

# Royal Mencap Society

# Pye Green Road

## Inspection report

34-38 Pye Green Road  
Cannock  
Staffordshire  
WS11 5RZ

Tel: 01543503776  
Website: [www.mencap.org.uk](http://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 ●

# Summary of findings

## Overall summary

This inspection visit took place on 21 June 2016 and was unannounced. At the last inspection on 26 August 2014, we found the provider was not meeting the regulations and asked them to make improvements to ensure appropriate arrangements were in place for recording, handling and administering people's medicines. We received a provider action plan which said that the legal requirements would be met by October 2014. At this inspection, we found that the required improvements had been made.

Pye Green Road is registered to provide accommodation and or personal care for up to eight people. There were seven people living at the service at the time of our visit.

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.

There were effective systems in place to ensure people's medicines were administered and managed safely. Risks to people were assessed and managed to keep people safe whilst promoting their independence. The manager and staff understood their role in protecting people from abuse and took appropriate action if they had any concerns.

There were sufficient staff to meet people's needs and the provided carried out checks to confirm staff were suitable to work in a caring environment. Staff received an induction and training to gain the skills and knowledge to support people.

Staff had positive, caring relationships with people and provided care and support in the way people wanted. People were able to follow their hobbies and interests and had opportunities to engage in activities both inside and outside of the home. People's privacy and dignity was respected and staff encouraged people to be as independent as possible. People were supported to have food and drink which met their individual needs and preferences. Staff supported people to access other health professionals to maintain good health.

There was a positive, inclusive atmosphere at the home. People and their relatives were asked for their opinions on the service and felt confident that any concerns or complaints would be acted on. Staff felt supported and valued by the provider and were involved in the development of the service. There were arrangements in place to check people received a good service and improvements were made where needed.

## 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 was safe.

Improvements had been made to ensure people's medicines were administered, stored and recorded safely. Staff understood their responsibilities to keep people safe from avoidable harm and protect them from abuse. There were sufficient, suitably recruited staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff received effective training and support to care for people. People were supported to make their own decisions and the appropriate legal authorisations had been applied for where people were being restricted in their best interests to keep them safe. People were supported to eat and drink sufficient amounts and to access the support of other health professionals to maintain good health.

### Is the service caring?

Good ●

The service was caring.

People told us they liked the staff and enjoyed living at the home. People were treated with kindness and patience. Staff recognised people's individuality and supported them to make choices about their care and support. Staff respected people's privacy and dignity and promoted their independence.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support from staff who knew them well. People followed their hobbies and interests and had opportunities to engage in activities both inside and outside the home. The complaints procedure was accessible to people and their relatives.

### Is the service well-led?

Good ●

The service was well led.

There was a positive, inclusive atmosphere at the service. People and their relatives were asked for their opinions of the service. There were checks in place to ensure people received a good service and information was used to make improvements in people's care. Staff enjoyed working at the service and felt valued and supported by the manager.

# Pye Green 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 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 visit took place on the 21 June 2016 and was unannounced. The inspection team consisted of one 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.

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 planning, we reviewed the information in the PIR and other information we hold on the service, such as notifications received from the provider. A notification is information about important events that the service is required to send us by law. We took all of this information into account when we made the judgements in this report. We also took into account information from social workers and the local authority quality monitoring teams that had visited the service.

We spoke with everyone who used the service and one person's relative who was visiting. We also telephoned three relatives. We spoke with three members of the care staff, a visiting professional and the manager. We did this to gain views about the care and to ensure that the required standards were being met. We spent time observing care in the communal areas to see how the staff interacted with the people who used the service. Some of the people living in the home were unable to tell us in any detail about the care and support they received. We used our short observational framework tool (SOFI) to help us understand, by specific observation, their experience of care.

We looked at the care records for three people to see if they accurately reflected the care people received. We also looked at records relating to the management of the home including quality checks and staff recruitment and training records.

# Is the service safe?

## Our findings

At the last inspection, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because we identified concerns with how people's medicines were managed. At this inspection we found the required improvements had been made. The registered manager had liaised with people's GP's to ensure that people received their medicines as prescribed and appropriate arrangements were in place for the use of occasional medicines, such as cough and cold remedies. We saw that the Medicine Administration Record (MAR) had clear instructions to explain when, how often and how each person's medicine was to be administered. Where people were self-administering prescribed creams, we saw that a risk assessment had been completed and discussed with the person and a body map was in place indicating where and how often the cream should be applied. Protective gloves were provided for people to use when applying their creams and staff signed the MAR to record that the cream had been applied correctly. We found that effective stock control systems were now in place to ensure that an accurate account of all the medicines people received was maintained.

Although we were not able to observe staff administering people's medicines, relatives we spoke with told us they had no concerns and their relation received their medicines as prescribed. One told us, "[Name of person] is supported by staff with their medicines. When they come home they bring it with them and I check they've taken it". Staff told us they had received training in the safe handling and administration of medicines and we saw their competency had been assessed. Where medicines were prescribed on an 'as required' or PRN basis, guidance was in place to ensure people did not receive too much or too little medicine. We saw that MAR had been completed correctly, for example there were no gaps or missing signatures. Staff told us and records confirmed the manager checked the MAR and discussed any discrepancies with them and further training was offered where needed. These arrangements ensured people were protected from the risks associated with medicines.

We saw that people were relaxed and comfortable in the company of staff. Relatives we spoke with told us they were confident that their family members were supported in a safe way. One relative said, "I feel [Name of person] is definitely safe and they would tell me if they were worried about anything or anyone at the home". Staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm or abuse. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "Most people would tell us if there's a problem but if we have any doubts we report our concerns to the manager, rather than take any chances, otherwise things could go undetected". Staff knew how to report their concerns externally and told us, "There is information in the office that tells us what to do". Our records showed that the manager had reported their concerns following an incident at the home and had taken action following an investigation. This showed the manager and staff understood their responsibilities to protect people from the risk of abuse.

Risks to people's safety had been assessed and staff knew how to provide support to reduce their risk of harm. We saw there were risk management plans in place for people's health and wellbeing needs in the home environment and when they were out. Discussions with staff and observations showed that staff

supported people safely, in line with their care plans, and restrictions on people's freedom, choice and control were minimised. For example, plans were in place to support people to go out independently, for work and leisure.

We saw there were enough staff available to meet people's needs and additional staff were rostered on where people were supported on a one to one basis. Two of the relatives we spoke with felt there should be more staff available to support their relations on a one to one basis to enable them to go out more frequently. We discussed these concerns with the manager who explained, "We have spoken to the social workers involved but there have been delays in getting agreement for one to one support hours and we have escalated things to get a decision. As soon as we have that, we can deploy the additional staff". This demonstrated staffing levels were kept under review to ensure there were enough staff to meet people's individual needs. Staff we spoke with told us there was a settled staff team and they had no concerns about staffing levels at the home.

Staff told us and records confirmed the manager followed up their references and carried out a check with the Disclosure and Barring Service (DBS) before they started working at the home. The DBS is a national agency that keeps records of criminal convictions. This meant the provider assured themselves that staff were suitable to work with people.

The manager and staff carried out checks to monitor fire and electrical safety and equipment which minimised the risks to people's safety in relation to the premises and equipment. Staff were aware of the arrangements to keep people safe in the event of an emergency such as a fire.

## Is the service effective?

### Our findings

Relatives told us staff had the necessary skills and training to support their relations. One relative told us, "I feel the staff are skilled and know [Name of person's] needs". Another said, "Staff are good and there's a good mix of experience, [Name of person] receives good care". Staff told us they received the training and support they needed to provide good care. One member of staff told us, "We have had the all the usual training, such as manual handling, health and safety and safeguarding and we also discuss an area of training at each staff meeting. We are also observed to check we are competent in skills such as moving and handling and managing people's finances". Staff told us they felt supported to fulfil their role and met with their manager every five to six weeks at a "shape the future meeting", which gave them the opportunity to raise any concerns, discuss their performance, set objectives and agree any training needs. We saw an ongoing training plan in place which showed staff had received training in areas that were relevant to the needs of people in the home.

Staff told us they had received an induction which gave them the skills and confidence to carry out their role effectively. One member of staff told us, "It was helpful because although I wasn't new to care, I hadn't worked with adults before". The manager told us staff completed the Care Certificate, a nationally recognised set of standards which supports staff to achieve the skills needed to work in health and social care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that the manager and staff were acting in accordance with the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions whenever possible. Staff told us that people had the capacity to make their own everyday decisions and that this was always encouraged. One member of staff told us, "When people are out shopping, we give advice and support about costs of different items but we don't stop them if they choose the most expensive item". We heard staff offering people choice, for example about what they wanted to have for their lunch and where they wanted to sit to eat. Staff told us and records confirmed that people's families and their representatives were involved in supporting people to make decisions where appropriate. People's care plans evidenced that their capacity had been considered in all areas of their care and showed that people were supported to make their own decisions. We saw that a decision making profile had been completed, which guided staff on how best to support people to make their own decisions. One entry read, 'present choices to me in a clear concise way' and 'put information in several ways to ensure I have understood'. We saw examples of this throughout the day.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager told us two people were being restricted in their best interests, to keep them safe. We saw that applications had been made to the local supervisory



body which showed that the manager understood their responsibility to comply with the legislation.

People were supported to have enough to eat and drink to maintain their health. One person told us they had choice about their meals, "I make my own food in the kitchen". Relatives we spoke with told us the food was good quality and their relations were offered choice. One relative told us, "They have good food, I have seen the food when I've visited". Another said, "There is good food, with choices". Meal times were flexible and people could choose to eat together or separately. We saw people could use the kitchen whenever they wanted to make meals and drinks independently and staff were available to support people if required. People's dietary needs had been assessed and where risks were identified, specialist advice was sought. For example, one person was at risk of choking and we saw staff followed the guidance from the Speech and Language Therapist to keep the person safe. Staff knew people's preferences and encouraged them to follow a healthy diet by supporting them with meal planning and shopping. We observed a visiting adult learning tutor supporting people with an activity that helped them to identify healthy foods and there were pictures on the wall promoting health eating.

People were supported to access other health professionals to maintain their day to day health needs. Staff told us people were supported to see their GP or the community nurse when needed. One person had attended a GP appointment on the day of our inspection and we heard them discussing the outcome with staff on their return. A member of staff told us, "People are generally happy to go to the GP or for any hospital appointment and they have all the annual checks they need, such as for their heart". Records confirmed that people were supported to see their GP and attend hospital appointments as required.

## Is the service caring?

### Our findings

People who were able to give us their views told us they liked living at the home and that the staff looked after them well. One person told us, "I'm happy here". Another person told us they would confide in a member of staff if they had any worries. Relatives told us they were happy with the way their relations were cared for. One said, "[Name of person] is treated very kindly by staff". We observed a positive and caring relationship between people who used the service and staff. We saw there was friendly banter, laughter and fun throughout our visit. A member of staff told us, "We have a laugh and joke, they play us up something chronic sometimes". People were supported in a homely and personalised environment. One person showed us their bedroom which had items they collected and personal photographs on display. A relative told us, "It's a good home, a lovely atmosphere, one big family".

Staff spoke positively about the people they supported and had a good understanding of their aspirations and abilities. For example, they told us about one person loved to dance and helped support classes at a local sports centre and another person who had a job in a local charity shop. We saw staff treated people with kindness and respect. Staff recognised people's individuality and people responded when they encouraged them to express their own style and preferences. For example, one person got dressed up to go out and came to show staff their new clothes and sunglasses. Staff were patient and listened to people when they were unhappy or upset about something and talked things through with them to reach a resolution. Staff understood people's communication needs, for example we observed staff spoke with a person using short sentences and we saw this was documented in their care plan. Staff told us how they promoted people's privacy and dignity. One member of staff told us, "We always knock on people's doors and wait to be asked in".

People told us they were able to make decisions about their daily routine, for example they could get up and retire to bed when they wanted. We saw one person sat in their nightwear and dressing gown until just before lunch and then went to their room and changed into daywear. Staff offered people choice about how they spent their time, for example when they wanted to have their lunch and if they wanted to spend time in their bedroom. We saw people were encouraged to prepare meals for themselves and others to promote their independence. People helped with daily chores, such as hoovering and ironing and throughout the day people washed up or loaded the dishwasher. One member of staff told us some people made their own appointments to see the GP and these were recorded in the diary so that staff could remind the person if needed.

People were encouraged to maintain important relationships. One person told us their friends could visit them at any time and have a meal with them. Relatives told us they could visit whenever they liked and felt involved in their family member's care. One relative told us, "I can visit anytime, although I usually ring first [to make sure they will be at home]". One person told us they were waiting for their relative to collect them for a barbecue to celebrate their birthday. We saw that birthday cards were on display in one of the lounges and staff told us they organised parties and invited family and friends. A relative told us about a party arranged for their relation, "I was impressed with the effort made by the member of staff, everything was beautifully done". A member of staff told us about a party they had arranged at a local venue, with a meal

and the person's favourite 50's music. This showed staff supported people to have a good quality of life.

## Is the service responsive?

### Our findings

People received personalised support that met their individual needs. Relatives we spoke with told us their relations were supported to follow their hobbies and interests and be as independent as possible. One relative said, "It is a really good place for [Name of person], I feel lucky they have a place there. It allows them to be independent but if they need some support they get it".

People had opportunities to take follow their interests and take part in activities both inside and outside the home. We saw that some people went swimming, to the cinema, a weekly disco and we heard two people talking about going horse riding. Staff were aware of the best ways to support people to make choices about the activities they took part in. Staff told us they used a variety of communication methods, such as pictures or video clips on the internet, "One person wanted to go to the cinema but wasn't sure which film to go to so we showed them the trailers on the internet". Some people had part-time jobs or went to college and the staff liaised with the college or employer to ensure people had the support they needed. We saw that people had achieved success in courses such as drama and horticulture. Staff told us that plans were in place to provide some raised beds in the garden at the home to enable people to use their skills to grow their own vegetables. Specialist adult learning support was provided on a weekly basis and we saw people were supported with an arts and crafts activity and to make and eat a fresh-fruit kebab. There was lots of lively chatter and people clearly enjoyed themselves whilst learning about healthy eating and how to keep safe when using kitchen utensils. We saw that the visiting tutor had assessed each person's needs and abilities and had a learning plan in place with identified goals, which focused on life skills, numeracy and literacy.

We saw that people were able to come and go as they wished and lead active social lives. One person was very excited because they had been chosen to do some modelling for a local business and was going to take part in a photo-shoot on the day of our inspection. People were supported to go on holiday together or go to concerts. One person told us they had been to see their favourite celebrities and showed us their ticket stubs and photographs from the events.

People were involved in making decisions about how they wished to receive their care and support as much as possible. Support plans were personalised and were in a pictorial format to assist people to understand the content. We saw they took into account people's individual abilities, for example when considering if they could go out independently. There was a keyworker system in place which enabled people to have a named member of staff they met with on a monthly basis to talk about all aspects of their support, including their achievements, such as activities they had taken part in, their health, finances and important relationships. We saw that support plans were regularly reviewed and updated if any changes had been identified. People's relatives told us they were invited to attend annual reviews with the person's social worker and were kept informed about people's changing needs. Staff kept daily records about people which documented the support people had received and any concerns that had been noted during the day. This information was shared during shift handover which meant incoming staff received information to update them about people's needs.

Relatives told us they knew how to raise any complaints or concerns and felt confident action would be taken. A relative told us, "I know the complaints procedure and would feel confident to use it if necessary". Another said, "I'm aware of the complaints procedure but I usually speak to whoever is on duty and it gets sorted". There was a complaints procedure in place and a copy in pictorial form to assist people to understand the process. There had been no complaints made to the service since our last inspection.

## Is the service well-led?

### Our findings

Relatives we spoke with told us about the positive atmosphere at the home and supportive attitude of the staff and manager. One relative told us, "There is a good atmosphere in the house and a good staff team". Another said, "The staff or manager are always available". Staff were clear about their roles and responsibilities and told us they felt supported by the manager. One member of staff told us, "The manager is good, you can speak to him if you have any problems". Another said, "You can approach the manager any time, if he's not at the service he will always come into see us. He listens and doesn't dismiss any concerns you have". Most of the staff had worked at the service for a long time and told us they enjoyed their job. One told us, "The best thing is that no day is the same, it's challenging at times but so rewarding". Another said, "I have a good bond with the residents, they welcome you into their home and I treat them as I would my family, it's not just a job". Staff were aware of the whistleblowing procedures at the home and told us they would not hesitate to use it if they needed to. Whistleblowing is a way in which staff can report misconduct or concerns about wrong doing at work. Staff told us they had regular team meetings and were involved in the ongoing improvement of the service. One member of staff told us, "At staff meetings we are asked if we have any ideas on how to improve things, for example we came up with the ideas on having the raised beds in the garden for residents".

The manager and provider had systems in place to ensure people received a good service. These included checks on medicines management, health and safety and care records. Where concerns with quality were identified, action was taken to address shortfalls. Accidents and incidents were recorded and monitored for any patterns and trends to ensure action could be taken to prevent reoccurrence. For example, the manager told us battery operated door alarms had been installed following a recent incident. The measure was not intended to restrict people but to support staff awareness that people were entering or leaving the building. The manager recognised this was quite intrusive and noisy and a permanent system was planned which would alert staff via a pager they could store in their pocket.

People and their relatives were invited to give their views about the service in a variety of ways. We saw that resident's meetings were held on a regular basis and notes of the meetings showed that a range of issues were discussed including any complaints people wanted to raise, if people were happy with the staff and what activities or meals they wanted. People were also asked if they were happy with their care during meetings with their keyworker. Relatives told us they were asked to comment on the service via an annual survey. One relative told us, "I receive a questionnaire annually but I don't fill it in. If I want to praise anybody I'll tell them and if I have a complaint it will be in writing to the manager". The manager told us that the 2016 survey had just been sent out. We were shown two responses which were both positive.

The registered manager was fulfilling the requirements of their registration with us. Our records confirmed that they informed us about important events which occurred in the home or affected the service including safeguarding concerns.