Royal Mencap Society

Royal Mencap Society - 25 Barossa Road

Inspection report

25 Barossa Road
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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

Royal Mencap Society - 25 Barossa Road is a residential care home for seven people with learning disabilities and autism. It is a small home providing care to people over two floors. At the time of our inspection there were six people living at the home. Two of these people were receiving personal care.

At the last inspection, the service was rated Good. There was one breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made improvements to meet the requirements of the regulation.

At this inspection we found the service remained Good.

Why the service is rated Good.

Risks to people were assessed with effective plans implemented to manage them. Staff understood how to safeguarding people form abuse and responded appropriately where incidents occurred. The provider carried out checks to ensure people were supported by suitable staff. Staff were deployed in a way that meant people's needs were responded to safely. Checks were carried out to ensure the environment was safe and there were plans to follow in the event of an emergency. People's medicines were managed and administered safely by trained staff.

People are 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 cared for by trained staff who had regular meetings with their supervisors. People's nutritional needs were met and staff supported them to access the healthcare that they needed.

Staff knew people well and involved people in their care. People's independence was encouraged by staff who helped to create an inclusive environment for people. Staff promoted people's privacy and dignity when providing care to them. People were supported to maintain important family relationships.

People received care that was personalised and reflected their needs and interests. People's needs were reviewed regularly. Staff supported people to identify activities and interests that they enjoyed. A complaints procedure was in place and people knew how to use it.

People and staff had access to management. Staff felt supported by their manager and were involved in the running of the service. People and relatives were regularly asked their views and involve d in decisions through meetings. The provider carried out regular audits to ensure people received care of a good quality. The provider maintained accurate and up to date records.

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 remains Good

Risks to people were assessed with plans in place to minimise them. People lived in a safe and secure home environment.

Staff were trained in how to safeguarding people from abuse and staff responded appropriately to incidents.

Checks were carried out on staff to ensure they were suitable for their roles. There were appropriate staff numbers to keep people safe.

People's medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

Staff worked in accordance with the guidance of the Mental Capacity Act (2005) to protect people's legal rights.

People's nutritional needs were met and people had access to a range of healthcare professionals.

People were supported by staff that had access to training and supervision for their roles.

Is the service caring?

Good

The service remains Good.

People were supported by staff that knew them well.

People's independence was promoted and staff involved them in their care.

People's privacy and dignity was maintained by considerate staff.

Is the service responsive?

Good

The service remains Good

People received person centred care that reflected their needs and preferences. People had access to a range of activities.

People were informed of how to complain and people's feedback was sought by the provider.

Is the service well-led?

Good

The service remains Good

Staff felt supported by management and were involved in the running of the service. Systems were in place to ensure people were also involved in the running of their home.

Audits were in place to assure the quality of the care that people received. The provider carried out regular surveys.

The provider kept accurate and up to date records.

Royal Mencap Society - 25 Barossa Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

This inspection took place on 25 August 2017 and was unannounced. Due to the small size of the service, the inspection was carried out by one inspector.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with one person who was not receiving personal care and one relative. We spoke with the manager and two care staff. We read care plans for three people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at two staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff, people and relatives.

Good

Is the service safe?

Our findings

People were kept safe from harm because risks were managed safely. A relative told us, "It's absolutely safe and very homely." Staff knew the risks that people faced and plans were in place to keep people safe. Risk assessments were thorough and reviewed regularly, to identify any changes. Plans that were in place promoted people's independence whilst ensuring that they were safe. For example, one person liked to complete their own personal care routines in the morning. They were at risk of falls and they were living with diabetes. They lacked insight into some risks such as hot water. To keep the person safe, staff checked water temperatures for the person. The person's blood sugar levels were checked before they used the bath and staff ensured they bathed after they had eaten and taken their prescribed medicines. Equipment was used to reduce the risk of falling.

Staff responded appropriately to incidents. Very few incidents had taken place as people living at the home were independent in many areas of their lives and this meant that they faced less risks. Where incidents had occurred, staff took appropriate action. One person had suffered a fall recently. The person did not have a history of falls so staff referred them to their GP to investigate causes. They were then seen by an occupational therapist who identified equipment that reduced the risk of them falling again.

People were supported by staff that knew how to safeguard them from abuse. Staff had completed training in safeguarding which was regularly refreshed. There had been no safeguarding incidents at the time of inspection, but staff were able to tell us the possible signs of abuse and what they would do if they had concerns. One staff member told us, "I would call my manager. If it was urgent I'd speak to social services, or the police."

Staff were recruited and deployed safely. The provider carried out suitable checks when recruiting staff to ensure that they were suitable for their roles. There were sufficient numbers of staff working to keep people safe. Staff were deployed based upon people's needs or activities they took part in each day, rotas confirmed that the provider's calculated staffing levels were sustained. People told us staff were always there when they needed them and this matched our observations on the day of inspection.

The provider carried out regular checks on the environment and had risk assessments in place for in the event of a fire or emergency situations. The building had been assessed for fire risk and equipment and procedures were in place for in the event of an emergency. Utilities had been regularly serviced and the provider kept a record of safety certificates issued.

People's medicines were managed and administered safely. The provider ensured medicines were stored securely and in line with best practice. Records contained important information about people's medicines and healthcare. Medicine administration records (MARs) were up to date with no gaps. Staff had been trained in how to administer medicines and their competency in administering medicines had been assessed.

Good

Is the service effective?

Our findings

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).

At our inspection in November 2015, we found that the correct legal process was not followed. People did not have a decision specific mental capacity assessment to establish whether they had capacity to make decisions themselves, before restrictions were placed upon them. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that staff had been following the correct process of the MCA. People's records contained MCA assessments and where they lacked mental capacity to make a decision, a best interest decision was recorded. For example, one person was assessed as unable to make some financial decisions. A best interest meeting took place with input from relatives, staff and healthcare professionals. An application was then made to the local authority DoLS team as they would require staff support when making large purchases and this would be a restriction. Where another person was unable to make decisions around managing their medicines, the correct legal process had been followed. Staff had attended training in MCA and staff members were able to tell us how it applied to the people that they supported. Staff understood the principals of the MCA and records showed that staff regularly referred to it in reviews with people. MCA was also discussed at one to ones and team meetings.

People's nutritional needs were met. One person, who did not receive personal care, said, "I really like sausage casserole, we sometimes make it here." People worked together with staff to write menus each week, preparing shopping lists and going to the shops with staff. People were involved in preparing meals. Care plans recorded people's favourite foods and menus showed that people were served meals in line with these preferences. Where people had specific dietary needs, these were met. One person was living with diabetes and they had a care plan for this. Staff were able to tell us how this person's diet was maintained and there was information on this in their care plan. The person had a good understanding of their diabetes, so staff talked to them about their planned meals for the day. This meant that they could plan for when they wanted to enjoy sweet treats whilst ensuring a balanced diet.

People were supported to access the healthcare that they needed. People's care plans were clear on any medical conditions that people had. Care plans also contained input from healthcare professionals and staff attended people's healthcare appointments with them. One person had a long term health condition and saw a consultant regularly. Records showed they helped them discuss a recent medical procedure. Where people's health changed, staff supported people to access their GP when required. Records also contained evidence of visits to opticians, dentists and podiatrists.

People were supported by staff that were trained to carry out their roles. Staff files contained evidence of regular training and an induction. All staff completed an induction and ongoing training followed the care certificate. The care certificate is an agreed set of standards in adult social care. Staff told us that the training

was beneficial and regularly refreshed. The provider kept track of training and records showed staff were up to date in mandatory areas. Staff had regular supervisions and appraisals and these were used to discuss training needs, performance and practice.

Good

Is the service caring?

Our findings

People were supported by staff that knew them well. A relative told us, "(Staff member) is (person)'s absolute rock." We observed staff talking to one person about their interests during the inspection. People's care plans contained extensive information about people's life histories, interests and preferences. Staff showed a good understanding of these when telling us about people.

People's support was provided in a way that promoted their independence. People had ownership over domestic tasks and there was a rota of tasks each week stating who would complete them. This had a positive impact on people by involving them and creating an inclusive atmosphere. For example, one person really enjoyed doing the washing up. Their care plan reflected this and staff told us the person helped after every meal. Their relative told us, "(Person) can be bossy but loves helping out." People's care records detailed their strengths and goals. On the day of inspection, people had gone out independently and systems were in place for staff to know where people were to ensure that they were safe when accessing the community.

Staff supported people in a way that promoted their privacy and dignity. One staff member told us, "When needed, people's doors and curtains must always be closed. If there are discussions about health we do these in private." When discussing people's needs with us, staff were mindful of ensuring information was confidential and not overheard. The provider ensured that care was delivered in a dignified way by recording people's preferences and choices using a pictorial format. This helped people to make informed choices and communicate them.

People were encouraged to be involved in their care through regular reviews, one to ones and house meetings. Reviews were recorded in an easy read format with quotes from the person about what they liked and disliked. Meetings took place regularly and records showed that people were encouraged to contribute their views.

Relatives told us that they were encouraged to visit and had good communication with the home. People were supported to telephone relatives where required. For example, one person's care plan made clear that they wished to maintain regular contact with their family. Time was set aside each week in which staff supported them to speak to relatives. People's care records showed relatives were involved in reviews and regularly asked for feedback. Information on people's cultural or religious needs was captured in their care records.

Good

Is the service responsive?

Our findings

People received person-centred care. A relative told us, "(Person) loves it there. It's homely and they do a lot there." Care plans reflected people's needs and preferences. There were pictures in records that people had chosen to represent their interests, and care plans were presented in an easy read format. For example, one person liked a particular boy band and this was clear from pictures in their records. Care plans were clear on people's specific needs and how staff should support them. One person liked to use particular phrases to greet staff and this was clear in their records. Where people liked to wear their favourite clothes or toiletries, this was clearly recorded. Staff were able to tell us the things that were important to people and how these were promoted.

People received a thorough assessment before receiving a service. Monthly reviews took place in which people discussed their goals and aspirations and any changes. Reviews were in an easy read format and reflected what was important to people that month. Records showed that feedback from relatives and healthcare professionals was also documented in reviews.

Activities were planned that reflected people's personalities and preferences. People had individual activity time tables based on their interests. One person had recently completed a pottery course; their relative told us that they really enjoyed it. We saw photographs of them taking part in this activity and records of reviews showed they gave positive feedback on this and wished to find a similar course. Staff discussed ideas with people about what they wished to do and these were recorded. The provider arranged regular outings and trips for people and they were involved in choosing these. For example, people had recently visited a holiday resort in Hayling Island to see an Elvis show. People had fed back that they liked the resort on a previous visit and there were Elvis fans living at the home who enjoyed the trip.

People were informed of how to raise a complaint. A relative told us, "I have had no reason to complain and I could just speak to the staff whenever I want." The complaints procedure was displayed in the home in an easy read format. Complaints were also discussed regularly at meetings and reviews. The provider took a proactive approach to complaints by frequently asking for feedback from people. At the time of inspection, there had been no complaints.

Good

Is the service well-led?

Our findings

Relatives told us that they thought the service was well-led. A relative told us, "They keep me updated. You can knock on the office door anytime and they speak to you." Staff told us that the manager was always available and worked alongside them to support people. The manager had a good understanding of people's needs and was able to provide information on people's preferences and needs during the inspection.

At the time of inspection, there was not a registered manager in post. The manager was going through the process of registering with CQC. 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 told us that they felt supported by management and they were involved in the running of the home. One staff member told us, "(Manager) is very good, all the staff and residents here really get along with her." Staff had regular meetings and records showed they were used productively. Staff were asked for suggestions and regularly gave feedback at meetings that was used to improve the quality of the service. At a recent meeting, staff had made suggestions about how to involve people in menus and these had been implemented. People also had regular meetings that management attended. Where actions were identified from these, they were implemented by management.

Regular audits were carried out to improve the quality of the care that people received. Audits covered areas such as health and safety, records and infection control. The provider carried out their own regular holistic audit and where actions were identified, these were addressed by management. The home had a central improvement plan which collated actions identified from audits. Records showed that improvements were actioned quickly. The views of people and relatives were regularly gathered through surveys. People were supported by staff to give feedback and relatives were sent regular questionnaires. Feedback that we saw was all positive. A relative told us, "They always ask if we're happy. I have actually just received a survey."

The provider kept accurate and up to date records. Records seen on the day were detailed and updated regularly. There was an electronic system in place to analyse records, such as incidents or complaints. At the time of inspection, IT systems were down. Despite this, the manager was able to find most of the information needed for the inspection. This showed that there was a contingency plan in place to ensure records were always available.