidance for staff. This helped ensure that the appropriate level of personal information was shared with relevant professionals and regard was paid to people's right to privacy. Information produced by the service was informative and easy to read and included guidance on how to raise a concern.

People's records demonstrated that people who used the service, and their loved ones if appropriate, were involved in all aspects of care planning. We saw that much of the information in the health action plans was produced in easy read format with pictorial representations and some photographs. These helped people who used the service to be fully involved in their care planning, monitoring and review.

Some staff had undertaken an accredited course in end of life care. The registered manager told us that people who had previously used the service had been able to stay at the home when they reached the end of their lives and had been cared for according to their or their family's wishes, in familiar surroundings.

Good

Is the service responsive?

Our findings

Support plans we looked at were person- centred and included information about people's backgrounds and family structure. There was information about people's likes, dislikes, preferences and choices. Plans were written in the first person and included best possible outcomes for each person and how these may be achieved. People and things that were important to the person were included in the records.

We saw that there was a section on good day/bad day which described what constituted a good day for a particular person and what would create a bad day for that individual. Information included how and when the person wished to be woken up, what they may require for breakfast, how to communicate best with them and what they would enjoy doing throughout the day. Plans were reviewed regularly to meet the changing needs of people who used the service.

One health professional we spoke with told us "They [the staff] put the residents' needs first and communicate well. They let them know what they are doing, involve people in decisions and they [people who use the service] are given choice".

We saw that specific training was accessed where required to meet the needs of the people who used the service. For example, staff had accessed catheter care training, pressure ulcer care and epilepsy and rescue medication training. All staff had been trained in PEG feeding and safe swallowing as a response to need.

In observing care throughout the day we saw that staff responded to each individual in a way that was specific to them. They communicated with each person differently and it was clear that staff knew each person's likes, dislikes, personalities and preferences well.

People who used the service were encouraged to pursue their particular hobbies and interests. We saw that some had parts of the garden which they could make their own. These areas of garden were very different, one contained many sensory items whilst another was planted with flowers. There were photographs within the care files of people enjoying creating their individual garden areas.

People were taken out regularly, to watch the local football team, shopping, to garden centres, hydrotherapy sessions, to visit friends or family and to the cinema or theatre. There were a range of activities within the home facilitated by staff, for example film shows, crafts, games and exercises. Some people enjoyed aromatherapy sessions, for which an aromatherapist was brought into the home. Birthdays were celebrated at the service and we saw that one significant birthday had been celebrated recently whilst another was in the planning stages. Individuals were involved in the planning of their parties.

There was a complaints procedure with timescales and guidance and a house file which included information and guidance for staff about complaints and compliments. All complaints were taken seriously and followed up according to the service's policy. There had been no complaints over the last 12 months, but the service had received a number of compliments from relatives and professionals.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. 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.

Appropriate policies and procedures were in place at the service and these were regularly reviewed and updated via head office. All policies were available electronically and hard copies of key policies and procedures were kept in files in the office for staff to access more easily.

The registered manager and the deputy manager were present at the home on a regular basis, so were accessible to staff who may need assistance. Staff we spoke with told us they found the management team approachable and said they felt they were listened to and supported. One health professional we spoke with said, "I believe that a high quality service is being offered to the individuals at this property".

A number of audits were undertaken at the home, including medicines audits, health and safety audits, care plan reviews and daily cleaning and safety checks. The results of these checks fed into a continuous improvement plan and any required actions were discussed and agreed with higher management.

Questionnaires were completed by stakeholders and we saw that there were many positive comments from these. People who used the service were unable to complete questionnaires, but it was clear from documentation that they were involved as far as they were able in all aspects of their care delivery.

Supervisions, both formal and informal, and appraisals were undertaken regularly to ensure staff's personal development was being fulfilled. The new system, 'Shape Your Future' was based on Mencap's vision and values and involved three one to one meetings and an annual appraisal where staff progress and development could be monitored and supported.

Staff were required to attend regular team meetings at the home. Discussions at the meetings included any changes or updates to individuals' support needs, staffing issues and general updates and practice guidance. The registered manager attended monthly meetings with the area operations manager and quarterly meetings with the regional operations manager. Topics at the meetings included discussions about any concerns and issues, staff issues, achievements and other news. Relevant information from these meetings was disseminated to all staff.

The registered manager also attended quarterly meetings with the health and social care workforce partnership, twice yearly forums for fire safety and quarterly provider meetings with the local authority. This helped facilitate good partnership working and keep knowledge and skills current.