

Royal Mencap Society Ware Road

Inspection report

49 Ware Road
Hertford
Hertfordshire
SG13 7ED

Website: www.mencap.org.uk

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14 December 2018

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16 January 2019

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

49 Ware Road is registered to provide accommodation and personal care for up to six adults with learning disabilities. It is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were six people using the service.

The accommodation is provided in an extended and adapted large house in a residential area.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community encouraged.

At our last inspection we rated the service good. At this unannounced inspection on 13 December 2018 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing 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 this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their required needs. Effective recruitment processes were in place and followed by the provider. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people. People

were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received an induction and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions and observed practice.

People were able to make choices about the food and drink they had, and staff gave support if and when required to enable people to eat a balanced diet.

People were supported to access a variety of health professionals when required, including opticians and doctors to make sure that people received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Ware 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 13 December 2018 and was unannounced. Telephone calls to relatives were made on 14 & 18 December 2018. The inspection was carried out by one inspector.

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 reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we met with three people who used the service and spoke with two of their relatives by telephone and asked for their views about the service their family member received. The three people we met were not able to verbally communicate with us. We spoke with the registered manager, the area operations manager, two support workers and one agency support worker.

We looked at the care records of two people who used the service. We also looked at the management of medicines, staff training records and two staff files, as well as a range of records relating to the running of the service.

Is the service safe?

Our findings

The provider had systems in place to protect people from avoidable harm. Staff we spoke with told us about the safeguarding training they had received. One staff member said, "I would report it immediately." Posters displayed in the office gave staff information, addresses and phone numbers regarding reporting any safeguarding concerns. A relative we spoke with was confident their family member was safe at the service.

Within people's care plans were risk assessments for a variety of risks including; skin integrity, finances and going into the community. These had been developed by the staff with input from the person if they were able to, and were reviewed on a regular basis. Staff knew how to keep people safe whilst supporting their independence.

The registered manager told us they were currently recruiting into vacant posts. Interviews were held on the day of our inspection. They explained that when candidates were called for a second interview, people who used the service were included and asked for their opinions.

There was enough staff on duty to provide the support people had been assessed as needing. Staff we spoke with told us there was always enough of them on duty. Agency staff were used to cover shifts, however, the same few core agency staff were used as they knew the people well.

Staff had been recruited using robust procedures. Staff confirmed they had not started to work until their checks were completed and references had been returned.

People received their medication following the provider's guidance and medicines were stored securely. Most medicines were in blister packs which reduced the risk of errors. We observed staff preparing one person's medicines. This was carried out correctly in accordance with good practice. We checked four Medicine Administration Records (MAR) charts. These had been completed with no errors.

Ware Road was visibly clean. Staff assisted people to keep their rooms clean. There were plentiful supplies of cleaning equipment and Personal Protective Equipment (PPE) to prevent the risks of any infections spreading.

Accidents and incidents had been recorded and investigated. The registered manager told us that if there had been learning from these, it had been passed to staff at meetings and supervisions.

Is the service effective?

Our findings

People's needs had been assessed prior to admission in line with legislation and up to date guidance. This information had been used to start their care plans. Care plans we viewed showed this had taken place. They had been completed with the person or where appropriate with their family or representatives. Care records were personalised and contained good information for staff to allow them to support people as assessed.

Staff told us they had received training which enabled them to provide care and support in line with best practice. One staff member was fairly new. They told us about the induction they had received and how good it had been. They said they had learnt a lot and felt confident in their work. An agency staff said, "I have my training by the agency, but I also join in any which is provided here as well." On the day of our inspection a registered manager from another of the provider's services delivered training for Mental Capacity Act and Deprivation of Liberty Safeguards to the staff. Staff were supported with regular supervisions and observations of their practice.

Staff told us that they devised the menu for the main evening meal with people's input and took account of their likes and dislikes. We observed people choosing what they wanted for lunch. Staff showed them what was available and they made their own choices. Staff prepared it and served as required. Staff explained that one person required their chosen soup blending to a smoother and thinner consistency due to swallowing difficulties. This was recorded in their care plan. A variety of drinks and snacks were offered throughout the day.

People were supported to maintain their health and well-being. Within people's care records we saw they had been referred for additional healthcare when required. This included, doctor or hospital appointments and the Speech and Language Team (SALT). Each person had a 'purple folder.' This was a health action plan which was a separate file containing everything regarding people's healthcare which they took to each appointment.

The registered manager told us how they had recently been working with a number of organisations to support one person whose health and behaviour had recently changed. They had received support and guidance and were still investigating other resources.

The house had been extended and adapted to meet the needs of people who lived there. Each person had their own room which they had been assisted to furnish as they wished. There was a secure safe garden and areas in the house for people to go, other than their own rooms. The house had been decorated for Christmas which had been completed by staff and people.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). Staff we spoke with were aware of their responsibilities regarding MCA and DoLS. The registered manager told us that some DoLS applications had been submitted

to the local authority but they were waiting for them to be authorised. We observed consent being sought through the day.

Is the service caring?

Our findings

We observed that positive relationships had been developed between staff and people who used the service. For example, there was friendly appropriate banter between them. Staff were patient with people who struggled to make themselves understood and used appropriate body language to keep them at ease. A relative said, "[Name of person] is very well looked after."

It was obvious that staff knew people well, they chatted with them about things of interest. Staff were able to give us a full overview of each individual person including their background and how they had developed with achievable goals.

People were involved in any decision making and were encouraged to express their views as much as they were able to. The registered manager told us that most families were involved in their loved one's care and support. For those who were not able, an advocacy service was available. There was information available about advocacy services

Rotas were devised to allow for staff to support people without being rushed. The registered manager told us staff were allocated each day depending on what people had planned to do. Some people also had additional one to one hours for specific times.

We observed people being treated with privacy, dignity and respect. Staff knocked on people's doors and waited to be invited in, they spoke with them in a respectful manner and everyone was introduced to the inspector.

Staff promoted people's independence. We observed staff interacting with people and encouraging them to do what they could for themselves, with assistance if required.

Is the service responsive?

Our findings

Within people's care records we saw that they had been involved in their development as much as they had been able to be. Care records fully reflected people's needs and included guidance on the support a person needed at each stage of the day. Staff told us and records showed, people had regular meetings with their key worker.

Where people had communication needs, pictorial documentation had been used. Care and support was individualised and person centred.

People were encouraged to follow their interests. On the day of our inspection some people had gone to a day centre. The registered manager told us of other activities that people attended including; a local allotment scheme and one person worked in a café. A relative said, "They do pretty well for going out." They went on to tell us what their relative did on a weekly basis.

The provider had a complaints policy in place. A poster was displayed in the office explaining how people could complain. The registered manager had also developed an easy read version. There had been no complaints since the last inspection. A relative said, "I would raise a concern if needed, but I have never had to."

Within peoples care records was a section titled 'my end of life wishes' and two people had end of life plans in place. The area operations manager told us that end of life training had been booked for all staff for the end of the month. This would also include bereavement training. They explained that if it was the person's wish they would do all they could to care for them in the home with additional support when required.

Is the service well-led?

Our findings

There was 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.

The area operations manager told us the provider had a clear vision for the future to provide care and support to a high standard. Each staff member had a newsletter sent to their home address each month by the provider to keep them up to date.

The registered manager was aware of the day to day culture of the service as they were on site and available for people. During the inspection staff entered the office and spoke with both the registered manager and the area operations manager.

Staff told us the registered manager was supportive and available. A relative told us, "[Name of registered manager] will ring if there is anything I need to know. I am kept up to date."

A large number of quality assurance audits had been carried out. The area operations manager showed us the system they used to quality audit the service. They could access the audits carried out by the registered manager and check their actions to see if there were any outstanding, and what had been done. This was also checked at the quarterly visit by the area operations manager.

The provider sought people's feedback about the service. The registered manager showed us the results from an independent annual survey which had recently been carried out. Questionnaires had been sent to people who used the service, their relatives and staff. A high 'very positive' percentage rate had been recorded.

A relative we spoke with told us they were involved in the service as much as they chose to be.

The registered manager told us that they were continuously improving and learning every day. One person recently had a new health diagnosis so they and the staff team had quickly learnt how to deal with the condition to provide best care for the person. They had worked with other professionals to enable this.