Care Quality Commission

Royal Mencap Society

Royal Mencap Society - 4 Meadow View

Inspection report

4 Meadow view
The Lawns
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Bridlington
East Yorkshire
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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 Society – 4 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 issues relating to the MCA.

People were supported by staff who had been trained in 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. We saw interactions between the staff and people who lived in the home were positive and respectful.

Adequate numbers of correctly recruited staff supported people. Staff recruitment checks helped to make sure potential staff were suitable to work with vulnerable people. Staff undertook training, including induction courses 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 action plans put in place to reduce these. This included helping people to increase their independence. Staff had received training in supporting people with their medication. The manager observed staff practice regarding the management of 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 and choices were known by the staff team. People told us they had choice in their lives, for example with their food. We observed people going out in the community throughout our visit. Peoples care plans recorded they had undertaken a variety of activities, including attending a social club.

People living in the home did not raise any concerns about the staff. Staff were knowledgeable about people's personal preferences and choices. We saw staff were respectful with people and 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 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

Royal Mencap Society - 4 Meadow View

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 to people using the service, interviewing staff, observing daily life 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.

We spoke with two people 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, two staff files and other documents in relation to the management of the home.

Good

Is the service safe?

Our findings

People were supported by the systems in the home to be protected from harm. Staff had received training in safeguarding people from harm. 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. 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 going out in the community. When possible people had signed to confirm the contents. We saw these were regularly reviewed and up to date. This helped people live their lives as they chose whilst minimising any risk to themselves. The manager told us how one person had been supported with risks in their life and this had helped the person to increase their independence.

Staff files included documents which evidenced there was a robust recruitment process in place and staff confirmed this to us. Potential staff completed an application form, which included details of their previous experience and skills. Additionally references were undertaken. This information assisted the provider to assess the person's suitability for the role. Disclosure and Barring Service (DBS) checks were also completed. These identified if the person held a criminal conviction, which prevented them from working with vulnerable people. It also included a form for the potential member of staff to declare whether they were medically fit. This helped to make sure they would be able to undertake the role they were applying for.

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. Staff told us they felt there were enough staff to support people. Staffing levels varied and consisted of a shift commencing at 7 am and finishing at 3 pm with another shift commencing at 3 pm and finishing at 10 pm. We saw there were waking night staff available throughout the night to support people. This meant there were staff available at different times of the day and night to support people with their individual needs.

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 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. Medication was stored securely in a locked cupboard.

There was medication in use in the home, which was required to be kept cool. However, there was no separate fridge for the storage of these medicines.

Good

Is the service effective?

Our findings

Our findings

One person who lived in the home told us they did not know what was for lunch but they did confirm that they had a choice with their food and if they didn't like the meal they could have an alternative. They also said they did not think they were involved in the making of lunch but chatted and were involved with staff whilst lunch preparation took place.

We were told about best practice within the organisation. The manager 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. We saw the induction was mapped to nationally recognised standards of induction training. This helped to make sure staff received the correct standard of induction into the home. Staff confirmed they had attended training and this included fire and first aid training. Additionally there were records that recorded staff had received supervision with their role. This meant they received help and support to be effective in the support they offered people.

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

People's files would include details of any support people required with their diet, this included identifying any risks and peoples preferences.

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. Staff told us how one person had specific needs in relation to their diet. They confirmed staff had received training to help make sure the person received the correct support with this.

We observed a member of staff offer a person a choice of drinks and gave them support with this. They moved the person before they had finished the drink but quickly became aware of their mistake.

We saw evidence in people's files of support to maintain their health. This included details of any support required from other professionals.

Good

Is the service caring?

Our findings

During the visit, we observed staff were polite and respectful when speaking with people who lived in the home. We also observed that people who lived in the home and staff were relaxed, smiling and comfortable with each other. One member of staff had visited when they were not at work and the person living in the home joined in with this visit.

One person told us how they felt staff were 'Alright' and they were kind. They confirmed staff explained things to them when they were not sure about something.

We observed interactions between staff and people who lived in the home. We saw these were polite and respectful, staff clearly knew the needs of the people who lived in the home.

Staff were very knowledgeable about the individual needs of the people supported in the home. They told us how they respected people and supported them to be 'self-sufficient'.

Staff told us they supported people with privacy and dignity. Staff told us how they supported people to be independent with their personal care and only assisted when necessary for example, if there was a high risk of harm due to a medical need.

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Good

Is the service responsive?

Our findings

People who lived in the home told us about activities they undertook. One person told us how previously they had gone on holiday but that due to expenses this no longer occurred. Another person told us about the things they did each week, which included, swimming, bowling, watching TV and feeding fish.

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 friends, their preferred routines and how they were supported with different activities, for example personal care, personal preferences and diet.

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 regular keyworker reviews of people's needs and formal reviews held with the local authority. Again, these helped to make sure peoples latest needs were known and recorded so that they could receive the right support.

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.

People received support to attend a variety of activities and this included attending a social club or visiting friends.

Daily diary notes were kept for each person who lived in the home. These recorded the person's day, which included how the person felt and what they did. This information helped staff to be aware of any changes in the person's needs. The information enabled staff to review and identify if a change in support was required.

We saw minutes of clients meetings held in the home. These provided an opportunity for people to raise any concerns and discuss issues in the home.

Good

Is the service well-led?

Our findings

One person who lived in the home told us they were involved in meetings but were unable to tell us the details of these.

There was a registered manager in post in the home. Staff told us they felt the manager was approachable. When asked staff told us the culture in the home was 'Lovely'. Staff also told us they were aware of the whistleblowing policy in the home, and were confident in raising any concerns.

We observed people who lived in the home readily approach the manager and saw that interactions were positive and respectful.

The manager showed us the minutes of recent staff meetings and confirmed that 'tenants' meetings also took place. These helped to keep people who lived in the home and staff up to date on any proposed changes and provided people with the opportunity to comment on life in the home.

The manager showed us the quality assurance systems used within the home. These 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 easily explained how this worked in practice.

The manager also told us about their quality assurance system 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. Any areas that are not meeting required standards will be identified and they will be placed on the C.I.P with actions and time scales.'

We saw there were health and safety files and records kept in the home. These included monthly checks of equipment in the home to help make sure these remained safe to use. Monthly checks on the fire panel were undertaken and checks of the loft ladder and thermostats within the home were completed. These helped to make sure people remained safe. 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.

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.