

Royal Mencap Society

Royal Mencap Society - 32 Kings Lane

Inspection report

Popewalk House
32 Kings Lane, St Neots
Huntingdon
Cambridgeshire
PE19 1LB

Date of inspection visit:
01 December 2017

Date of publication:
17 January 2018

Website: www.mencap.org.uk

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

We inspected the service on 1 December 2017. The inspection was unannounced.

Royal Mencap Society – 32 Kings Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Royal Mencap Society – 32 Kings Lane provides care and support for up to eight people with physical and learning disabilities. Nursing care is not provided. The care service has been developed and designed in line with values that underpin the Registering Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection on 22 October 2015, the service was rated Good. At this inspection we found the service remained good.

The service has 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.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

People were assisted by staff in a way that supported their safety and that they were treated respectfully. People had health care and support plans in place to ensure their needs were being met. Risks to people were identified and plans were put into place to enable people to live as safely and independently as possible.

There were sufficient numbers of safely recruited staff available to meet people's care and support needs. Medication was safely stored and administered to people.

There was a friendly, relaxed atmosphere and staff were kind and attentive in their approach. People were provided with food and drink that met their individual needs and preferences.

Staff were trained to provide effective care which met people's individual needs. The standard of staff members' work performance was reviewed by the registered manager through supervisions, spot checks

and appraisals.

The registered manager sought feedback about the quality of the service provided from people and/or their relatives, staff and visiting health professionals. There was an on-going quality monitoring process in place to identify areas of improvement required within the service. Where improvements had been identified, actions were taken. Learning from incidents were discussed at staff meetings to reduce the risk of recurrence.

Records showed that the CQC was informed of incidents that the provider was legally obliged to notify us of.

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?

Good ●

The service remained Good

Is the service effective?

Good ●

The service remained Good

Is the service caring?

Good ●

The service remained Good

Is the service responsive?

Good ●

The service remained Good

Is the service well-led?

Good ●

The service remained Good

Royal Mencap Society - 32 Kings Lane

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 1 December and was unannounced. The inspection was carried out by one inspector.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. The registered manager returned the PIR and we took this into account when we made judgements in this report.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with three people who were receiving support in the service, four relatives, the registered manager, two senior carers, three support workers and a visiting health professional. During our inspection we also spoke on the telephone with an occupational therapist, two nurses from the learning disability partnership, a nurse practitioner from the local surgery and a manager from the local authority safeguarding team.

We looked at three people's care records, records in relation to the management of the service and the management of staff, such as recruitment and training records. We looked at records relating to the management of risk, care and support, medicine administration, two staff recruitment files, training files and systems for monitoring the quality of the service.

Is the service safe?

Our findings

Not all people we met were able to tell us about their experiences whilst using the service. However, we observed that people were safely assisted with their mobility. One relative we spoke with said, "The staff give brilliant care and I feel that [family member] is very safe at Kings Lane."

There were effective safeguarding guidelines and policies in place for staff to follow. Staff were aware of their roles and responsibilities in relation to reporting any incidents so that people were protected from harm. Staff continued to receive safeguarding training and they were aware of the procedures to follow. They told us they would not hesitate in raising any incidents or concerns regarding any allegations of harm with the registered manager or the local authority safeguarding team. One member of staff said, "I would never hesitate in reporting my concerns to the [registered] manager and I feel that they would deal with any concerns properly." This showed us that there were processes and procedures that helped keep reduce the risk of harm to people.

Records demonstrated that risks to people were identified and measures were put in place to reduce these risks such as those for mobility, challenging behaviours, medicines and nutrition. Referrals to manage any identified risk had been made to relevant care professionals where this was necessary, such as a change to a person's mobility needs. We observed that the staff were proactive in reducing the risks to people. For example, we observed staff taking time with people so that they could mobilise safely around the service. An occupational therapist told us that they had worked closely with staff to ensure that new mobility equipment had been used. They had given guidance so that staff could confidently assist people. Examples included new slings and stand aids so that people could better mobilise and transfer safely.

There were sufficient numbers of staff to meet the needs of the people staying at the service. Staff told us, and records showed that there were sufficient numbers of staff on duty to support people both in the service and when accessing the local community. Staff told us that staff absence was usually covered by the organisation's bank staff. These staff also knew the people staying at the service.

Staff only commenced working when all the required recruitment checks had been satisfactorily completed. Staff recruitment was managed in conjunction with the registered manager and the organisation's personnel department. Staff we spoke with confirmed that they had supplied the required recruitment documentation prior to commencing working at the service. New staff had completed an induction and shadowed more experienced staff so that they had an understanding and felt confident about how to provide the required care and support.

We saw that people continued to be safely supported with the administration of their medicines. There were appropriate systems in place to ensure people received their medicines safely. Staff told us they continued to receive training and that their competency for administering medicines was checked regularly. We found that medicines were stored securely, at the correct temperatures and administered in line with the prescriber's instructions. Appropriate arrangements were in place for the recording of medicines received and administered. Where people administered their own medicines this was recorded in their care plan.

Regular audits were carried out by senior staff to monitor stock levels and administration to ensure that people's medicines were safely managed.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and regular training for staff. Food stored in the refrigerators had the opening dates clearly recorded. Staff had access to personal protective equipment such as gloves, aprons and hand gel. The service was clean and there were no concerns in relation to infection control.

Incident forms were looked at by the registered manager. This was for any incident or near miss that staff had reported. There were arrangements in place to liaise with the appropriate authorities if things went wrong. Staff demonstrated that they understood their responsibilities to raise concerns whenever this was required. Any actions taken were documented as part of the services on-going quality monitoring process to reduce the risk of the incident reoccurring. Learning from incidents was discussed at staff meetings to reduce the risk of recurrence. There were no current trends identified. This showed us that the provider had systems in place to monitor the quality of people's safety whilst receiving care at the service. Systems were in place to respond to any safety alerts such as those for medicines and equipment people used if this was ever required.

Is the service effective?

Our findings

Observations showed and records told us that external health and social care professionals visited the service. They worked with staff to monitor and promote people's well-being and on-going care, without discrimination and in line with legislation and guidance.

Staff told us they continued to receive a range of training to ensure they could meet the needs of people and provide them with effective care. Staff confirmed they continued to receive regular updates/refresher training sessions to ensure their training was kept up to date. This was confirmed in the training records that we saw. Staff had completed the Care Certificate (a nationally recognised qualification for care staff) as part of their induction. Part of staff's training included equality and diversity. We saw that all people were treated equally and that discrimination was not tolerated. Staff told us that there was an ongoing programme of supervision and appraisal to ensure that their performance and development was monitored. We also found that staff were given the time they needed to undertake their training to help ensure they were provided with the skills to deliver care in a compassionate and personal way. Staff confirmed that they felt very well supported and could raise any concerns with the registered manager and senior staff.

People's independence was promoted by skilled and knowledgeable staff, who supported and encouraged people to use appropriately assessed equipment to support their mobility needs. Observations showed that this was done in a respectful, unhurried and kind manner. We saw that staff explained what they were about to do and waited for the person's consent before carrying out the task. One person said, "The staff are really friendly and nice to me and they are kind and cheerful." A relative said, "My [family member] has become more confident since living at Kings Lane and is communicating a lot better - this is due to the staff's helpful encouragement and kind support."

An initial assessment of people's care and support needs had been completed prior to them using the service. This ensured as much as possible, that each person's needs were able to be met. People's care records contained detailed guidance for staff about how to meet the person's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including; their likes and dislikes, communication needs, activities, personal care and daily routines. The care plans were written in a person centred way to meet people's individual preferences.

People were supported to have enough to eat and drink. In addition to meals, we saw that a range of drinks and snacks were available. Staff offered people assistance and support with preparation of meals and drinks to maximise each person's independence. A meal plan was displayed in the kitchen, it was very varied, included healthy options such as vegetables and fruit and a choice of main course. Staff told us that there were meetings with people to decide on the meals they would like and so that they could have a choice to meet their needs and preferences. One person said, "I enjoy the cake baking sessions."

Staff told us that they supported people to have access to dieticians and speech and language therapists to discuss any issues regarding nutrition and any concerns regarding people's eating and drinking. Staff proactively responded to people's healthcare needs and accompanied people to appointments and also

telephoned the local GP surgery for advice when required. We saw that the staff were in regular contact with a range of healthcare professionals to monitor any changes to people's care and support needs so that they could proactively support people with any changing needs.

There were separate health care records in place, which included visits from or to health care professionals. People had access to health care professionals such as a GP, occupational therapist, physiotherapist and speech and language therapist. This was planned to help people to be involved in monitoring their health. One person said, "I can see my doctor if needed and the staff help me with this." A relative told us, "The staff will always contact a doctor if my [family member] is unwell." A nurse practitioner from the local surgery commented that the staff were proactive and responded to and reported people's changing health needs promptly and followed up on any advice they had given. This showed us that there was an effective system in place to monitor and respond to people's changing health care needs and that people were being supported to access health care professionals to ensure that their general health was maintained.

Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs. One member of staff told us how they needed to prepare food for a person carefully to minimise the possibility of them choking. Another member of staff showed us a new piece of mobility equipment that had been particularly effective in assisting a person to safely mobilise. This showed us that staff were aware of people's needs and the support that was required to meet these needs.

People could furnish their own rooms and have their own possessions to meet their wishes and preferences to suit their individual style and taste. Observations showed that people had access to the communal areas in the service and to the gardens when they wished. Systems were in place for situations if equipment broke down or became unsafe to use.

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Systems and processes were in place to monitor and review people's mental capacity should any change in a person's capacity to make decisions change such as a change in health status. Staff demonstrated to us their understanding of the MCA 2005 and DoLS and as a result of this they were able to support people to make their own decisions. A staff member told us, "We never assume a person lacks mental capacity unless proven otherwise. You can make decisions in [people's] best interest, what is right for that person." This showed that people would not have their freedom restricted in an unlawful manner.

Is the service caring?

Our findings

One person said, "I have lived here for a long time and it's my home. I can speak with the staff when I want and they help me with what I need." Not all of the people we met during our inspection were able to tell us about the care and support they received due to their complex needs. However, we saw that there was a friendly and attentive rapport between staff and people using the service. People were being assisted by staff with personal care, with making arrangements for the evening meal and to go out to the local town.

A relative told us, "My [family member] is very happy at Kings Lane and they look forward to their stay. I have no concerns." A second relative said, "The support is brilliant and they (staff) know my [family member] really well and how to support them - communication is very good with the staff and they keep me informed of any changes to [family member's] care by the staff." We saw that the people and their relatives interacted in a friendly and positive with the staff. A third relative said, "I am always welcomed by the staff and they support my [family member] very well." A care professional commented that they always found the atmosphere in the service to be very welcoming, warm and friendly. They also commented that the staff demonstrated a kind and compassionate manner when assisting people using the service.

We saw that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to communicate verbally to make choices. They said that this was done by listening to a person's answer, and understanding what a person's body language and facial expressions were telling them. We saw that staff were aware of individual people's body language and any sounds that they made which showed whether the person was happy or not. Staff reassured people to help alleviate any worries the person may have had.

We observed that staff spoke with people in a kind and attentive way and they respected their privacy and dignity when providing personal care. Staff ensured that bedroom and bathroom doors were kept shut whilst assisting people. People were also encouraged to be involved in making decisions and staff used visual prompts to encourage participation including pictures of meal choices. We saw that members of staff included people in conversations, such as talking about forthcoming events.

A relative we spoke with told us that the staff were kind, caring and compassionate. Another relative said, "The staff know my [family member] really well and understand how to care and support them." No one receiving support at the service currently had a formal advocate in place but local services were available when required.

Staff members were enthusiastic about the care and support that they provided and talked with warmth and affection about the people using the service. One staff member told us, "I really enjoy working here and it is a supportive team." We saw staff speaking with people in a kind and caring manner and explaining what they were doing whilst providing assistance. Staff knocked on people's bedroom doors before entering. This demonstrated that staff respected the rights and privacy needs of people.

We saw that people's privacy and choices were respected. People were able choose where they spent their

time and could use the communal areas within the service and in their own bedrooms. People were able to relax in the lounge and also spend time in their room if they preferred. One person was keen to show us their new television and said, "I like to watch my DVD's on my television."

Is the service responsive?

Our findings

One person said, "They [staff] know me and the things that I like and dislike and I am involved in planning my care and the support that I need." Staff told us that they found the care plans to be clear, up to date and provided them with sufficient information so that they could deliver the required care and support.

There was a variety of care and support documentation in place covering aspects of each person's assessed care needs. The care plans we looked at were written in a 'person centred' style to show the person's care and support preferences. Information was also included to cover any person with a disability such as sight impairment. Examples included any medical needs, eating and drinking preferences, activities, significant relationships, daily living tasks, communication needs, personal care support needs and mobility needs. There were guidelines for staff to follow so that they were able to meet the person's assessed needs, preferences and personal support requirements.

People could choose what they wanted to do during the day. Staff ensured that choices were made available to people including choices of meals and places they wanted to visit, such as local shops, church, cinema, theatres, music events and trips to local cafes. We saw that one person attended a local college to improve their life skills. People were also encouraged by staff to maintain contact with their friends and family. Relatives we spoke with confirmed that they had regular contact with their family member and that they were always welcomed by the registered manager and staff to visit whenever they wished. People also had access to 'in house' activities which included music facilities, cooking sessions and board games. A relative told us, "My [family member] has lived at Kings Lane for a long time and is very settled and happy there."

Care plans were up to date and continued to be regularly reviewed and monitored by the registered manager and senior staff to ensure that people's needs were being met and were up to date and any changes were responded to and documented. This included changes to a person's eating and drinking guidelines in conjunction with a speech and language therapist's advice and mobility needs in collaboration with an occupational therapist. We saw that there were systems in place to assist any person with a disability to communicate effectively and share information, which the person had consented to. A relative told us that they felt involved with their family member's care and support and were always contacted by staff regarding any changes to their family member's care and support needs.

People had access to technology in the service to assist them when needed. For example, there was overhead tracking fitted in one room so that the person could be safely hoisted whilst receiving personal care. There were also sensor pads in place for two people, which alerted staff when the person was having a seizure.

We saw that people had opportunities to pursue their hobbies and interests. One person told us that they enjoyed going out shopping and cooking. We saw that people were able to use the communal areas of the service and to spend time in their room if they so wished. We saw people and staff happily socialising in the kitchen and communal lounges throughout the day. One person said, "I help out in a local charity shop and I

also enjoy going out to the pub for a drink." Staff told us that they assisted people to go out in the local community such as visiting shops and local cafes. This demonstrated to us that people had opportunities to go out into the community and take part in their individual social interests.

One person said, "I can always speak to [registered manager] and staff if I am not happy about anything and they listen and help to sort things out with me." Relatives we spoke with said that they were confident that any concerns or complaints they may have would always be promptly dealt with. The relatives we spoke with were complimentary about the service and did not raise any concerns. A relative told us that they knew how to raise concerns and said, "I can always raise any issues and make suggestions and I feel listened to."

There was a complaints policy and procedure displayed in the service which was also available in an alternative format so people could access it and use it themselves if they wanted to. A complaint recording log was in place and there was evidence of correspondence to resolve concerns that had been raised by a complainant.

People had their end of life care wishes recorded as part of their initial assessment when this was appropriate. The registered manager confirmed that where end of life issues arose they had been involved with appropriate services including the person's GP. The staff also liaised with people's families regarding their family member's end of life wishes.

Is the service well-led?

Our findings

The rating from the last CQC inspection that was carried out on 22 October 2015 was displayed in the communal area for people, their visitors and staff to refer to. Records showed that the CQC was informed of incidents that the provider was legally obliged to notify them of. This showed us that the registered manager was aware of their responsibilities in reporting events to the CQC when required.

Many of the staff had worked at the service for a number of years and one member of staff told us, "I love my job and working here, and everyone works very well together as a team." Staff told us that there was an open culture and that they felt well supported by the registered manager and senior staff. They said they were confident in being able to raise any issues or concerns with the registered manager. A member of staff told us, "It's a very good team here, and I feel well supported." Another staff member told us, "Our [registered] manager and senior staff are very supportive and helpful and I can speak with them any time I need to – they are very hands on and always help out at any time." Staff were aware of the whistleblowing policy and told us that they would not hesitate in reporting any poor practices, if they ever witnessed these, to the senior staff and registered manager.

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. Following the 2017 survey, the registered manager and staff compiled an action plan to follow up on people's requests. Examples included more individual activities such as a trip to London, a visit to a favourite football team and one person becoming involved in photography. A relative we spoke with during our visit had positive comments about the service and they said that they were happy with the service provided to their family member. Relatives told us that they had completed a satisfaction survey in 2017 and there was positive feedback regarding the care and support provided to their family members. One relative told us, "Staff are very helpful and keep in touch with me about any events regarding my family member."

Staff told us that they were made aware of any updates and events in the service. They also told us that they attended regular staff meetings where they could raise any issues and ideas for developments in the service such as changes to people's care and support, activities and training issues. This was as well as being made aware of their responsibilities to provide safe and high quality care under the provider's values. Staff told us that they felt supported by their registered manager and senior colleagues and were encouraged to help develop the service.

There was a registered manager in post. 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 senior staff monitored a number of key areas which included; care plan updates, staffing, training, health and safety and any concerns or complaints. There were up to date fridge temperature records, fire records, and water testing and water temperature records. This meant that the

safety and quality of people's care was consistently monitored. We saw that there were effective arrangements in place for the servicing and checking of equipment and the fire safety system.

We saw a sample of audits carried out by an operational manager to monitor the service and to highlight any identified risk. Where the need for improvement had been highlighted action had been taken to improve systems. An example included updates required in staff training and reviews of some care and support documentation. This demonstrated the service had a positive approach towards a culture of continuous improvement.

The registered manager was aware of the CQC guidance of 'Registering the Right Support' (CQC's policy on registration and variations to registration for providers supporting people with learning disabilities). They understood the principles of the guidance and provided individualised support to people in line with this guidance.

Care professionals we spoke with were positive about the service and told us that communication was good and the information provided by the registered manager and staff was of good quality. In addition, they felt that that the registered manager and staff team were knowledgeable and helpful about the people receiving support in the service. This helped staff work in partnership with other organisations such as the local authority and local healthcare teams.