Royal Mencap Society

Royal Mencap Society - 22 Queensberry Road

Inspection report

22 Queensberry Road
Kettering
Northamptonshire
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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?	Requires Improvement

Summary of findings

Overall summary

The service is registered to provide accommodation and personal care for up to five people living with learning disabilities. Accommodation was provided in a detached house in a residential area of Kettering, Northamptonshire. At this inspection, there were five people living in the service.

At the last Care Quality Commission (CQC) inspection on 25 August 2015, the service was rated Good in all domains. At this inspection we found the service remained Good in Safe, Effective, Caring and Responsive but required improvement in Well-led.

The service was kept clean, but guidance about safe cleaning methods using mops and buckets was not always followed. We made a recommendation about this.

Care plans were focused on people's needs and how they should be supported. However further action was needed to ensure that information in different parts of people's care plans was consistent.

People were supported to stay healthy and to access healthcare services when they needed them. However, a person had not been informed about a health screening programme they had been invited to participate in two consecutive years. We made a recommendation that the provider has systems in place to ensure that invitations to people to participate in health screening programmes are acted upon.

The service had a registered manager. 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.

People continued to be safe at 22 Queensbury Road. People were protected against the risk of abuse. People felt safe in the service. Staff recognised the signs of abuse or neglect and what to look out for. Medicines were managed safely and people received them as prescribed.

Staff followed appropriate guidance to minimise identified risks to people's health, safety and welfare. There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of new staff to work at the service.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff received regular training and supervision to help them to meet people's needs effectively.

People were supported to eat and drink enough to meet their needs.

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.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. 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.
Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

The registered manager ensured the complaints procedure was made available to people to enable them to make a complaint if they needed to. Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

The registered manager checked staff were focussed on people experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service was not consistently well-led. Quality assurance activity had not identified inconsistencies in people's care plans or failure to act on invitations for a person to participate in a health screening programme. The management and staff shared and understood the values of the provider. The registered manager understood their responsibilities to inform CQC of incidents that occurred at the service.	**Requires Improvement**

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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 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 25 July 2017 and was announced. We gave the provider 48 hours' notice because 22 Queensbury Road is a small service. Staff and people are often out. We needed to be sure someone would be in.

The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We contacted the local authority that funded some of the care of people using the service and Healthwatch Northamptonshire, the local consumer champion for people using adult social care services, to seek feedback about the service. We used all this information to decide which areas to focus on during our inspection.

We spoke with two people who used the service. We spoke with four staff including two support workers, the registered manager and the assistant manager. We contacted an advocate of one of the people who used the service.

We looked at two people's care records, which included mental health care plans, health records, risk assessments and daily care records. We looked at a staff file to see how the provider operated their

recruitment procedures. We looked at information about staff training and support and records associated with the provider's quality assurance system.

We asked the registered manager to send additional information after the inspection concerning a renewal of a Deprivation of Liberty Safeguards authorisation. The information we requested was sent to us in a timely manner.

Good

Is the service safe?

Our findings

A person we spoke with told us, "I feel safe. The staff are nice to me." We observed that people felt safe in the service and were at ease with staff. We saw and heard people having conversations with staff that that they evidently enjoyed.

People were supported to stay safe when they went out, for example how to cross roads safely and use public transport. We saw written feedback from a member of the public which complimented staff about how well they supported a person whilst they were out. They wrote, 'I was most impressed with the care he [the care worker] showed and how he engaged with clients. It was a joy to see.'

People continued to be protected from abuse or harm. Every person had an easy to read guide about staying safe and which advised them how to raise concerns about their safety. All staff had received training in safeguarding adults. They were also aware of the provider's whistleblowing procedures through which they could raise concerns with senior managers outside the service.

Staff demonstrated their awareness of provider's safeguarding procedures and described how they would use them if they had concerns about people's safety. They had a good understanding of people's individual behaviour patterns and could recognise signs of anxiety. In 2016 staff had alerted the registered manager to changes in one person's behaviour which could indicate that they felt threatened when they went out. This led directly to a safeguarding referral to the police and local authority adult safeguarding team who took action. This showed that people and staff felt confident about raising concerns because they knew they would be acted upon.

The service had procedures for maintaining an up to date record of each person's incidents or referrals. This meant that any trends in health and behaviour could be recognised and addressed. All the staff we spoke with was able to describe the needs of people at the service in detail, and we found evidence in the people's support plans to confirm this. This meant that people could be confident of receiving care and support from staff who knew their needs.

People's risk assessments continued to promote and protect people's safety in a positive way. Records demonstrated staff had identified individual risks to people and put actions in place to reduce the risks. People's care plans included relevant risk assessments, such as supporting people in the event they had an epileptic seizure, when they made hot drinks, cooked and when they went out. These included preventative actions that needed to be taken to minimise risks but without unduly restricted people's choices. The risk assessments outlined what people could do on their own and what they required support with. This meant people were supported to take responsible risks as part of their preferred daily lifestyle. Risk assessments were reviewed and were updated when either there was a change in a person's circumstances.

There were enough staff with the right skills to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, at home and out in the community, to plan the numbers of staff needed to support them safely. Both care workers we spoke with told us they

were confident that enough staff were always on duty. One said, "There are definitely enough staff on duty." Rotas showed that at least two care workers and the registered manager or a senior care worker were on duty during the day and one care worker throughout the night. We observed when people were at home staff were visibly present and providing appropriate support and assistance. Staff ensured people's comfort and supported them to settle back after being out for the day. The atmosphere at the service was one of calm and staff were not rushed.

The registered manager and provider continued to maintained recruitment procedures that enabled them to check the suitability and fitness of staff to support people. Records showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability. Part of the recruitment process included prospective staff meeting people who used the service so that their interactions could be assessed and used to inform recruitment decisions.

Suitably trained staff continued to support people to have their prescribed medicines. Staff had training about the medicines. A care worker told us, "The medications training was very specific about the medicines people require." People's medicines were stored safely. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. People were protected from the risks associated with the management of medicines. The registered manager monitored staff competency in administrating medicines and provided additional training where required.

The service continued to have plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk, for example, in the event of a fire. Each person had a personal emergency evacuation plan (PEEP) in place. Risks associated with the premises continued to be assessed and maintenance checks of equipment and gas and electrical installations were documented and up to date. Fire safety checks were regularly carried out. The home was clean and there were no odours. However, we noted that staff did not always follow cleaning procedures or recommended practice. We saw cleaning mops standing in buckets of dirty water which could pose an infection risk. We recommend the service refers to and adopts the guidance about infection control guidance for care homes.

Good

Is the service effective?

Our findings

People were supported by staff who were knowledgeable about their needs. Each person had a key worker who they talked with about their care and support. A person told us, "[Member of staff] is my keyworker. They look after me."

Staff continued to be supported to provide care that met people's needs. Since our last inspection, records showed staff had undertaken mandatory and specialist training in topics and subjects relevant to their roles such as the care of a person experiencing seizures.

All new unqualified staff had induction training that was based on the Care Certificate that was introduced in April 2015. The Care Certificate consists of a period of assessed practice and is designed to ensure that all care workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support. Five new staff were supported to complete the Care Certificate in the first 12 weeks of their employment. Staff induction included periods of watching experienced staff support people, then working alongside experienced staff. Staff were allowed to support people alone only after being assessed as competent to do so by the registered manager or a senior care worker. A care worker told us, "I felt really confident after my induction. I felt prepared to support the people who live here."

Staff were also supported through having personal development plans, supervision and annual appraisal. These supported staff to put provider's values into practice and keep records about how they had achieved this.
Staff communicated well with each other to keep up to date with the latest information about people's needs. They did this through a 'communications book' and staff handovers when staff finishing a shift shared information with staff starting a shift. A care worker told us, "The handovers are vital. I had a good quality handover today so I know what people need for the remainder of the day." Good communications and handovers ensured that people experienced a continuity of care.

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 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 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 on authorisations to deprive a person of their liberty were met. We found that every person living at the service did so under a DoLS authorisation. The procedure to obtain authorisations had been used for people because it was in their best interests to be at 22 Queensbury Road. They were restricted from leaving the home alone because it was unsafe for them to do so. The provider had made the appropriate assessments and applications for DoLS and any conditions were being followed.

People's consent and ability to make specific decisions had been assessed and recorded in their records. People told us that staff sought their consent before supporting them. They said, "Staff ask me before doing anything." Staff understood their responsibilities to seek consent. One told us, "We always ask for consent. Each person communicates consent differently, for example by word or gesture." Where people lacked capacity, their relatives or representatives and relevant health and social care professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the MCA. The provider had produced their own training pack about the MCA. A care worker told us, "We support people with their life choices, but if the lack capacity to understand the consequences of choice we support them support them in ways that are in there best interests. For example, we go out with people or take them to places. It wouldn't be safe for them to go out alone." They were able to tell us the five key principles of the MCA.

People continued to be supported to have enough to eat and drink to help maintain their health and well-being. Staff were aware of people's individual dietary needs and their likes and dislikes. They were trained in food hygiene and preparation and knew how to make people's favourite meals. A person told us, "I have poached eggs for breakfast." People had meals from a range of choices that they decided at weekly meetings. No person had special dietary requirements but a person who had been assessed as at risk of choking was served meals consisting of small portions they could safely manage. There were sufficient quantities of food available and people were involved in food shopping. Healthy eating was encouraged and meals were mostly made from fresh ingredients people had chosen rather than pre-cooked or ready meals.

People continued to be supported to maintain good health and to access health services when they needed them. Staff ensured people attended scheduled appointments and check-ups such as with their GP or health professionals who oversaw their specialist health needs.

Good

Is the service caring?

Our findings

People continued to receive care from staff that were compassionate. A person told us, "The [staff] are nice with me. [The registered manager] often asks me how I am." We observed positive interactions between people and staff. People looked at ease and comfortable in each staff member's presence. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way and ensured their comfort, for example supporting people to be comfortably seated and selecting a television programme they wanted to watch.

Staff continued to have a good understanding of treating people with dignity and respect. That was because they were supported to understand and put into practice the provider's values about supporting people. Those values included being caring and involving people in decisions about their care and support. A person told us, "My key worker asks me about what I want to do. I tell her about places I want to go and we go there." A care worker told us, "We [staff] all speak with people to involve them. We interact with them, check that they are happy." People's records showed that they regularly discussed their preferences about what they wanted to do in the short term and things they wanted to achieve in the longer term, for example increasing their independence by learning more skills.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, a person had been supported how to make hot drinks safely. They made a drink for us. Staff supported a person to learn how to use public transport safely, which was an on-going goal. People had time set aside into their weekly activities for self-management skills such as laundry and tidying their rooms which promoted their independence.

Staff respected people's privacy. They did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care. People who had indicated they wanted privacy were supported with their medicines in the privacy of their room. Staff spoke about people respectfully when talking to us about their roles and duties.

People had free movement around the service and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. People chose to spend time in the communal lounge watching television or in the conservatory talking with care staff. One person spent time in their room, but came into the registered manager's office several times to talk with us and the registered manager. Other people preferred to spend their time watching what staff were doing, for example beginning to prepare a tea time meal. Staff interacted positively with people, explained what they were doing and encouraged people to participate. A care worker described how they supported a person to dress in co-ordinated clothing and jewellery because that person's presentation was important to them. That person told us they felt happy.

People told us they liked their rooms. Staff supported people to personalise their rooms with pictures and items that were important to them, for example photographs and posters that reflected their hobbies and

interests.

People had access to an advocate should they need one when making decisions about their care. Advocacy information was available on the notice board and available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

A person said, "They [staff] help me do things I like doing."

Since our last inspection on 25 August 2015, people continued to receive support which met their specific needs. Their care plans contained information about people's likes, dislikes and their preferences for how care and support was provided. People's care plans included information about things they wanted to do to be as independent as possible.

People learned skills at a daycentre which they were able to use in a meaningful way at 22 Queensbury Road. For example, they were taught skills they used to support the everyday running of the service. For example, people had accepted certain responsibilities such as collecting post, cleaning and setting tables at meal times and hanging washing outside to dry. This showed that people shared responsibilities to create a friendly family like atmosphere at the service.

People were supported to maintain contact with relatives and friends. Staff supported people to visit relatives and friends by involving them in planning journeys using public transport. This was planned to expose people to the experience of using public services and being amongst members of the public. For example, a person was supported to purchase rail tickets and to travel on trains to other towns. People were supported to visit what had become their favourite tearooms.

People continued to be supported with their hobbies and interests. For example, a person was supported to attend sports events and to follow their interest from home. Their room was personalised to reflect their interest.

Care plans were reviewed every six months with people's involvement. If people had a social worker or advocate they were involved in the review. When changes were identified, people's plans were updated and information about this was shared with all staff. Staff signed care plans to show they had read and understood them after changes were made. Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes when we spoke with them.

The provider continued to have systems in place to receive people's feedback about the service. Residents meetings took place monthly where people gave general feedback about the service, for example about activities and meals. They gave feedback about their care support at monthly meetings. People's opportunity to provide feedback was not limited to those occasions because staff spoke with people every day about their care and support. We saw and heard staff doing this and one person came into the registered manager's office several times to share their experience of what they had done and enjoyed during activities.

We saw feedback from a day activities centre a person attended which stated that staff at 22 Queensbury Road 'were very supportive and always followed through what they said they would do for [people using the

service].'

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was accessible to people using the service because it was in an easy-to-read format using simple language and pictures. No formal complaints received by the service since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

The service continued to have a registered manager. 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 registered manager carried out audits of people's care records. However, these had not identified that two invitations, in June 2015 and June 2016, to a person to participate in a voluntary cancer screening programme had not been acted upon. The registered manager was unable to explain why that happened. We recommend that the provider implements a system to ensure that all letters received in relation to health screening are acted upon in a timely way.

The registered manager's monthly audits had not identified inconsistencies in people's care plans. We found that information in different sections of care plans was not always consistent or compatible. For example, a person's care plan included aims to go out alone and use public transport to visit relatives in another town; but that would not have been safe for them to do so because they were vulnerable. They were supported to do those things accompanied by staff, which was one of the conditions of a DoLS authorisation, but this was not reflected in the section of the care plan that included what they wanted to achieve. There was a minor risk that staff could read and act on a section of the care plan that was inaccurate and consequently expose a person to a risk of harm. We brought this to the attention of the registered manager who immediately undertook to change all the care plans to follow the lay out recommended by the provider.

People did said that the registered manager was available to them when they wanted. The registered manager operated an 'open door' policy which meant people were able to go their office when they wanted. During our inspection people freely walked into the registered manager's office to discuss things with them. This demonstrated that people felt confident and comfortable to approach the registered manager. A person told us, "[The registered manager] cares about me."

Support was provided to the registered manager by a regional operations manager and the provider's head office in order to support the service and the staff. The operations manager visited the service monthly or as and when necessary to support the registered manager. For example, supporting the registered manager with a new quality assurance system and discussing the results of monitoring they carried out.

The registered manager attended meetings of managers from other local services run by the provider. These were used to share good practice and learning. For example, two services run by the provider were rated 'outstanding' and the registered manager discussed what those services had done to achieve the rating.

The registered manager had a clear view of the challenges the service faced. The most pressing was improving the presentation of the home and grounds. The registered manager told us, "The home needs a face-lift, especially the kitchen." The registered manager was working with the provider's property maintenance department to improve the quality of the premises.

Staff told us that the registered manger was supportive and approachable. A care worker told us, "The manager is supportive. They encourage staff to make suggestions about what could be better. I'm comfortable about making suggestions." Another care worker said, "The manager is always around. I'd feel comfortable about raising issues if I had any."

The registered manager and staff had a shared understanding of the provider's organisational values about the support people using the staff experienced. These were: `trusting, challenging, positive, caring and inclusive'. All staff had personal development plans which included objectives for demonstrating how they put those values into practice. This was part of a new strategy launched by the provider called 'Shape the Future'.

The registered manager carried out quality assurance to critically review how well the service was performing against the requirements set by the provider. They were supported in this by the provider's quality assurance system which generated information about the running of the service, for example operational matters such as staff training, staff supervision and staff deployment.

The provider's regional operations manager also carried out series of audits either monthly, quarterly or as at when required to monitor the quality of the service runs smoothly. Their visits were unannounced. They used these audits to review the service and provide feedback to the registered manager. We found that when their audits identified areas that required improvement the registered manager produced action plans, which detailed what needed to be done and when action had been taken. For example, after a medications administration error had been identified action was taken to support the care worker responsible to learn from their error and undergo refresher training and observation.

The provider's quality assurance included seeking the views of people using their services throughout England using an annual questionnaire. Feedback about individual services was shared with registered managers. At the time of our inspection, the latest survey responses were being evaluated by the provider.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification, for example medication administration errors. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with told us they were able to access these policies and procedures.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.