

Royal Mencap Society

Royal Mencap Society - 55 Drubbery Lane

Inspection report

55 Drubbery Lane
Blurton
Stoke-on-Trent
Staffordshire
ST3 4BH

Tel: 01782 311324

Website: www.mencap.org.uk

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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

We inspected 55 Drubbery Lane on 06 May 2015, and it was unannounced.

55 Drubbery Lane is registered to provide accommodation and personal care for up to five people. People who use the service predominately had a learning disability. At the time of our inspection there were four people who used the service.

The service had 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.

Summary of findings

People's risks were assessed in a way that kept them safe whilst promoting their independence.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

We found that there were enough suitably qualified staff available to meet people's needs in a timely manner and promoted their wellbeing.

Staff were trained to carry out their role and the provider had safe recruitment procedures that ensured people were supported by suitable staff.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests when they are unable to do this for themselves. People's capacity had been assessed and staff knew how to support people in a way that was in their best interests.

People told us that staff were kind and caring. Staff treated people with respect, gave choices and listened to what people wanted.

People's preferences in care were recorded throughout the care plans and we saw that people were supported to be involved in hobbies and interests that were important to them.

The provider had a complaints procedure that was available to people in a format that they understood.

Staff told us that the registered manager was approachable and led the team well. The registered manager and staff all had clear values and understood their role and what it meant for people.

Feedback was sought from relatives and they were able to be encouraged to be involved in the improvement of the service. The registered manager had systems in place to monitor the service and we saw that actions had been taken where required which ensure that improvements were made.

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. Staff understood how to safeguard people from harm. Staff knew people's risks and supported them to remain independent whilst protecting their safety. There were enough suitable staff available to meet people's needs. Medicines were managed safely.

Good



Is the service effective?

The service was effective. Staff received training to carry out their role effectively. Staff and the registered manager understood their responsibilities under the Mental Capacity Act 2005. People were supported with their dietary needs and their health was monitored and maintained.

Good



Is the service caring?

The service was caring. Staff were caring and kind. People were supported by staff who treated them with dignity and respect and people were given choices in their care.

Good



Is the service responsive?

The service was responsive. People were supported to be involved in hobbies and interests that were important to them. People received individual care that met their personal preferences. There was a complaints procedure available for people.

Good



Is the service well-led?

The service was well led. There was a registered manager in place who understood their responsibilities. Staff and the registered manager had clear values and staff felt supported in their role. Monitoring of the service was in place and we saw that actions had been taken to make improvements.

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 was 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 06 May 2015 and was unannounced. The inspection team consisted of an inspector.

Before the inspection we reviewed the information we held about the home such as feedback from commissioners and notifications of events that had occurred at the service.

We spoke with one person who used the service, two relatives, three care staff and the registered manager. We were unable to speak with all the people at Drubbery Lane because they had difficulties communicating. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed care and support in communal areas and also looked around the service.

We viewed three records about people's care and records that showed how the home was managed which included staff training and induction records and monitoring completed by the registered manager. We also viewed three people's medication records.

Is the service safe?

Our findings

People we spoke with told us that they felt safe and that the staff treated them well. One person we spoke with told us that they would tell the registered manager if a member of staff was not treating them well. They said, “I would tell the manager if I wasn’t happy, but they are all nice and kind to me”. A relative said, “I feel that my relative is safe and I trust staff. I am happy and so are they [person who uses the service]”. Staff we spoke with were aware of the procedures to follow if they suspected that a person was at risk of harm and they told us they could speak to the registered manager about their concerns. We saw that the provider had a safeguarding and whistleblowing policy available and staff we spoke with understood their responsibilities to keep people safe from harm.

We saw that people were supported to be as independent as possible whilst taking account of their risks. We saw that there were risk plans in place for people who were at risk of falling, nutritional risks and manual handling plans for people who were unable to move about themselves. The plans were detailed and contained clear guidance for staff to follow. One person was at high risk of choking and we saw staff supporting this person in a way that matched the details recorded in their individual care plan. We spoke with staff who were able to describe the support this person needed to keep them safe.

We saw that incidents had been recorded by staff, which included details of the incident and what actions had been taken. The registered manager forwarded incidents to the

provider on a monthly basis where these were analysed for any trends and actions required. For example; risk assessments had been updated, so that the risk of further occurrences was reduced.

Relatives we spoke with told us that there were enough staff to support people. One relative said, “There are always enough staff and there are more staff on duty when my relative goes on outings or holidays”. We saw that there were enough staff to meet people’s needs in a timely manner and people were not kept waiting when they needed support. Staff had time to support people in a calm and relaxed way, talking and chatting to people whilst they provided support. There was a system in place which ensured there were enough staff to meet people’s assessed needs.

We saw that the provider had a recruitment policy in place and the registered manager undertook checks on staff before they provided support to people. These checks included references from previous employers and checks which ensured that staff were suitable to provide support to people who used the service.

People told us that they were supported by staff to take their medicines. We observed staff administering medicines to people in a dignified way and staff explained what the medicine was for. We saw that staff were trained in the safe administration of medicines. We found that the provider had effective monitoring systems in place that ensured medicines were administered, recorded and managed safely.

Is the service effective?

Our findings

We carried out an observation at lunchtime to understand people's lunchtime experiences. We saw that people were able to choose what they wanted to eat and these were presented in an appetising way. We saw that staff members sat at the table with people and ate their lunch, engaging and interacting throughout the meal. The records we viewed showed that people's nutritional needs were assessed and monitored regularly. Staff told us, and we saw that one person needed to have the amount they drank monitored and there were charts in place which ensured that they received enough to drink throughout the day. We saw that drinks were readily available to people throughout the day.

We observed staff talking to people in a patient manner and in a way that met their understanding and communication needs. Staff understood their responsibilities under the Mental Capacity Act 2005. The MCA sets out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Staff explained how they supported people to understand decisions that needed to be made. We saw that mental capacity assessments had been completed where people lacked capacity to make certain decisions and care plans contained details of how staff needed to support people in their best interests.

The registered manager had a good understanding of their responsibilities with regards to Deprivation of Liberty

Safeguards (DoLS) to ensure that people were not unlawfully restricted. The registered manager had considered and had made referrals for a DoLS authorisation for two people who used the service. These had not been authorised at the time of the inspection but there was guidance for staff to follow when supporting these people in their best interests.

Staff we spoke with told us that they received an induction when they were first employed at the service. One staff member said, "The induction was good, I was shown around and met the people who lived here. Then I had a 5 day intensive induction before I provided support. Other staff members have been very supportive too, always asking if I am okay". Staff also told us that they received training and that the training was regularly refreshed and updated. The records we viewed confirmed this. Staff received supervision from the registered manager on a regular basis. One member of staff said, "I find supervision really useful. It gives me opportunity to raise any concerns and the registered manager acts on any concerns or feedback provided".

People received care and treatment from health care professionals. Relatives we spoke with told us that their relatives attended appointments for their health needs and they were kept informed. We saw that people had health care action plans in place and their health was regularly monitored and maintained. We saw that one person had been referred to a Speech and Language Therapist (SALT) for an assessment, where concerns had been identified by staff.

Is the service caring?

Our findings

Relatives we spoke with told us that the staff treated their relatives in a kind and caring manner. One relative said, “I am very happy with the service and the staff are very caring, they are like family to [person who uses the service]”. We saw that staff gave people time when they were providing support and showed care and compassion. We saw that people were comfortable with staff and staff understood people’s communication needs and showed patience giving people time to communicate their needs. Staff we spoke with were enthusiastic about their role and told us that they ensured people received a good standard of care. The atmosphere within the service was relaxed and staff and people chatted and laughed together.

Relatives we spoke with told us that they were happy with the care provided and their relative was supported to make choices. One relative said, “I visit regularly and staff always ask what people want and when they [person who uses the service] don’t want to do something staff respect their wishes”. Staff we spoke with explained how they ensured

people were given choices and they respected their wishes. We saw that staff gave people choices throughout the day. People were given time and staff listened to people’s wishes and acted upon them.

We saw that people who were able to move around the service independently could access their rooms whenever they wanted and if they wanted to have their own privacy. Relatives we spoke with told us that staff treated their relatives with respect and were dignified when supporting them with their personal care. One relative said, “Staff treat my relative with dignity and they are always well dressed and clean, which is important to my relative”. We observed staff treating people with dignity and respect throughout the day. For example, we saw staff knocking on doors before entering and staff spoke with people in a dignified way. Staff talked to people in a way that promoted their understanding and that made people feel that they mattered. Staff told us that they ensured that they were sensitive to people’s privacy and ensured that people felt comfortable when they were providing support.

We viewed thank you cards from relatives that were happy with the care provided. One comment said, “The relationship built between my relative and staff is very good and the staff know them very well”.

Is the service responsive?

Our findings

People were supported to undertake hobbies and interests that were important to them. Relative's we spoke with were enthusiastic about the various trips and outings that people were involved in. One relative said, "Everything they like to do they are getting to do and also experiencing different things too such as holidays overseas. Since coming here they are living life to the full". Another relative said, "There is plenty to do and I am happy that they are given the opportunity to lead a full and interesting life". We saw plans that showed people had been involved in hobbies and interests that were important to them and saw that people were able to participate in one to one chats with staff throughout the inspection.

We saw that people's preferences and interests were detailed throughout the support plans. People had set goals with the support of relatives and staff. These showed how these would be achieved for people such as; shopping, trips out, pamper sessions and holidays. Support plans showed the person's lifestyle history and current health and emotional wellbeing needs. The information viewed painted a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs

Relatives of people who used the service told us that they were involved in reviews of care. One relative said, "We are also kept involved in the care and when there are meetings

we are invited to". We saw evidence of reviews that had been undertaken which showed involvement of people and their relatives. These contained details of any changes to their health and wellbeing. We saw that where anything had been raised at a review this had been acted on. For example; one person enjoyed holidays and it was suggested that they try a different type of holiday. Relatives told us that they had taken this on board and a holiday that provided a new experience had been arranged.

We saw that staff responded to people's diverse needs. We saw that where people had difficulties communicating staff could recognise what people needed. Staff were patient and gave people time to respond to questions in their own way and staff explained how certain people communicated their needs in a physical way. We saw that the support plans also gave staff guidance on how to recognise when people needed specific care, for example; when someone is showing signs of pain.

People who used the service and relatives we spoke with told us that they knew the procedure to complain and they would inform the manager if they needed to. One person told us, "I know how to complain but haven't needed to everything is good". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. The provider had not received any formal complaints that needed investigation, but the registered manager showed us how complaints were logged if any were received.

Is the service well-led?

Our findings

Staff we spoke with were positive about their role and how they made a positive impact to people's lives. One staff member said, "I enjoy working here, it's important to see people being as independent as possible. If people are smiling then I am happy". Another staff member said, "I get a lot of satisfaction from knowing that people are kept safe. These are our values and our priority is the people who live here". We saw that the provider had a values and manifesto document which showed that their aim is to provide person centred care and giving people a voice in how their care is provided. The provider also supported and recognised good practice at the service with 'staff awards', where staff were voted for awards for areas of practice such as; good conduct and working above and beyond their duty.

Staff told us that the manager was approachable and took action if any concerns had been raised. One staff member told us, "I feel supported by the registered manager and they are very approachable. I can discuss anything with them". Another member of staff told us, "When I speak to the manager they always listen and action any concerns I have raised". We saw that issues were discussed in supervision and staff told us that they found supervisions helpful and gave them the opportunity to make suggestions about the service. Supervision provides staff with the opportunity to speak with a senior staff member about their role, their training and about people's care.

Staff meetings were held monthly and we saw that actions had been recorded and updated when they were completed. The registered manager told us that where concerns had been identified learning had been gained from this and discussed with staff at the meetings. One staff member told us, "The staff meetings are really useful and it gives us a chance to talk about things as a group".

There was a registered manager in place at the service who understood their responsibilities and role. The manager told us that they were accountable for ensuring that the service provided to people was of a good quality and matched the values of the provider. The registered manager told us that they were fully supported by the provider and they were able to raise any issues which were considered and implemented where appropriate. We saw that the operational manager regularly visited the service and gave support to the registered manager when required.

We saw that relatives had been involved in providing feedback about the service. Questionnaires had been completed by relatives and we saw that these had been collated by the provider, which ensured that if there were any concerns these would be identified. The feedback we saw was positive about the service and the care that was provided.

We saw that the registered manager had completed audits which showed how they monitored the quality of the service provided to people who used the service. Action plans were implemented where improvements were needed at the service and then forwarded to the provider on a monthly basis. For example; we viewed the medication audit and saw that actions had been taken to improve the management of medicines. Where staff had not recorded medicines clearly this had been raised in staff meetings and supervision by the registered manager. We saw there was a clear quality assurance process in place throughout the organisation and the provider received monthly updates on incidents that had occurred at the service such as; safeguarding, complaints and incidents.