Royal Mencap Society

Royal Mencap Society - 5 Saunton Gardens

Inspection report

5 Saunton Gardens
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Royal Mencap Society 5 Saunton Gardens provides accommodation and personal care to a maximum of five people who live with a learning disability, autism and/or associated health needs, who may experience behaviours that challenge staff.

At the time of inspection three people were living at the home. The service is located in a residential home that has been developed and adapted in line with values that underpin the Registering the Right Support and other best guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can lead as ordinary life as any citizen.

The home had a registered manager. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

This comprehensive inspection took place on 5 and 9 July 2018. The inspection was unannounced, which meant the staff and provider did not know we would be visiting.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At our last inspection in November 2016 we found the provider was required to improve the management of people's prescribed medicines. At this inspection we found the provider had made the required improvements and people's prescribed medicines were managed safely.

People were protected from avoidable harm, neglect, abuse and discrimination by staff who understood their responsibilities to safeguard people. Risks to people had been assessed and plans minimised potential risks, whilst promoting people's independence.

Prospective staff underwent robust pre-employment checks to ensure they were suitable support people who lived with autism or a learning disability.
There were always enough staff deployed with the right experience and skills mix, to provide effective care and support to meet people's needs. Staff were enabled to develop and maintain the necessary skills to meet people's needs.

Staff applied the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards in their day to day care practice. For example, people were involved in best interests decisions about their care, to ensure their human and legal rights were protected.

The registered manager had developed effective partnerships with relevant professionals and quickly referred people to external services such as GPs, neurologists, dieticians, chiropodists, opticians and dentists, when required to maintain their health.

Staff supported people to maintain high standards of cleanliness and hygiene in the home, which reduced the risk of infection. Staff followed required standards of food safety and hygiene, when preparing or handling food. People were supported to have eat healthy balanced diet of their choice.

The home environment was personalised to meet people's individual needs and preferences.

People's needs had been assessed and regularly reviewed to ensure staff had the most current information required to meet their needs. Detailed care plans promoted their independence and opportunities to maximise their potential.

People were supported by regular staff who were kind and caring, which had a positive impact on their mental wellbeing. There was a warm and positive atmosphere within the service, where people were relaxed and reassured by the presence of staff.

Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. People were encouraged and enabled to be involved as much as possible in making decisions about how their support needs were met.

Staff demonstrated a real empathy for the people they cared for and one another. Staff spoke passionately about people, recognising their talents and achievements, which demonstrated how they valued them as individuals.

The service was responsive and involved people and their relatives in developing their support plans, which were detailed and personalised to ensure their individual preferences were known.

Staff consistently demonstrated in their day to day support of people, that respect for privacy and dignity was at the heart of the home's culture and values. People were supported to take part in activities that they enjoyed and to maintain relationships with their families and those that mattered to them. This helped to protect them from the risk of social isolation.

The registered manager sought the views of people and their relatives and used these to drive improvement in the home. There had been no complaints since the last inspection. However, people and relatives were confident that the staff would listen to them if they had any concerns and would take the necessary action to deal with them.

The service was well led. The vision, values and culture of the service were understood and delivered by staff whilst supporting people. The safety and quality of support people received was effectively monitored and identified shortfalls were acted upon to drive continuous improvement in the service.

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.

People's prescribed medicines were managed safely.

Risks to people were identified, assessed and plans provided staff with clear guidance to mitigate these risks and protect people from harm.

Staff demonstrated awareness about how to protect the human rights of people who lacked a voice.

The provider consistently deployed sufficient suitable staff with the right mix of skills to ensure care and support was delivered to people safely.

Is the service effective?

Good

The service remained good.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service remained well-led.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced inspection took place on 5 July 2018, when the registered manager was absent due to annual leave. We continued the inspection on 9 July 2018, when the registered manager had returned. When planning the inspection visit we took account of the size of the service and that some people at the home could find unfamiliar visitors unsettling. As a result, this inspection was carried out by one adult social care inspector.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed other information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

During our inspection we spoke with three people living at the home, some of whom had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of three people.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the management team, including the registered manager, the area operations manager, the regional manager and three members of staff covering the day and night shifts.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at four staff recruitment, supervision and training files. We examined the provider's records which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering June and July 2018, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with the four relatives of the three people and two health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with the commissioners of people's care.

The last inspection took place in May 2016 where we found the provider's failure to manage people's medicines safely was a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service safe?

Our findings

At our last inspection in November 2016 we found the provider was not consistently managing people's prescribed medicines safely. Since the last inspection the provider had reviewed their safe management of medicines policy and procedure at the home. At this inspection we found the provider had made the required improvements and people's prescribed medicines were managed safely.

People received their medicines safely from staff who had undertaken appropriate training to do so. Staff had their competency to administer medicines regularly assessed to ensure their practice was safe, and in line with guidance issued by the National Institute for Health and Care Excellence.

We observed staff support people to take their medicines in a safe and respectful way. People were given time to take their medicines without being rushed. Staff explained the medicines they were giving in a way people could understand and sought their consent before administering it to them.

Staff were aware of the action required if a mistake occurred, to ensure people were protected. People's medicine administration records accurately recorded when people's medicine had been administered and the dose.

Where people took medicines 'As required (PRN)' there was guidance for staff about their use. These are medicines which people take only when needed.

There were appropriate systems to ensure the safe storage and disposal of prescribed medicines. The stock management system ensured medicines were stored appropriately and there was an effective process for the ordering of repeat prescriptions and safe disposal of unwanted medicines.

Staff managed medicines consistently and safely, and involved people and their families where appropriate in regular medicines reviews and risk assessments.

People experienced care that met their needs and made them feel safe. One person told us, "[Named staff member] always looks after us and keeps us safe." A relative told us, "The staff are excellent. They know how to keep them [people] safe and happy." Another relative told us, "They [staff] are very good at recognising when they [their loved one] is worried or upset and know how to make them feel better and less anxious."

People were protected from harm because staff understood the provider's safety systems, policies and procedures. Staff understood their role and responsibility to safeguard people from abuse and the provider ensured staff completed required training and had ready access to relevant guidance. Staff demonstrated awareness about how to protect the human rights of people who lacked a voice.

People's needs and risk assessments contained the information staff required to meet people's needs safely and to mitigate any identified risks. We observed staff consistently deliver care in accordance with people's risk assessments, which kept them safe and met their individual needs.

Enough staff, with the right mix of skills, were consistently deployed to make sure that care and support was delivered safely and to respond to any unforeseen events. For example, regular staff volunteered to cover unexpected staff absence due to sickness. Staff had raised concerns with the provider that there were occasions on weekends when there were not sufficient staff deployed to support people to take part in their preferred activities. The provider's resilience to provide extra staff had recently diminished because two people previously supported by the service had moved to alternative providers. However, the registered manager was able to demonstrate that the service provided 30 hours of staff coverage per week, above that funded by respective commissioning groups. At the time of inspection, the registered manager was addressing these concerns with relevant commissioning authorities.

Staff underwent relevant pre- employment checks to ensure their suitability to support people living with autism or a learning disability.

Where people were subject to restrictions to reassure and keep them safe, these were minimised to promote people's freedom and ensure the least restrictive option was applied. For example, supporting people to access the community safely.

We observed staff support people to maintain high standards of cleanliness and hygiene in the home, which reduced the risk of infection. Staff and people followed prepared and handled food in accordance with food safety and hygiene standards.

Staff understood their responsibilities to raise concerns and report incidents and near misses. We reviewed an incident which occurred shortly before our inspection, where a person supported to access the community, experienced behaviours that challenged staff. This incident was appropriately recorded and reported by staff, analysed by the provider and the necessary learning was then implemented to mitigate future risks.

Good

Is the service effective?

Our findings

People continued to receive support which promoted a good quality of life and achieved their desired outcomes. Relatives consistently praised the skill and experience of regular staff in meeting people's complex and emotional needs and their determination to provide opportunities for people to experience the best quality of life.

People had an individual health plans which detailed the completion of important monthly health checks. Staff consistently referred people to external services such as GPs, neurologists, psychiatrists, dieticians, speech and language therapists, opticians and dentists, which helped to maintain their health. The registered manager had developed effective partnerships with relevant professionals, for example the community learning disability team.

Professionals told us that prompt referrals had been made to make sure that people's changing needs were met and consistently reported that staff effectively implemented their guidance.

People's needs had been assessed regularly, reviewed and updated. Detailed care plans, including positive behaviour and communication support plans, promoted people's independence and opportunities to maximise their potential.

Staff underwent a comprehensive induction and were not allowed to work unsupervised until they had been assessed as competent to do so by the registered manager. Staff had received the required training and supervision to develop and maintain their skills and knowledge. This enabled staff to deliver effective care and support which met people's needs.

People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions by attentive staff. People were encouraged and supported to prepare their own meals, snacks and drinks in accordance with their eating and drinking plans. Mealtimes were unhurried and arranged to suit individual needs and preferences. Staff understood the different individual strategies to encourage and support people to eat a healthy diet.

People were involved in decisions about the decoration of their personal rooms, which met their personal and cultural needs and preferences. The premises had been adapted to meet people's needs, for example; the provision of a safe haven in the garden, for a person to retreat to, whenever they felt anxious. The provider had supported one person to ensure specialised adaptive equipment was made available to enable staff to deliver better care and support to them.

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.

Staff supported people and their relatives where appropriate, to make choices, in line with best interests decision-making. For example, two people had been supported with decisions relating to invasive surgical procedures. Such decisions were also subject to constant review. For example, one person who lived with epilepsy, had their risk of night time seizures monitored with a listening device. Due to the reduced frequency of seizures experienced by the person, a best interests' process, involving all relevant parties, decided the intrusive nature of such monitoring was not proportionate to the risk.

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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked to confirm the service was working within the principles of the MCA, and was meeting all conditions on authorisations to deprive a person of their liberty. We found that legal requirements were met and people's human rights were recognised and protected.

Good

Is the service caring?

Our findings

People continued to experience positive caring relationships with staff who consistently treated them with kindness and compassion in their day-to-day care. One person told us the staff, "are my friends and they are caring and kind to me when I'm upset." Relatives consistently told us their family members were very happy and settled at the home. One relative told us, "The carers are so caring and are always thinking what they can they do to give [family member] a better life." Another relative told us, "They [staff] do their very best every day to make their [people's] lives more fulfilling. Just little things they do automatically because they know them make such a big difference."

There was a warm and positive atmosphere within the service, where people were relaxed and reassured by the presence of staff. Staff consistently interacted with people in a in a calm and sensitive manner, using appropriate body language and gestures where appropriate, in accordance with their communication plans. We observed the positive impact of staff relationships with people and how these contributed towards their wellbeing.

The staff team were well established at the home, which meant people experienced good continuity and consistency of care. Staff knew people well and could tell us about their life histories, their families, their interests and what was important to them.

Staff were highly motivated and demonstrated a real passion to care for the people living in the home. Relatives told us that staff consistently cared for their loved ones in a way that exceeded their expectations. One relative told us, "The support provided by [the registered manager and staff] is wonderful. I don't think it could be bettered. They treat us as one big family doing their best for people they love."

Staff spoke passionately about people, recognising their talents and achievements, which demonstrated how they valued them as individuals.

Staff demonstrated a real empathy with the people they cared for and one another. For example, on the second day of our inspection, a staff member came in very early on their day off. This was to ensure a person had a preferred member of staff with them, when they were admitted to hospital for a surgical procedure. This staff member ensured they were also there when the person came round after the operation, and reassured and supported them through the discharge procedure.

Staff consistently showed concern for people's wellbeing in a caring and meaningful way, and responded to their needs quickly. For example, we observed staff consistently reassure a person displaying behaviours which indicated they were anxious, in accordance with their support plan. Prompt staff intervention distracted the person and reduced their anxiety, which prevented their behaviour escalating. This person told us, "I always feel better when they [staff] talk to me."

We observed staff treated people with respect and were mindful of their privacy and dignity, for example, staff sensitively adjusted people's clothing to maintain their dignity in a communal area. Staff knocked

before entering rooms and ensured doors were closed when delivering personal care.

People and where appropriate their relatives were involved in their care planning, which took into account their wishes, needs and preferences. Relatives consistently told us that the registered manager and staff made them feel their feelings and opinion mattered. Family members praised the registered manager and staff team for keeping them updated and involving them in important decisions.

People's care records included an assessment of their needs in relation to equality and diversity. Staff underwent training and understood their role to ensure people's diverse needs and right to equality were met. Staff supervisions and competency assessments ensured that people experienced care which respected their privacy and dignity, whilst protecting their human rights.

Staff promoted people's choices and independence, for example, by supporting them to do things themselves, rather than doing things for them. During the inspection one person was supported to use public transport to visit a venue ticket office, where they purchased tickets for one of their favourite sporting events.

Information about people was treated confidentially and the provider kept and stored records in accordance with the Data Protection Act.

Good

Is the service responsive?

Our findings

People continued to experience care that was flexible and responsive to their individual needs and preferences. Care plans and risk assessments were updated and reviewed regularly. People's positive support plans were reviewed monthly and their progress was monitored against their personal goals and aspirations.

People's changing needs were identified and followed by timely referrals to relevant health and social care professionals where required, for example, GPs, learning disability specialists, neurologists, psychiatrists, dieticians, and opticians. We observed staff effectively discuss changes to people's needs at staff shift handovers, which meant staff were responding to people's current care and support needs. During our inspection one person was supported to undergo eye surgery.

Staff understood the diverse and individual needs of each person and delivered care and support in a way that met these needs and promoted equality. Staff identified, recorded and shared relevant information about the communication needs of people living with a disability or sensory loss, for example; one person living with a visual and hearing impairment, used pictures and objects of reference to convey their wishes.

People were supported to maintain relationships with their families and those that mattered to them. For example, people were supported to visit relatives and attend social events of their choice. Two people were supported to attend day centres where they met friends and engaged in stimulating activities. Staff encouraged and supported social contact and companionship, which helped to protect people from the risk of social isolation and loneliness.

People and their relatives were given the opportunity to give feedback on the service during care reviews, meetings and satisfaction surveys. Feedback received was consistently positive. People had been provided with the provider's complaints procedure in a format which met their needs. There had been no complaints since our last inspection. Relatives were confident that the manager and staff would listen to them if required and take the necessary action.

People were supported to make decisions about their preferences for end of life care and were given the opportunity to review these regularly. At the time of our inspection people had declined the opportunity to discuss their choices in detail, for example their preferred place of death.

Health and social care professionals told us the staff were responsive to their advice and guidance, which they proactively implemented whilst supporting people.

People were supported to be as independent as they could both within the service and in the community. For example, people were developing their life skills in relation to their personal care and independence, such as cooking and using public transport.

People and relatives consistently reported that staff were committed to providing fulfilling activities, which

enriched the quality of their loved one's life.

Good

Is the service well-led?

Our findings

The home continued to be well-managed and well-led by the registered manager. At our last inspection, whilst records in the service were up to date, the guidance for one person's emergency medicine administration did not reflect what was happening in in practice. At this inspection we found the registered manager had taken positive action. They had fully reviewed the management of people's prescribed medicines and had completed competency assessments to ensure staff supported people in practice, in accordance with their medicines management plans.

The registered manager and staff had developed an open, person-centred culture, which achieved good outcomes for people, based on the provider's values. Staff could explain the provider's values, which stated 'We are inclusive; trustworthy; caring; challenging and positive.' For example, one staff told us, "We put people's care at the heart of everything we do." Another staff member told us, "Being trustworthy is about not letting people down and when we promise to do something we do it." The registered manager monitored the support provided against these values, to ensure they were embedded in staff practice.

Staff demonstrated these values during our inspection, for example; staff consistently spoke with people in a caring, supportive manner. We observed cooperative, supportive and appreciative relationships amongst the staff group. For example, staff worked collaboratively and shared responsibilities to ensure a person was supported by preferred staff when required. Regular staff told us how they covered shifts for each other when needed, which rotas confirmed.

The registered manager was also registered to manage another service run by the provider, which meant they spent equal time working in each service. Staff consistently told us that they felt well supported by the registered manager but thought they were under too much pressure managing two services. Staff told us they had requested increased staffing to enable them to provide people with more activities on the weekend. Staff consistently reported their frustration that this issue had not been resolved, whilst appreciating the dialogue taking place between the provider and commissioners of people's care. The provider's area manager and registered manager told us they had sought increased funding to enable increased staffing levels, which documents confirmed.

Health and social care professionals told us they experienced good communication with the registered manager and staff who were always open and honest. Relatives told us they had experienced excellent communication with the home and staff always knew what was happening in relation to their family member whenever they called or visited. Relatives consistently made positive comments about the registered manager, though they had found it more difficult to contact them in recent months.

The service was open and honest when things went wrong. The registered manager, staff and relatives told us that people and families were informed if anything happened, such as an accident or near miss. The registered manager told us, "When mistakes happen we learn from it and look at what we need to do to improve."

We reviewed one recorded incident which demonstrated that concerns were investigated in a sensitive and confidential way, and the lessons learned were effectively shared with staff and acted upon.

Staff effectively reported incidents and accidents, which the registered manager and provider used to identify and implement required improvements. Systems were in place to monitor and assess the quality of the service provided on a weekly basis.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team. The registered manager was supported by the provider's operations and quality managers who visited the service monthly and completed quality assurance surveys to identify areas for improvement. Action plans were developed following each audit and monitored to drive the continuous development and improvement of the service.

At the time of the inspection the registered manager was in the process of analysing annual quality assurance questionnaires completed by people and their families. Questionnaires we reviewed consistently made positive comments about the quality of care and support provided.

People and staff were involved in the development and improvement of the service. For example, funding had been approved to decorate the home and provide new furnishings. Records demonstrated that people and staff had been consulted in relation to their preferences and wishes, which had then been carried out.

The service worked effectively in partnership with key organisations to support joined-up care. For example, one person had been supported to join the committee of a social club they attended.