Royal Mencap Society

The Old Rectory

Inspection report

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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

Summary of findings

Overall summary

The Old Rectory provides accommodation and personal care for up to 7 people.

When we inspected on 4 May 2017, there were 6 people using the service. This was an unannounced inspection.

There was a registered manager in post. 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 service provided care and support to people which took account of their individual needs, preferences and wishes. We saw friendly and caring interactions between staff and people. People received care that respected their privacy and dignity and promoted their independence.

Effective systems were in place which protected people from the risk of abuse. Staff were trained to identify potential signs and knew how to report any concerns.

Safe recruitment procedures were in place, and staff had undergone recruitment checks before they started work to ensure they were suitable for the role.

Risks to people were identified, monitored and reviewed regularly. Assessments guided staff on how to ensure the safety of the people who used the service.

The service was meeting the requirements of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS). Staff understood the need to obtain consent when providing care. 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 supported to maintain good health and had access to a range of health and social care professionals when required.

People received their medicines safely and in a timely manner.

There were processes to monitor the quality and safety of the service provided. The management team presented as open and transparent throughout the inspection, seeking feedback to continually improve the care provision.

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.

People were protected from the risk of abuse because staff knew how to recognise abuse and how to report concerns.

The management team were reviewing staffing levels to ensure they were sufficient to meet people's needs at all times.

Risks were identified and reviewed in a timely manner.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

People received care from staff who had the necessary knowledge and skills to be competent in their role.

People were asked for their consent before any care, treatment or support was provided. Staff were knowledgeable about their responsibilities in line with the principles of the MCA and DoLS.

People were supported to maintain good health and had access to healthcare support in a timely manner.

Is the service caring?

Good

The service was caring.

People received care from staff who understood how to meet their diverse needs and knew them well.

People's views and wishes were listened to and acted on.

People were supported to achieve goals which were important to them.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were encouraged to live active lives, be part of their community and maintain relationships.

People received personalised care which was regularly reviewed and amended to meet changing needs.

There was a complaints procedure in place. People were reminded of this and how to raise any issues.

Is the service well-led?

Good

The service was well-led.

The service had a positive, person-centred and open culture.

The management team were committed to continually improving the care provision. The registered provider supported this.

People, staff and relatives all felt they could raise concerns or issues to the management team, and would be listened to.

There were effective systems and processes in place to monitor and evaluate the quality of the service provided.

The Old Rectory

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 4 May 2017, was unannounced and undertaken by one inspector.

Before our 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 had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

On the day of inspection most people were out in the community, but did return later in the day. We spoke with two people. Some people had complex needs, which meant they could not always readily tell us about their experiences. They communicated with us in different ways, such as facial expressions, signs and gestures. We observed the way people interacted with staff and received feedback from three people's relatives.

We spoke with the registered manager, deputy manager, and three members of care staff. We also observed the interactions between staff and people. Following the inspection we spoke with three health professionals.

To help us assess how people's care needs were being met we reviewed three people's care records and other information, including risk assessments and medicines records. We reviewed three staff recruitment files, maintenance files and a selection of records which monitored the safety and quality of the service.

Good

Is the service safe?

Our findings

Staff had received safeguarding training and were able to identify different types of abuse and what action they needed to take if they suspected someone was being abused. One staff member said, "I would always report abuse, and this can be a range of different issues. I keep all of the contact details at home of who I need to contact, all the different agencies". Another said, "If I suspected abuse I would always report it to the manager. We have to be mindful of this when we are out in the community with people too as they [people] can get verbally abused".

People's care records contained a comprehensive range of risk assessments relating to situations which could affect their daily lives. For example, medicines, nutrition, choking and personal care. Risk assessments were very detailed, individualised, and included diverse needs, such as, accessing the community, attending health appointments, swimming, and road safety. Risks were regularly reviewed and updated to reflect changing needs. It was also evident that people had been involved in creating these, as their views were also considered and documented.

The service followed safe recruitment practices. Disclosure and Barring Service (DBS) checks (which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups) had been undertaken before new staff started work. This ensured that new staff coming to work in the service were suitable for their role.

People had Personal Emergency Evacuation Plans (PEEP) recorded within their care records. These showed the support people required to evacuate the building in an emergency situation. There were systems in place to monitor and reduce the risks to people in relation to the water system and legionella bacteria.

We received mixed feedback about the staffing arrangements in the service. One staff member said, "It depends what people are doing in the day. Some people need one to one care when they are out, and one person needs someone here in the house all the time now, so it depends". Another said, "It's usually ok [staffing levels] but just recently [person] has needed more time from us due to the progression of their [condition]. We have brought this up with management, they are aware".

We spoke to the registered manager about this who told us they were aware of the recent changes in people's needs which could potentially impact on staffing time, and that this was discussed in staff meetings. They said this was being reviewed, and that contact with the provider would be made if an increase in staffing levels were required. They confirmed that current staffing levels had not impacted on people carrying out their usual routines in the community or at the service.

There were safe medicine administration systems in place and people received their medicines when required. Staff received medicines training, and we saw that annual competency checks had been carried out to ensure staff were competent when administering medicines.

Medicines were securely stored alongside medicine administration records (MAR) which were well

maintained and regularly signed by staff. Any known allergies were highlighted and a photo of the individual was kept with people's MAR charts so that staff could identify people correctly. Medicine profiles were also kept with people's MAR charts. These detailed what each medicine was prescribed for, how the person preferred to take their medicines, and the possible side effects including what action to take in the event of an adverse reaction. This provided guidance to staff so they could take action promptly if necessary. Some profiles also included advice from health professionals on the most effective ways to administer certain medicines.

Stock checks on medicines were regularly undertaken. We discussed with the registered manager about undertaking a more comprehensive audit of medicines to ensure effective systems and processes were consistently applied. They informed us that they had already identified this as an area for improvement, and agreed this would support the service to ensure that processes and procedures were effective.

Good

Is the service effective?

Our findings

Systems were in place to ensure that staff were provided with training and support, and the opportunity to achieve qualifications relevant to their role. Training included medicines, moving and handling, epilepsy, safeguarding, and end of life dementia care. The dementia training had recently been implemented to ensure staff were trained to support people living in the service effectively. The deputy manager told us that the most recent training hadn't met their requirements, so were sourcing further training in dementia care that would support staff working with people who were living with dementia. A health professional told us, "I went to the service to deliver some training, and the staff were very interested in learning more. Very positive".

Each staff member had an induction on commencing employment at the service which included taught training, observation, and workbooks to check staff knowledge. People receiving services from the provider were invited to attend induction events and speak with new staff coming into the service. One staff member told us, "Induction was very good. They took account of my [learning needs] and I was supported to achieve what was required of me". Another said, "Very good, felt prepared when I started and shadowed other staff. I wasn't thrown in at the deep end".

Supervisions and appraisals provided staff with the opportunity to discuss how they were working, receive feedback on their practice and identify how they would like to develop their skills. One staff member told us, "I had supervision in December [2016] and we talked about my training needs, and any support I needed. I did need help at the time, and it was given". The registered manager told us that supervision sessions had not been held as regular as they would like (due to recent management changes), but had ensured that all staff supervisions were now booked in. We saw a document called 'Shape your future'. This document was used to record staff supervisions and appraisals. They reflected the organisational values, and potential development areas for staff. The information completed was detailed and included comments from staff.

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 decision 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). The MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty.

DoLS applications had been made to the local authority as required to ensure that any restrictions on people were lawful. People's care records made reference to their mental state and ability to make decisions. This included a section on 'helping me to make a decision'. This outlined when decisions may need to be made (day to day and more complex decisions) and where a best interests decision may need to

be considered. In the event that this was necessary, it listed who should be involved in making the best interests decision, including IMCA's (Independent Mental Capacity Advocates) where necessary. Records stated that mental capacity should be assessed each time a decision needed to be made. This demonstrated a good understanding of the principles of the MCA, and provided staff with clear guidance and information. We observed staff asking people for consent prior to assisting them with tasks such as personal care, and providing medicines. One staff member said, "We always ask people if they want us to help them, we don't just do it".

Records showed that people's dietary needs were monitored and met when required. People were supported to prepare food and maintain a balanced diet. People prepared the menu for the week ahead. We saw in the main kitchen a rota that listed who was cooking, and what meal they were preparing. People chose the food on the day it was their turn to cook.

Where one person was at risk of choking, we saw that a referral to the SALT (speech and language therapy) team had been made. Guidance from professionals had been written into the person's care plan to ensure food and drinks were prepared in line with their recommendations. For example, pureed food and thickened fluids. Clear guidance on how to prepare thickened fluids was available to staff. A health professional told us, "They [staff] refer people appropriately when concerns are picked up, they do follow advice".

People had access to health care services and received on-going health care support where required. We saw that referrals to relevant professionals were done so in a timely manner, and where needed, further advice had been sought. A health professional told us, "The services' pre-planning for appointments is very good. Good communication from them and correspondence always follows through". Care plans contained information and photographs on relevant health centres or hospitals the person might need to visit for an appointment. Objects of reference were also used, which helped people to prepare and understand where they were going prior to leaving.

Good

Is the service caring?

Our findings

We observed that people living in the service had good relationships with staff. We saw that people were comfortable in the presence of staff, and approached staff to ask for help with tasks such as personal care, and preparing food. People were seen to be smiling and laughing with staff when we observed them preparing food in the kitchen. Others chose to watch television, and some spent time in their rooms. People were comfortable independently accessing all areas of the service. One person was very pleased to be able to show us the chicken coop in the garden, and told us how they were responsible for cleaning the coop and collecting the eggs each day.

Staff knew about people's individual needs and preferences and spoke about people in a caring way. People's care records identified people's specific needs and how they were met. The service supported people to express their views and be involved in making decisions about their care. For example, records provided guidance to staff on people's preferences regarding how their support and care was delivered. Where agreed, relatives/representatives and advocacy services were consulted about people's care and plans for social activity. Independence was promoted; this included day to day tasks and accessing the community. The associated risks and benefits were documented so it was clear that any potential risks around safety had been considered.

People identified goals they would like to achieve and staff fully supported them to achieve these. For example, one person wanted to purchase an item which they said would give them more personal space and privacy outside of the main building. It went on to describe why it was important to the person, and how this was to be achieved. This was then followed by photos of the person having purchased the item, and how they used this for special events that were meaningful to them. This demonstrated that people were listened to and their views and independence respected. Another person identified that they wanted to grow pumpkins. Again this was achieved, and photos of the person planting the pumpkins were in the records. There were many other examples of people identifying personal goals and the service supporting people to make this happen. Some goals were quite diverse, but were always considered in line with people's ability to make their own decisions, including potential risks. We saw many photos of people carrying out their goals, both in the community and at the service.

People's care plans contained 'About me' one page profiles, which detailed what was important to people, what they were good at, what they found difficult, and what they needed support with. This was beneficial in terms of quick reference for staff to see important details about people. It was also useful in the event that a person visited a place where staff may be unfamiliar with them, such as hospital.

We saw that 'resident meetings' had taken place and were well attended. Relevant items such as how to complain and who to speak to if there were issues people wanted to raise were discussed. People discussed what they had been doing, and one person raised that they would like to visit the zoo. All other people agreed this would be something they would like to be involved with, and it was arranged.

We saw that two people had been supported to write a 'blog' (a regularly updated website, typically run by

an individual in an informal or conversational style) on the provider website, which could be viewed by people, families and staff. The registered manager told us how this had resulted in people feeling proud by being able to tell their stories and share their views. They added, "It is about showing others that even though [person] has a disability [person] is an important part of the community and that if you put your mind to it and have the right support you can achieve your dreams".

Another person was going to be featured in the provider magazine, which all staff received. The person had consented to be interviewed, and was going to be featured at the end of May 2017. This demonstrated that people were encouraged to be involved with a range of different opportunities to tell their stories and be involved in wider networking within the organisation.

People's privacy and dignity was respected, and we saw that staff when speaking about people, did so in a discreet manner so others close by were not able to hear. Records reflected people's right to privacy, and how they liked staff to communicate with them. For example, 'being clear in what you are asking, and speaking in a quiet tone away from other people'. This information helped to ensure that staff were aware of people's preferences and that they would feel comfortable when discussing issues or sensitive subjects.

Good

Is the service responsive?

Our findings

Care plans guided care workers in the care that people required and preferred to meet their needs. This included personal care, making decisions, communication and accessing the community. Care plans were reviewed regularly and any changes to a person's needs were documented. The service worked collaboratively with people to ensure needs and preferences were recorded accurately and that the person was at the centre of how their care was delivered. The level of detail provided staff with clear guidance on how people preferred to live, and how staff should support the person to achieve this. Staff knew about people's diverse needs, such as those living with dementia, and how these needs were met. We saw that information on particular conditions had been sourced from reputable organisations. This meant that staff had access to information they could refer to, and deliver care which was tailored to the individual needs of people. One staff member told us, "Everything people need is in their support plans. We [staff] do read these as they get regularly updated".

Where people experienced behaviours which might challenge staff, there was a 'managing behaviour' or 'distress assessment tool' in place. This provided staff with guidance on how the person presented when they were content and when they felt distressed. This included action to take to calm the person and make them feel reassured. Having this information meant staff could potentially de-escalate situations before they arose, by providing the care and support people needed to feel safe and calm.

People were fully supported to follow their personal interests or hobbies. A health professional told us, "They [people] are always out and about doing lovely things". On the day of inspection, most people were out at adult education classes provided by the local council. People's care plans showed that where people had shown an interest in studying a topic, such as maths or English, this had been arranged. Taster sessions for people who were unsure of whether to commit to a class were also arranged. People had many social networks outside of the service and these were encouraged. For example, swimming, boxing, or attending a gym. One person had secured paid employment, and told us, "I've got jobs, not just one, I get paid. I'm very busy with lots of things".

There were also social events that staff supported people to attend, such as social nights out on a Tuesday and Friday night in the local area. The service also supported people to stay in contact with relatives and family. For example, the registered manager told us how they supported one person to email a family member who lived abroad. This helped people to stay involved and connected.

The registered manager told us how they had been involved in an exciting community project supporting the local Lifeboat Restoration Group. The registered provider offered to provide a space for the boat to be restored in the grounds of the service. People were involved with this project, and we saw photos of people receiving the boat when it arrived, and working to restore it. We spoke with a representative of the restoration group who told us that it was a, "Great initiative", and that they were planning to get people involved even more with painting and restoring the boat. This project positively promoted links with the local community, which people were able to be a part of.

The service had a complaints procedure for people, relatives and visitors to raise concerns. The service had not received any complaints. We saw that in 'resident' meetings people were reminded how to complain, and who they should speak with. We saw a compliment that a health professional had made in July 2016; "In my experience the care and support they [staff] provide is of a very high standard".

Good

Is the service well-led?

Our findings

There was a registered manager in post. They were supported in their role by a deputy manager. Both were knowledgeable about the service and the importance of ensuring a high quality of care for people. Their approach was open and transparent, seeking feedback to further improve the provision of care. One health professional told us, "[Registered manager] is a very effective manager, I can't praise them highly enough. They are 100% committed to the people that live in the service". A relative said, "I've always been very happy with my [relatives] care, and with Mencap generally".

The management team promoted their role within the local community which added to people feeling valued and important with a part to play in wider society. As well as the lifeboat restoration project, the service held an annual summer party which members of the community were invited to attend. They contacted the local press and used the provider website to promote the event. Last year over 100 people attended, including the Mayor. The registered manager told us how valuable this was in ensuring people were involved and connected with the local community. The management team also intended to further enhance links with the local community, and were planning to invite a local school to the next summer party. The registered provider supported developments which improved care delivery. They recognised the achievements of the team, and we saw that a message had been sent from the Chief Executive, which congratulated the management and staff team for their work on a past project which promoted people's role in the community.

People were at the heart of the service, and any changes made were in consultation with people. People were involved in interviewing prospective new staff into the service, which the registered manager told us could include asking their own questions, or just observing the interview and giving their views as to the person being interviewed. This meant that people could be involved in potential appointment decisions.

Staff said they attended regular meetings and received the training they needed to be confident in their role. They told us they felt well informed about the service, and their responsibilities. Staff meetings had been held and relevant items were discussed such as training, staffing hours, and medicines. Staff were also asked to give their views on the positive and negative things about working for Royal Mencap. This provided the management team with information about staff views and attitudes and what they felt could be done better. All staff agreed that the positive outweighed the negative.

Staff gave us their views about the management team. One staff member said, "I love it here. I think the management team are very approachable. I've had some tough times personally in the past, and they have really supported me". Another said, "It's hard to tell at the moment, as they [registered manager] have only been in the service a short time. I can't say I've noticed any major flaws though. [Deputy manager] always steps in when needed and is open to discussion".

The registered manager had completed leadership qualifications, and kept up to date with any relevant training opportunities which could further enhance their knowledge. They were also aware of the providers' wider business strategy which they could share with the staff team. They were supported in their role by the

area manager who they saw on a regular basis to discuss relevant topics and receive updates.

The management team had systems in place to monitor the quality of the service and to identify areas for improvement. Audits included care records, health and safety, and any incidents or accidents which had occurred in the service. We saw these were well detailed, describing what incidents had occurred, and actions taken to reduce immediate and on-going risk. The registered manager showed us a new 'managerial assurance tool' they were introducing, which will provide more effective oversight of the service. For example, it will prompt the management team to review particular areas of care delivery periodically. This will ensure all areas of the service are reviewed regularly.

The registered manager valued people's feedback, and ensured people were asked their views on a monthly basis via their keyworkers (a member of staff who works closely with an individual and knows them well). We were also shown a 'stakeholder' survey which was about to be issued to relatives and professionals. This ensured that the service received a wide range of feedback which they could use to continually improve service delivery.