

# Royal Mencap Society Manor Road

## Inspection report

30 Manor Road,  
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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 02 June 2015 and was unannounced.

The Royal Mencap Society provides accommodation and personal care at 30 Manor Road for up to six people who have a learning disability. The service does not provide nursing care. There were five people living at the home when we inspected.

We last inspected the service on 18 September 2013 and found the service was not in breach of any of the regulations that we assessed at that time.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered

# Summary of findings

necessary to restrict their freedom in some way, usually to protect themselves or others. The manager reported that applications had been submitted to the local authority in relation to people who lived at 30 Manor Road.

People were assisted by staff in a way that supported their safety and they were treated respectfully. People had health care and support plans in place to ensure staff knew how people liked their needs to be met. Risks to people's safety and welfare had been identified and care had been planned to enable people to live as safely and independently as possible. There were sufficient numbers of staff available to meet people's care and support needs. People's medicines were managed safely.

Members of staff were trained to provide effective and safe care which met people's individual needs and

wishes. Staff members understood their roles and responsibilities and were supported by the manager to maintain and develop their skills and knowledge through on-going support and regular training.

There was a good rapport between the staff and people who used the service. Staff interacted and cared for people in a warm and sensitive way, they took time to listen and to respond in a way that the person they engaged with understood.

There was an open culture in the home and relatives and staff were comfortable to speak with the manager if they had a concern. The provider had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

# 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?

This service was safe.

People were supported by staff who had been safely recruited.

Support staff had been provided with training to meet the needs of the people who used the service.

Staff knew how to recognise and report abuse.

People's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Good



### Is the service caring?

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Good



### Is the service responsive?

The service was responsive.

People were supported to engage in a range of activities.

People's concerns were taken seriously.

Good



### Is the service well-led?

The service was well led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Good



# Manor 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 met 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 under the Care Act 2014.

This inspection took place on 02 June 2015 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with three people who used the service, two support staff and the manager. Subsequent to the inspection we spoke with three relatives to obtain their feedback on how people were supported to live their lives.

We received feedback from a healthcare professional involved with the support people who used the service. We requested feedback from representatives of the local authority social working team however, had not received any response at the time of writing this report. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

# Is the service safe?

## Our findings

Relatives told us they were confident that people were safe living at the home. They told us that they had, “Peace of mind” knowing that people were receiving the support they needed to live their lives as safely and independently as possible. We observed that people were relaxed and happy, they were keen to interact with us and were clearly at ease with the staff members supporting them.

Staff members told us they had received safeguarding training and regular updates and they demonstrated an awareness of how to record and investigate safeguarding concerns appropriately. One staff member said, “It is simple, it is our responsibility to keep people safe so I would report any concerns immediately.” There had been no recent safeguarding incidents but the manager was clear about their responsibilities in regards to informing CQC and the local authority should any incidents occur. There were suitable arrangements to safeguard the people who used the service which included reporting procedures and a whistleblowing process. We saw that policies and procedures for safeguarding adults were available and accessible to staff. This helped ensure staff had the necessary knowledge and information to make sure that people were protected from abuse.

Staff told us they felt confident in dealing with emergency situations and we saw that there were personal emergency evacuation plans developed for each person who used the service. We saw that personal protective equipment (PPE) was available around the home and we observed staff using PPE when cleaning.

Risk assessments had been completed for people in areas such as activities of daily living and going out to the pub. The risk assessments we saw had been signed to confirm that they had been regularly reviewed. The manager told us

that the service sought to promote a balance between managing risk and independence. For example, people were supported to participate in a cycling club supported by the risk assessment framework. People told us they enjoyed this activity and were very happy to be able to take part.

There were enough staff available to support the needs of the people who used the service. At the time of our inspection there were two support workers and registered manager on duty. Rotas confirmed that these levels of staff were maintained and extra staff were brought in to support specific activities where needed. We looked at the recruitment records of one staff member who had been recently recruited to the service. We found that all appropriate checks such as references, evidence of identity and criminal record checks had been sought and recorded.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment. We noted that whilst the medications were stored in a lockable cupboard the locking mechanism had failed. The manager had contacted the supplier to arrange for the lock to be changed. In the interim people’s medications were stored within another locked cupboard to ensure that people were not placed at risk.

Medicine administration records (MAR) had been accurately completed together with receipt records and these showed us that people received their medicines correctly. All staff had been trained and were responsible for the administration of medicines to people who used the service. People had individual medication profiles detailing any allergies and protocols relating to their “as and when” required medicines to ensure these were given consistently and safely.

# Is the service effective?

## Our findings

Relatives told us that they felt staff were skilled and knowledgeable. We found that staff were appropriately trained and supported to perform their roles and meet people's needs. New staff members were required to complete an induction programme which was monitored and signed off by the manager when it was completed.

Staff told us that they received regular training updates to support them in their role. Records confirmed that the training provided included such areas as fire awareness, food hygiene, moving and handling, medication administration and safeguarding adults. Staff members told us they were encouraged and supported to undertake further health and social care qualifications to increase their skills and knowledge base. This meant that people received support from a staff team who had the necessary skills and competencies to meet their needs.

We looked to see if the service was working within the legal framework of the MCA 2005. This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Guidance was able for staff on how to safeguard the care and welfare of people and staff told us they had received training about the MCA 2005. The manager told us that DoLS training had been booked for July 2015 and that DoLS applications had been made to the local authority in relation to people who lived at Manor Road and were pending an outcome at this time.

Staff sought people's consent before providing all aspects of care and support. For example, we heard staff continually check with people that they were happy with what was happening and that they were going at the

person's own pace. Relatives told us that where people did not have capacity to consent to care and treatment staff liaised with them to ascertain people's wishes where possible.

A relative told us, "[Person's name] really likes the food and I know they get to choose the meals they would like within healthy boundaries." A health professional told us that staff had access to eating and drinking guidelines for individual people and that they were responsive to advice and guidance given. We noted that a plentiful selection of beverages and snacks were offered to people at regular intervals throughout the day. Where people had health needs relating to eating and drinking we saw that dieticians and speech and language therapists had been consulted to help ensure people ate and drank sufficient quantities. Staff assisted people to decide the choices of meals for the week and there were pictures and photographs of food and meals to aid people's choices. We saw that people went on shopping trips to the local supermarket with staff to purchase food.

Relatives told us that people's health needs were well catered for and that they were supported to access external health support where necessary. People had a 'Hospital Passport', which was a document in their care plan that gave essential medical and care information, and was sent with the person if they required admission/treatment in hospital. We saw that people were supported to attend appointments with specialist clinics when required and routine appointments with chiropodists, GPs, dentists and opticians. We noted that timely referrals had been made to external health care agencies and a person's relative told us that, "The staff will contact a doctor if my relative is unwell." This demonstrated that people were being supported to access a range of health care professionals ensure that their general health was being maintained.

# Is the service caring?

## Our findings

Not all of the people who used the service were able to tell us about the care and support they received due to their complex needs. However, we observed staff to be keen and attentive to people to meet their needs. A relative told us, “[My family member] is very happy living there because the staff are so nice and kind, I have no concerns.”

A health professional told us that the staff team were warm and welcoming. They said that staff made time to sit with people during appointments and allowed time for discussion. They also told us that it appeared to be important to staff to support people to make their own choices.

We saw that people were content and relaxed in the presence of the staff. People communicated their needs and wishes in different ways and we saw that staff understood and responded accordingly. We noted a good rapport between the staff and people they supported. Staff chatted freely to people about how they were feeling and day- to-day events and news. Staff took time to listen and to respond in a way that people understood and engaged with.

We saw that staff knew and used people’s preferred names and that care and support was delivered in a way that

protected people’s privacy and promoted their dignity. Staff members were courteous and polite and treated people in a dignified manner throughout the course of our inspection visit. If people required support with personal care, they were supported discreetly back to their rooms to receive the necessary care in private.

Staff members were enthusiastic about the care and support that they provided and talked with warmth and affection about the people living in the home. One staff member told us, “I really enjoy my work here and it is a good and supportive team.” We saw staff speaking with people in a kind and caring manner and explaining what they were doing whilst providing assistance.

Staff were knowledgeable about people’s individual support needs. We saw that where possible, people and their relatives had been involved in discussions about the care and support provided. Relatives told us the staff understood their family member’s needs well. One relative said, “[Person’s name] is eager to return to the home after a weekend away, that says a lot about the staff doesn’t it?”

The home was much like a family home and people’s bedrooms were decorated individually and had personal items. Relatives told us the staff always made them welcome at the home and they could visit at any time.

# Is the service responsive?

## Our findings

We looked at two people's care files. Their support plans and associated care records provided detailed information about people's health, social background, their preferences, choices and communication. Examples of the records held included; health and social care support plans, a health passport for when a person required hospital treatment, body maps for wound care and information about people's routines and ways of communicating. Staff had access to guidance documents for people's medical conditions to support their knowledge.

We saw people's support plans were reviewed regularly and updated following a change to the care provision and where there was input from external health and social care professionals. This was clearly recorded and staff told us they were made fully aware of any change to people's support plans. Staff told us about triggers and behaviours that might indicate a person was feeling unwell and the health observations they would undertake.

People who used the service were supported to attend a variety of recreational activities which were organised by the staff and also community based events. People who used the service enthusiastically told us about visits to the pub and participating in a cycling event. People attended a day centre regularly and activities in the house tended to be arranged in accordance with how people were feeling on the day. This included listening to music, watching films, shopping trips and outings to the local pub. Relatives told us they were pleased with the social activities provided.

We looked at the care record files for two people who used the service. There was little evidence to show that people's care plans had been discussed with family members or representatives however, relatives told us they had been involved with decisions about their family member's care. We noted there were people who used the service who did not have family or personal representatives to advocate for them and the manager told us that no external advocacy had been sought. The manager told us they would take steps to include evidence of input from family, advocates or other professionals during the coming month.

The provider had a complaints policy and procedure to support people to raise any concerns. The manager told us that there had been no complaints received since the last inspection. We noted that the service operated a key worker policy; the aim being that people had one staff member they could speak with should they have any worries or concerns. We asked relatives if they knew who to speak with if they were worried about anything. The relatives we spoke with said that they had no concerns with the service provision but said they would be confident to raise any concerns with any of the staff team. One person said, "In all the years I have been going there to visit my relative I have never seen anything to complain about. If I did have any concerns I would be happy to raise them with anybody there. They can't do enough to make people happy".



# Is the service well-led?

## Our findings

Relatives made positive comments about the service and told us they had confidence in the manager. One person said, “The manager is really supportive, she has been so kind to [our relative]”. Another person told us, “Staff are very helpful and keep in touch with me about any events or concerns regarding my family member”. We saw that people interacted with the manager in a cheerful and comfortable way.

Staff told us they received good support from the manager and that they were always available in the event of any arising concerns. The atmosphere at the service was open and inclusive. We saw many positive interactions between the staff and people they supported. Staff told us they enjoyed working at the home. They told us they were aware of the whistle blowing policy and would not hesitate to use it and they felt confident in speaking up.

The provider had an electronic monitoring audit system which the manager updated on a monthly basis. This system delivered a continuous overview of the service provision, was reviewed by the regional manager monthly and was accessible to the organisation’s quality team. The monthly review involved information about different aspects of the service, for example, staff training, financial audits, staff appraisals and performance, care and support records and the environment. A traffic light system was used to identify outstanding issues. The manager showed us that some areas of the service provision were due to be

reviewed as they were showing as amber on the system. We also saw that the system captured detail of areas such as, staff appraisals, staff performance, health appointments, medication reviews and safety of the environment.

There was a system to audit people’s monies for daily expenditures. People’s personal monies were checked daily by support staff against clear records.

The manager conducted regular staff meetings. The minutes taken were structured and covered areas such as supporting people to vote in the general election, discussing the arrangements for Portable Appliance Testing (PAT) and impending visits from the local authority monitoring officer. We saw that staff had handovers to discuss people’s support and daily events and there was a handover book to record information to be passed onto the staff team.

We saw minutes of a meeting held with people who used the service. The meeting was led by two staff members and involved discussions around such areas as activities and day trips, menu choices and respecting each other’s rooms and privacy.

The manager informed us that feedback about the service from relatives and people was sought via surveys. This information was available at the inspection however we noted that the feedback was minimal. Relatives told us they had not attended any joint relative meetings to discuss the overall service. However, they said that the manager was always responsive to them on an individual basis so a general meeting would not be beneficial to them.