

Royal Mencap Society

Royal Mencap Society - 3 Meadow View

Inspection report

3 Meadow view
The Lawns
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 20 and 22 January 2015 and was unannounced. The service was last inspected on 12 November 2013 and was fully compliant with the regulations reviewed.

Royal Mencap – 3 Meadow View is registered to provide care and accommodation for up to four people. The home specialises in care for people who have a learning disability.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of the Mental Capacity Act (MCA) 2005 legislation, which is in place for people who are unable to make decisions for them. The legislation is designed to make sure any decisions are made in the person's best interest. The service was currently developing systems in the home to support people with the MCA.

People were supported by staff who had been trained in and were aware of the systems for handling any allegations of abuse or harm. We found the manager and staff knowledgeable about the needs of people living in the home. They treated people with respect and were able to help with any concerns they raised.

People were supported by adequate numbers of staff who were correctly recruited. The recruitment system included checks to help make sure potential staff were suitable to work with vulnerable people. Staff undertook training to help make sure they had the necessary skills to support people.

People were able to live their lives as they chose. Risks to their welfare were identified and actions put in place to

reduce these. This included any health or nutritional risks, for example if people were at risk of choking. People were supported with their medication by staff who had received training for this. The manager observed staff practice regarding medication to help make sure they were competent with this.

Systems were in place to help make sure there were well-trained staff who were supported by their manager. This helped to make sure an effective staff team supported people living in the home.

People's personal preferences were known by staff. We observed people going out in the community throughout our visit. People's care plans recorded they had undertaken a variety of activities, including if they had attended a social club.

People were supported by staff who were respectful and who offered good support.

The manager was knowledgeable both about the needs of the people who lived in the home and the staff team. Staff felt the manager was approachable and that they could raise any concerns with them.

There were quality assurance systems in place to gain the views of people who lived in the home and to help make sure there was effective management of the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Systems were in place to help make sure people were protected from harm.

Adequate numbers of staff supported people. Staff recruitment checks were in place to help make sure potential staff were suitable to work with vulnerable people.

Systems were in place to help make sure people's medication needs were safely met.

Good



Is the service effective?

The service was effective.

People were supported by a well trained staff team. Systems were being developed to help make sure people's rights were consistently upheld.

People's nutritional needs and choices were met in the home. Support was in place to help make sure people's health needs were identified and met.

Good



Is the service caring?

The service was caring.

People were supported by caring staff who treated them with respect.

Staff knew about people's needs and involved them in decisions.

Staff respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People were supported by care planning systems, which clearly identified their needs. These were kept up to date to help make sure staff were aware of and able to respond to people's needs.

People were supported by staff when they raised concerns.

Good



Is the service well-led?

The service was well led.

The manager was approachable and consulted both people who lived in the home and the staff team.

Quality assurance systems were in place to help make sure the service was effective.

Good



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Detailed findings

Background to this inspection

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

This inspection took place on 20 and 22 January 2015 and was unannounced.

The inspection team comprised of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance, their area of practice was learning disability services.

Prior to this inspection, we looked at information we held for the service. This included notifications and a Provider

Information Return (PIR) received from the provider. The PIR 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.

During the visit we spent time talking with one person who used the service and observing their people's daily life, interviewing staff and completing a review of records. Not everyone who lived in the home was able to verbally communicate with us or they were out undertaking activities at the time of the visits.

Some of the people who lived in the home were out at the time of our visit. Additionally we were unable to talk with some people who lived in the home. This was because they had individual methods of communicating. We did speak briefly with one person who lived in the home. We consulted with the local authority commissioning and safeguarding teams, consulted with three professionals, reviewed two files for people who lived in the home, one staff file and other documents in relation to the management of the home.

Is the service safe?

Our findings

We were unable to talk with everyone who lived in the home. This was because people had individual communication methods and some people were not at home at the times of our visits.

We talked with one person who used some verbal communication and observed the interactions and support they received from a staff member. We observed the staff member understood the persons' individual communication methods and interactions were positive.

We also observed daily life in the home. People were relaxed in their home and relationships with staff were observed to be respectful.

People were supported by the systems in the home to be protected from harm. Staff had received training in safeguarding people from harm and had access to a policy on safeguarding vulnerable people. This provided them with information on the actions to take to help keep people safe. When we spoke with staff they confirmed they had attended training and had a good understanding of the systems in place to help protect people from harm. This included reporting any concerns to the local authority who would handle and investigate these. This helped to make sure people were supported should any allegation of harm be raised.

People had risk assessments in their care files. Risk assessments identified the risk to the person and the actions in place or instructions to staff to reduce any risk. This included for example, the risk of how to support the person with any behaviours associated with their mental health, or when going out in the car. We saw these were regularly reviewed and up to date. This helped people live their lives as they chose whilst minimising any risk to them.

Staff files included documents which evidenced there was a robust recruitment process in place. Potential staff completed an application form, which included details of their previous experience and skills. Additionally references were undertaken. This information would assist the provider to assess the person's suitability for the role. Disclosure and Barring Service (DBS) checks were also completed. These would identify if the person held a criminal conviction, which would prevent them from working with vulnerable people.

We observed the staffing levels and reviewed the duty rotas. Staffing levels fluctuated throughout the day to help support people in activities of their choice. The manager told us there was a minimum of two staff on duty in a morning from 7 am to 3 pm and two staff on duty in an afternoon from 3 pm to 10 pm. These shifts were recorded on the duty rota for the service. In addition to the staff employed in the home outreach workers supported people to attend leisure activities. Outreach workers are additional staff provided by the local authority. Support overnight for people was shared with the adjacent service, 1 Meadow View. On one week the service would have a waking night staff with the adjacent service having a sleep in staff. This would alternate between the two services.

People were supported to receive their medication. Staff told us they had completed training in the safe handling of medication and training files recorded they had been observed by the manager to assess their competency with this. This helped to make sure staff were competent when they supported people with their medication.

People had care plans for their medication, which included what medication they were taking, why they were taking this and any possible side effects. This information helped staff to be aware of the person's needs in relation to their medication, to support them with this and to monitor their medication usage.

People had individual medication administration records (MAR) which included a photo of them to help make sure the right person received the right medication. We saw records were kept of medicines received into the home, administered and disposed of. However, this was not always the case for some 'as and when required' medicines; for example, prescribed 'as and when' shampoo was not always recorded when used. Medication was stored securely in a locked cupboard.

Any medication required to be kept cool was stored within a domestic fridge.

Staff also told us about one person who had received support from professionals and this had included a review of their medication. In receiving the additional support, they were able to reduce the amount of medication they required each day.

Is the service effective?

Our findings

The manager told us about best practice within the organisation. They told us there was a team based at their head office who were reviewing the services offered to people. The team's main role was to ensure the provider and service were aware of people's preferences regarding their care. This work was entitled "What matters most" to people.

People were supported by a trained staff team. Staff records included evidence of an induction course and additional training to assist them with their role. Courses included for example, first aid and food hygiene. Staff confirmed they had attended training and this included epilepsy, fire and moving and handling. Staff also told us about training they had completed which was in relation to the specific needs of one person in the home. They were able to explain and reflected a good understanding of this person's needs. Staff files included information about the supervision and support staff received.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of the Mental Capacity Act (MCA) 2005 legislation, which is in place for people who are unable to make decisions for them. The legislation is designed to make sure any decisions are made in the person's best interest.

The manager told us how systems and forms were currently being put in place in relation to DoLS. They told us how all staff had completed training in relation to MCA with staff also confirming this to us. Staff told us they had completed this as part of safeguarding vulnerable adult training and also as a stand-alone course. They reflected a good understanding of DoLS.

We found one person was being administered medication 'covertly' or without their knowledge. This had been discussed with and agreed by their GP. However, there was no evidence that a best interest meeting had been completed regarding this. A best interest meeting is held

when a person does not have the capacity to make a decision. People involved in the person's life including professionals would meet to decide if the 'action' was in the person's best interest.

People's files included details of any support people required with their diet, this included identifying any risks, for example with choking. Staff told us how people received a healthy varied diet and that when necessary people weights or the amount they ate was monitored to help ensure they received the correct diet. They told us how people's preferences changed and this included one person who had previously not liked spicy food but now enjoyed curry.

We observed one person being offered choices and support with having a drink. Staff understood the person's responses and their choices.

We also saw people's weight and diet or fluid intake was monitored and recorded in their individual file. This was regularly reviewed to help make sure any changes could be addressed and the person's nutritional needs continued to be met.

We saw evidence in people's files of support to maintain their health. This included records of visits to their GP and records for the monitoring of any health condition. We saw people were supported with routine health checks, for example, with oral and visual needs. People's files also included documents to assist with the monitoring of people's health needs, for example, a record of a person's sleep pattern.

The manager told us everyone received support from their GP to meet their health needs. In addition, they told us there were no other health professionals currently supporting people who lived in the home.

People also had patient passports. These are documents, which include the person's medical and support needs. They are used as a quick method of sharing information with other professionals should the person be admitted to hospital. They help to ensure continuity of care and to reduce some of the anxiety people may feel at the time of admission.

Is the service caring?

Our findings

We observed interactions between staff and people who lived in the home. These were appropriate and respectful. Staff told us “We provide a quality service because we care about the people we support.”

Staff were very knowledgeable about the individual needs of the people supported in the home. Staff were able to discuss people’s mental health, risk assessments and current medication needs. Staff told us how each person

communicated with them and gave examples of how people made decisions each day, for example whether to have a bath. They told us how people would indicate if they wished to participate in something and how they chose what to wear each day. It was clear staff knew people well.

We observed staff offering people support with personal care. We saw this was respectful and maintained the person’s privacy. People’s files also included information in relation to maintaining their privacy.

Is the service responsive?

Our findings

When we spoke with staff, they had a good knowledge and understanding of each individual's needs, hopes and wishes. They described the support people required to live their lives, their daily routines and peoples support preferences.

We observed staff to have a good rapport with people who lived in the home. They were polite and caring showing a mutual respect for people. We saw they had an understanding and patience with people when supporting them to meet their needs.

People's needs were clearly known and recorded in their care files. These included the details of key people in their life, people's strengths, their preferred routines and how they were supported with different activities, for example personal care, personal preferences and diet. Peoples' choices included for example, their bedtime routine and if they liked to lie on their bed during the day.

The plans were written with the person at the centre and reflected their individual personalities. We saw that information in files had been regularly reviewed and updated. This helped to make sure staff were aware of people's latest needs.

There were details of how people maintained contact with important people in their lives. In discussion staff were knowledgeable on how to support the person with these relationships. For example, how they maintained contact with their family.

People received support to attend a variety of activities and this included going to church, a social club and going on holiday. Other information recorded included how people liked to spend their day, their birthday and Christmas.

Daily diary notes were kept for each person who lived in the home. These recorded the person's day and any choices, for example, not to have a bath on a particular occasion, what time they got up and if they had met with friends or relatives. This information helped staff to be aware of any changes with the person. The information enabled staff to review and identify if a change in support was required.

We saw minutes of meetings held with people who lived in the home. These were called "Tenants meetings" and provided an opportunity for people to raise any concerns and discuss issues in the home.

Staff told us the complaints policy was valuable to everyone. They told us how people used different methods of communication, which included body language. They were aware of people's different methods of communication and would tell the manager if they had a concern. They said, "All staff are very person centred (relating to their care)."

Is the service well-led?

Our findings

There was a registered manager in post in the home. Staff told us they felt the manager was approachable and that there was a good culture in the home. They said, “Yes the manager is approachable – I can raise things.” Staff also told us they were aware of the whistleblowing policy in the home.

Staff told us how staff meetings kept them informed about any changes in the home. They told us they were able to raise suggestions to help the people who lived in the home. We saw that minutes were taken of these meetings.

The manager showed us the quality assurance systems used within the home. This included a system for gathering the opinion of people who visited the service and for people who lived in the service. This information was collated into an overall report for the organisation to assist in its development. There was no system for feeding back the results of the consultation from individual service users.

We saw there was a computerised system for recording the current staffing within the home and their training needs. The manager showed us the system and could easily explain how this worked in practice. For example, the system would alert the manager when a staff member’s training was due for renewal.

The manager also told us about their quality assurance in the PIR we received from the provider. The PIR stated, ‘We have a system called the Compliance Conformation Tool (CCT). This helps provide reassurance to both managers of each individual service and the organisation as a whole that compliance is being maintained. The CCT takes the answers to questions about the support, the team, the

systems, and the environment, and cross-references this information against the CQC standards and shows at-a-glance any areas of noncompliance. The information on compliance at each service is aggregated into area, regional and national reports to provide reassurance that compliance continues to be maintained.’

Staff told us about the health and safety checks in the home. We saw these were recorded in health and safety files. These included monthly checks of equipment in the home to help make sure these remained safe to use. Weekly fire alarm checks were undertaken and 6 monthly fire evacuations were completed. These helped to make sure people remained safe from the risk of fire. Additionally checks were undertaken of the gas equipment and any specialist equipment, for example, baths, to help make sure these remained in safe working order and people remained safe.

One staff member told us about health and safety in the home, this included undertaking daily and monthly checks of people’s hoists and of the hot water temperatures.

The manager told us that as the home was rented the landlord completed some of the maintenance checks. This included portable appliance testing and we saw this was now overdue.

The manager also showed us the system for recording accidents and incidents. Staff would record these on the computer and the manager would then review these to identify if any further actions or changes to practice were required.

The manager told us there had been no complaints raised with the home.