

Heart of England Mencap

Heart of England Mencap - 1 Old Road

Inspection report

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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

We visited the offices of Heart of England Mencap – 1 Old Road on 15 August 2016. The inspection was unannounced.

Heart of England Mencap – 1 old Road provides accommodation and personal care for up to four people with learning disabilities or autistic spectrum disorder. The provider leases the property from a housing association and is responsible for managing it. At the time of our visit the service supported three people. The service was last inspected on 10 July 2013 when we found they were meeting the Health and Social Care Act 2008 and associated Regulations.

The service is required to have a registered manager in post. 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. At the time of our inspection, there was no registered manager in post because they had left the service two weeks prior to our inspection visit. There was a new manager in post, however at the time of our visit, they were on annual leave. In the absence of the manager, their responsibilities were being overseen by the previous manager, two team leaders and the provider's deputy operations manager.

People told us they felt safe using the service and staff understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments and checks on staff to ensure their suitability to work with people who used the service.

There were enough suitably trained staff to deliver care and support to people. A health professional we spoke with provided positive feedback about the care provided by staff. Staff received an induction and a programme of training to support them in meeting people's needs effectively. Staff understood the principles of the Mental Capacity Act (MCA), they respected people's decisions and gained people's consent before they provided personal care.

People told us staff were kind and caring and had the right skills and experience to provide the care and support they required. Staff treated people in a way that respected their dignity and promoted their independence.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were reviewed. People knew how to complain and were able to share their views and opinions about the service they received.

Staff felt well supported by the registered manager and were confident they could raise any concerns or issues, knowing they would be listened to and acted on. There were checks in place to ensure good

standards of care were maintained.

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.

There were sufficient, suitably skilled staff to meet people's individual needs. Staff were trained to protect people from the potential risk of abuse. People received their medicines as prescribed and the provider checked staff were suitable to deliver care before they started working with people at the service.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act 2005 and staff gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff provided a level of care that ensured people had a good quality of life. They respected people's privacy and dignity and encouraged people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to complain and were able to share their views and opinions about the service they received.

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service and felt able to contact the office and speak with the registered manager if they needed to. Staff felt well supported by their line managers and felt able to raise any concerns. Staff were encouraged to share ideas to make improvements to the service. There were checks in place to ensure good standards of care were maintained.

Heart of England Mencap - 1 Old 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.

The inspection took place on 15 August 2016 and was unannounced. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Before the inspection, 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. We found the PIR reflected the service provided. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

During our inspection visit we spoke with the provider's deputy operations manager, a team leader and four support workers. We also spoke with three people who used the service. We observed care and support being delivered in communal areas and we observed how people were supported during dinner. Following our inspection visit we spoke with two relatives and one health professional. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we reviewed three people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the

provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

We observed people felt safe because they were comfortable talking to staff about any concerns they had. Staff made people feel at ease and took steps to protect them and offer advice and support. Relatives told us, "I think [Name] is safe, they keep an eye on [Name]" and "I am satisfied that [Name] is safe and looked after."

People were protected from the risk of abuse because staff knew what to do if concerns were raised. A member of staff told us, "We have just had safeguarding training. I would report any concerns to my manager or ring the local authority safeguarding team." Records showed concerns about potential abuse had been appropriately reported and action was taken by staff to keep people safe.

There was a procedure to identify and manage risks associated with people's care. When people started using the service, an initial assessment of their care needs was completed, that identified any potential risks to them during their care and support. A team leader told us they and the manager wrote people's risk assessments and these were reviewed regularly. They told us staff contributed to the assessments, because they worked closely with people. When asked, staff knew about individual risks to people's health and wellbeing. Records confirmed that some risk assessments had been completed and most care was planned to take risks into account and minimise them. For example, a member of staff told us about one person whose physical health had deteriorated and they now required increased support to move around safely outside the house. They explained how health professionals had reviewed the person's care and specialist equipment had been obtained to support the person. They said, "We guide [Name] now more and watch where they are stepping."

We found some identified risks had not been recorded and assessed in full in people's care plans. For example, there was no assessment for people who may be at risk of pressure areas on their skin. This meant staff had not been provided with full written instructions on how to protect and maintain people's skin integrity. Staff we spoke with, were able to tell us how they cared for people's skin, although this was not recorded in people's care plans. We discussed this with the team leader and the deputy operations manager who gave us their assurances that the risks to people would be reviewed and additional information would be added to people's care plans to help keep them safe.

Incidents were recorded and actions were taken to protect people and keep them safe. A relative told us they were contacted by staff if anything happened, for example, if their family member was ill. A member of staff told us, "If there was an incident I would record everything, I may need to get medical attention and I would report it to my manager."

There were sufficient, experienced staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. People and their relatives told us they were supported by regular staff that they knew well. Staffing levels were organised by the manager using a rota, which identified when planned activities took place and times when people needed more support. For example, people went bowling regularly once a week, so an additional member of staff was added to that shift to provide support.

The provider operated an out of hour's on-call system when the office was closed. Staff told us they felt supported by this system and could always contact a senior member of staff for advice.

The provider checked staff were suitable to support people before they began working in the service, which minimised risks of potential abuse to people. Records showed the provider's recruitment procedures included obtaining references from previous employers and checking staff's identities with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

Records showed risk assessments were completed for the home and the provider had ensured safety checks were completed for gas, electricity, equipment and fire safety. However, there was no evidence that checks for legionella in the water system had been carried out. We raised this issue with the deputy operations manager who told us they would follow this up and ensure checks were made as a matter of urgency.

Staff administered medicines to people safely and as prescribed. Staff had received training to administer medicines safely. They recorded in people's records when medicines had been administered and they signed a medicine administration record (MAR) sheet to confirm this. Staff knew what action to take to protect people if there was a medicine error.

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively. Relatives told us, "The carers are good" and "Some members of staff are brilliant."

Staff told us they completed an induction when they first started work, which prepared them for their role before they worked with people in the home. Records showed staff had obtained nationally recognised health and social care qualifications, which meant the provider invested in staff's personal development. Staff received training considered essential to meet people's care and support needs, such as training in supporting people to move safely, first aid awareness and safeguarding people. Staff were happy with the training they received and told us they were supported to do training linked to people's needs, such as autism awareness. A member of staff told us, "We do theory and practical, which is good."

Staff told us they felt supported to improve their practice. They told us their knowledge and learning was monitored through supervision meetings. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. A member of staff told us, "We have a meeting every three to six months. It is useful, we talk about what's good and what's bad and we get feedback."

The 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. 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). We checked whether the provider was working within the principles of the MCA.

Staff understood the requirements of the MCA. The deputy operations manager told us all the people currently living at the home had capacity to make decisions about how they lived their daily lives. The deputy operations manager told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they all had an appropriate person, either a relative or independent advocate, who could support them to make these decisions in their best interest. An advocate acts on behalf of a person to obtain their views and support them to make a decision in their best interest. We found there were no documented mental capacity assessments, so people's capacity to make decisions was not clear. We discussed this with the deputy operations manager who assured us they would review 'people's capacity' and how they made decisions and amend their care plans accordingly.

People and their relatives told us staff gained their consent before supporting them. Staff told us they knew they could only provide care and support to people who had given their consent. During our inspection visit, we observed staff asked for people's permission before supporting them.

People and their relatives told us food in the home always looked appetizing. Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that met their needs. For example, a member of staff told us how they supported one person to eat at a slower pace to reduce the risk of choking. They supported the person to eat independently, by cutting up their food into manageable bite size pieces. Another member of staff told us, "In summer we make sure people have enough drinks so they don't get dehydrated." We saw people's dietary requirements, food preferences and any allergies were recorded in their care plans.

During the evening mealtime, we saw people were supported by staff according to their needs. A member of staff explained how people were involved in choosing what they would like on the menu for the following week, by having a weekly conversation. They told us, "If someone didn't want what was on the menu, they would be offered a different meal." Staff explained people were supported to help prepare meals, according to their abilities. For example, one person liked to lay the table ready for meals.

People's healthcare was monitored and where a need was identified, they were referred to the relevant healthcare professional, such as a consultant or doctor. A health professional we spoke with after our inspection visit, told us people were supported to maintain their health. For example, staff supported people to attend outpatient appointments, provided any required information and followed healthcare professionals' recommendations.

Is the service caring?

Our findings

People told us they liked living at the home. Relatives told us, "The carers are polite" and "Whenever we've visited [Name] seems happy." A member of staff told us, "I like looking after the guys. I like feeling that they are happy in their environment." We saw good communication between people and staff and the interaction created a friendly atmosphere. Staff knew people well and we saw them sharing jokes with people and enjoying each other's company. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way.

Staff told us they liked working at the service and they enjoyed helping people to be independent and supporting people according to their individual needs. One member of staff told us, "I like to help people do things they've not done before. You can see people enjoy their lives." Staff took time to interact with people on a one to one basis about things they were interested in, such as newspaper articles they were looking at.

Staff were compassionate and took time to listen to people and supported them to express themselves according to their abilities to communicate. For example, staff told us they used different communication methods to meet people's needs, such as using objects of reference to help one person make choices. A member of staff explained how they communicated with one person who had limited verbal skills. They said, "When [Name]'s talking, you listen and then ask questions, so they know you're listening."

One relative told us how staff had recently supported their family member to go on holiday. They said, "[Name] had a good time, they took photographs and enjoyed themselves at the seaside."

We observed staff were kind and treated people with dignity and respect. A member of staff explained how they maintained people's dignity whilst supporting them. They said, "We cover [Name]'s lower half while helping them to dry. We get [Name] to do as much as they can." We observed staff supported one person to enjoy the sunny weather. Staff helped the person to put on suntan lotion and a sun hat to protect them. The person was happy and enjoyed sitting in the garden.

Is the service responsive?

Our findings

People told us they were happy with the care and support staff provided. A relative told us, "Staff are meeting [Name]'s needs." A health professional we spoke with after our inspection visit, made positive comments about the care staff provided. They told us, "The manager was up to date with clients' needs when they brought them to appointments" and "Staff follow advice and we work as a team."

Staff told us they read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. For example, one member of staff explained how choosing clothes was very important to one person, so they supported them to organise their wardrobe to make it easier for them to choose what clothes they would like to wear. Care plans contained detailed information about people's personal history and preferences.

People lived fulfilling lives because they were engaged in activities that were meaningful to them. People told us how staff arranged birthday parties when their friends and people who were important to them were invited and which they really enjoyed. On the day of our visit, we saw people listened to music of their choice and tapped along with the beat. One person danced with support from staff, they smiled and enjoyed themselves. Staff described other activities people were interested in, such as going on the bus into town and looking after the garden. Relatives told us staff supported people to pursue their hobbies. For example, one person was supported to enjoy a trip to a local transport depot, because they were interested in transport vehicles. Their relative told us, "[Name] really enjoyed the trip."

People were involved in building links with the local community in individual ways that suited their needs. For example, people were encouraged to attend local social clubs and church services. The deputy operations manager explained people also attended events held by the provider, such as the 'Mencap awards', when the provider held an evening event to celebrate people's achievements.

People were supported to develop and maintain relationships with people who were important to them. People told us their relatives visited them regularly and staff told us they encouraged as much contact with people's families and friends as possible.

Staff encouraged people to be independent and supported people to make choices. A member of staff explained how they supported one person who had limited verbal communication skills. They said, "[Name] doesn't verbally communicate. They have a lot of their own signs." We saw the staff member offer the person some fruit and saw how the person communicated with facial expressions and how staff understood the person's response. The person's relative told us, "Staff understand and know what [Name] wants." Records showed people had been asked about their preferences, including what foods they liked and about their routines.

People's views about their care had been taken into consideration and included in care plans. Relatives told us they were invited to meetings to review their family member's care where appropriate, however they had not been invited to do this for some time. We discussed this with the team leader and the deputy operations

manager who assured us that meetings would be scheduled as soon as possible with people and their appropriate representatives, in order to review people's care needs.

A member of staff explained how people shared their experiences of the service. They told us there were no formally scheduled meetings because the service was small. They said, "We get people's opinions as we go along." They explained how they asked people on a daily basis what they would like to do.

Communication between staff allowed them to share information and ensured people received care which met their needs. A member of staff told us, "We share information on people's daily reports, in the communication book, the staff diary and we talk to each other." They gave an example where staff were monitoring one person's health and recorded any changes on a daily basis, so they could determine if the person required additional support. Staff told us they shared information at staff meetings, to ensure they were meeting people's needs. For example, a member of staff told us about one person whose mobility had deteriorated. They told us staff had shared information, monitored the person's health and involved an occupational therapist to obtain specialist equipment to help them move about more easily outside the home.

People and their relatives said they would raise any concerns with staff. One relative told us they had raised a complaint in the past and were satisfied with how the issue had been dealt with. The provider's complaints policy was easy to read, it had pictures to help people's understanding. Staff ensured the policy was made accessible to people in the home and they knew how to support people if they wanted to complain. Records showed there had been no complaints in the last 12 months. However, records showed that previous concerns had been dealt with in a timely way and in accordance with the provider's policy.

Is the service well-led?

Our findings

Everyone we spoke with told us they were satisfied with the quality of the service. A relative told us, "I'm happy with the care, they look after [Name]." A member of staff told us, "I love helping people to do things."

Some staff had worked at the service for several years. They told us they felt well supported by their line managers and senior staff at the head office. One member of staff told us, "I can go to them anytime for advice." Staff understood their roles and responsibilities and knew what was expected of them. They knew who to report concerns to and were aware of the provider's whistle blowing procedure. Staff were positive about the leadership of the service and about the support and guidance they were offered. One member of staff told us, "We have a good team who support each other."

People told us communication was good within the home and they were able to contact staff and raise any issues they wanted to. A relative told us, "They ring me if [Name] is poorly or has an appointment." They told us the manager arranged a meeting for them when they wanted to discuss an issue.

Staff confirmed there was good communication within the service and they were asked for their opinions on how the service could be improved. We saw there were regular staff meetings when staff were asked to contribute and raise issues to discuss. A team leader told us, "Staff know I'm approachable. We encourage staff to make suggestions at supervision and staff meetings. We use ideas and review them." A member of staff explained how managers asked for their opinions. They gave an example and said, "I am asked about what activities people would benefit from."

People were encouraged to provide feedback about the management of the service and to share their experiences, by completing surveys. The deputy operations manager explained there were questionnaires for people who used the service and people were supported by staff to complete these according to the person's communication needs. The registered manager told us questionnaires had last been sent out in April 2016 and the responses were still being collated by the provider. The questionnaires used pictures to help people understand them. Staff told us if there were any issues in people's responses, they received an action plan from the provider. They told us they liaised with people about their responses, in order to make improvements to their care. We looked at the previous survey results from 2015 and saw the results were very positive. For example, everyone who completed the survey said they felt safe and agreed they knew how to make a complaint.

The provider had ensured that in the absence of a registered manager, notifications were made to us about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority.

The provider had achieved an 'Investors in People' award, which is an internationally recognised accreditation for good people management. They had signed up to the Social Care Commitment with Skills for Care. The Social Care Commitment is a promise made by people who work in social care to give the best care and support they can. The provider was also a member of the United Kingdom Accreditation Service

(UKAS). This meant the service was independently evaluated against recognised standards, to improve the quality of the service and share good practice.

There were systems in place to monitor the quality of service. This included checks made by the manager or team leaders on a three monthly basis, spot checks carried out by the team leader on a monthly basis and additional checks carried out by senior staff from head office on an ad hoc basis. Spot checks looked at issues related to the safe maintenance of the property such as lighting and water. We saw a service checklist had been completed by in April 2016, which looked at issues such as people's care plans, risk assessments and fire procedures. We saw where actions were required, action plans were followed and improvements were made. The checklist results were sent to the provider to enable them to monitor any issues. Records showed senior staff at the home made additional reports to the provider on a weekly basis, including information about accidents, complaints and other events which enabled the provider to monitor the quality of the service and gain assurance about people's safety.