

Royal Mencap Society

Royal Mencap Society - 145 Kingsley Road

Inspection report

145 Kingsley Road
Portsmouth
Hampshire
PO4 8HN

Website: www.mencap.org.uk

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01 March 2016

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 1 March 2016 and was unannounced. 145 Kingsley Road provides care and accommodation for up to eight people. The home specialises in the care of people living with learning disabilities.

There was a registered manager in place. 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.

People told us they liked living at Kingsley Road. One said staff were "I loves it here" and they can talk to staff whenever they feel like it.

We saw that consent was sought from people about their care.

Each person had a plan of care and support. Support plans explained what the person could do for themselves and what support they needed from staff. Staff told us the care and support plans gave them the information they needed to provide the level of support people required.

Staff had an empowering and empathetic attitude to support people and their personal development. Staff had a detailed knowledge of the people they were supporting and understood when it was appropriate to offer additional support and guidance, and when people needed to assess and resolve situations with little support or gentle guidance. Staff were motivated as a team to ensure people flourished. People were happy with the care and support they received from staff at the home. We saw records that showed us people chose how to spend their time. Care plans reflected people's individual needs and preferences. Staff were respectful and caring and knowledgeable about people's individual needs.

People were safeguarded from abuse because there were suitable policies and procedures in place and staff were trained. People told us they felt safe in the home and that staff supported them to manage their finances.

We saw that medicines were safely stored and administered. Records relating to medicines were clear and up to date.

Staff underwent a comprehensive induction period and ongoing training which enabled them to effectively support people in their care. Staff were able to identify their own training needs and request additional training if needed.

The service had a warm and welcoming atmosphere where people were encouraged to share their views and opinions. Staff interacted with people in a professional and warm manner.

The service had adequate numbers of staff at all time to ensure people's needs were met.

People were supported to access external health care professionals to ensure their health and wellbeing was monitored and maintained.

The registered manager carried audits on care planning and there was a quality assurance system at the home. Relatives and staff were positive about the service.

The registered manager and the team shared a commitment to providing an excellent service for people and their relatives.

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 were protected against risks to their health and wellbeing, including the risks of abuse and avoidable harm.

There were sufficient numbers of suitable staff to support people safely and meet their needs.

People were protected against risks associated with the management of medicines. They received their medicines as prescribed.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had the knowledge and skills needed to carry out their responsibilities.

Staff obtained people's consent and opinion of their care and treatment and the running of the service.

People were supported to have a balanced diet. Their health and welfare was maintained by access to the healthcare services they needed.

Is the service caring?

Outstanding 

The service was very caring.

People had positive relationships with the staff that supported them. The staff were committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people.

People were able to make their views and preferences known. They were encouraged to take part in reviews of their care.

People's independence, privacy and dignity were respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

Staff delivered care, support and treatment that met people's needs, took into account their preferences, and was in line with people's assessments and care plans.

People were able to take part in individual and group activities that took into account their interests and choices.

A procedure was in place to manage complaints, but people told us they had not had reason to raise concerns about the home.

Is the service well-led?

Good ●

The service was very well led.

The management team adopted an open and inclusive style of leadership which led to an open and inclusive home.

People, their representatives and staff had the opportunity to become involved in developing the service.

Systems were in place to monitor, assess and improve the quality of a wide range of service components. These included regular visits by an area manager to work with people using the service and staff in ensuring a quality service was delivered.

The manager understood the responsibilities of their role and notified the Care Quality Commission (CQC) of significant events regarding people using the service.

There was a friendly, homely and professional atmosphere in the home, which was appreciated by people and staff.

Management of the service was effective and organised.

The registered manager and the team shared a commitment to providing an excellent service for people and their relatives.

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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 was 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.

The inspection took place on 1 March 2016 and was unannounced. One inspector undertook the inspection.

Before the inspection we reviewed information we had about the service, including previous inspection reports, improvement plans and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. The registered provider gave us additional information on the day of the inspection.

We spoke with and observed care and support given to all of the people who lived at the home. We spoke with the registered manager. There were 6 support staff employed to work at the home, of whom we spoke with three.

We looked at the care plans and associated records for three people. We reviewed other records, including the provider's policies and procedures, emergency plans, internal and external checks and audits, staff training, staff appraisal and supervision records, staff rotas, and recruitment records for two members of staff.

Is the service safe?

Our findings

By observing interaction between people and the staff we saw that people felt safe. People said that they felt extremely safe living at the home. One person said, "I loves it here." One relative said, "I feel completely happy [name] is here. [Name] is safe and as their needs change, the staff respond to this really well."

People were supported by a long term stable staff group with strong knowledge and understanding of safeguarding procedures. This was because the registered manager had created an open and transparent atmosphere which enabled and encouraged staff to raise concerns. Staff had a detailed knowledge of safeguarding procedures, and had a strong understanding of their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff said. "If I was concerned about anything I'd just report it straightaway." The provider had taken reasonable steps to ensure staff knew how to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow.

One member of staff told us of concerns they had raised with the manager and that they had been dealt with in a "Very professional" manner. The manager was confident people living at the service would approach her with any concerns they may have as "They stick up for each other", and if she was not there staff would have dealt with it. In a Mencap stakeholder survey in 2015 one parent commented "145 Kingsley Road has been good for [name] letting them make up their own mind which is good for them to learn."

There were recruitment practices in place and the provider worked hard to ensure people with the right skills, attitude and values were employed at the service. Although there had been no new staff recruited for seven years we looked at two staff files and saw that staff had been checked recently under the Disclosure and Barring Service (DBS), previously Criminal Records Bureau checks. The manager told us that the local authority required that staff were checked every three years.

Whilst recruitment at the service had not been required two people living at the home had received training in staff recruitment and had used these skills at other services of the provider.

Staff recorded all accidents and incidents and these were analysed by the registered manager, and where appropriate, the provider's psychologist (the provider employs psychologists to work across their care homes). This would ensure any learning was identified and adjustments were made to the care and support people received. This would reduce the risk of an incident occurring again.

Comprehensive risk assessments were in place to identify areas where people needed additional support to keep people safe. The service was based around supporting people to be as independent as possible and the ethos of the service was reflected in people's individual risk assessments to encourage people to take reasonable risks, with the appropriate support and knowledge to do so. For example one person liked to walk home from work and had their own routine which they followed. They also liked to go out to watch football either at a pub or at the football stadium. These activities had been risk assessed to ensure the

person was safe and not at risk from others or making their way to and from the home and the venue. Following these assessments the person did these things on their own.

Risk assessments had been completed for another person for them to travel independently to family including travel abroad. Staff would take them to the airport, introduce them to the flight attendant who would see them safely on board and their parent would meet them at the airport after the journey.

We observed people in the kitchen with staff preparing the evening meal; one person was helping staff cut and prepare the vegetables for the chilli whilst another emptied the dishwasher and tidied up. All were aware of the safety guidance of the number of people in the kitchen, (there was a sign in the kitchen stating only three people in the kitchen at one time for safety) this did not hamper their enjoyment of cooking tea. People's monies were counted and handed over shift to shift with oncoming staff counting and checking the money in each individual folder and signing to accept them.

There were appropriate arrangements in place for the management of medicines. One person had been assessed as being able to manage their own medicines. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. There were arrangements in place so that homely remedies such as Paracetamol could be given when people requested it. The manager had these reviewed and agreed each year by people's GP's.

The manager took precautions to ensure the home did not store excess medication or medication that was no longer required and disposed of it in a suitable manner, with appropriate documentation to evidence this. This meant that people who have been prescribed regular medicines were supported by knowledgeable staff who responded to situations promptly and safely

There were enough staff to keep people safe, meet their needs and provide a personalised person centred approach to people's care and support. People told us they always felt there was enough staff to support them. The manager told us that staff also supported people with hospital appointments and last year the manager was able to go into theatre to support a person who was having an ear operation. The person who had the operation said "Yes [name] came with me to have my ear done."

Staff were always available when people wanted to spend time in the communal areas, or go out to complete activities, and staff checked people's wellbeing when people chose to spend time in their bedrooms.

Staffing levels were regularly reviewed and amended to ensure that this matched with people's current need. The manager correctly identified when people needed extra staff support by asking people what they wanted to do or what they had planned and they adjusted the staffing to meet any support needs. The manager worked to ensure people were supported by adequate numbers of staff.

The service also maintained an out of hours emergency contact system so staff could contact a member of management at all times. Staff were happy with the staffing levels and felt reassured that there was an on call system if it was needed.

Is the service effective?

Our findings

People received support from staff who had received training which enabled them to understand the specific needs of the people they were supporting. Staff received an induction and were required to complete mandatory training which included safeguarding and first aid. We saw that these had been completed.

Staff were given guidance about how they could support the person and what factors could impact on their well-being. Staff told us they enjoyed all of their training and found it extremely useful to understand how best to support the needs of each person.

One member of staff said, "[Name] the manager does all our training but not first aid." There was a plan in place for ongoing training so that staff's knowledge could be regularly updated and refreshed.

Staff had the guidance and support when they needed it. Staff were confident in the registered manager and were happy with the level of support and supervision they received. They told us that the registered manager was nurturing and always available to discuss any issues such as their own training needs.

We saw that the manager worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship. Staff received regular one to one sessions in the form of "Shape Your Future" which was an ongoing performance appraisal approach. The manager had booked sessions to complete staff appraisals in April 2016. One member of staff said, "We have regular supervision meetings which are really good but if I had any problems I'd just talk to the manager."

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 decisions 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 is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. People did not have any restrictions on their freedom and no applications were required. Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate policies and guidance and were aware of the need to involve relevant professionals and others in best interest decisions and mental capacity assessments if necessary.

People were supported to maintain a healthy diet. People's care plans were individualised to record the support each person required. People who required support and monitoring were assisted discreetly and with understanding. People were empowered to understand how to eat a balanced diet. For example menus were discussed with people weekly and they were encouraged to choose meals that were not too heavy in one area or another for example carbohydrates, and given reasons why eating a balanced diet was better for everybody. One relative had commented in the Mencap stakeholder survey 2015 "[Name] has been advised re positive choices and this has been good for them, [name] has been encouraged to eat healthily and to exercise and walk where they can."

People's health and social care needs were well supported with excellent links with external providers, health professionals and family for example QA hospital where people did not have to wait excessive hours to see a doctor. One relative commented "I am very pleased with [name] last review. Good contact always kept with me."

Is the service caring?

Our findings

The service had a warm and welcoming atmosphere where people were encouraged to share their views and opinions. Staff interacted with people in a professional and warm manner. People were treated with equality and dignity, it was definitely their home and the staff were part of that. People and their relatives commented on the exceptionally caring approach the staff at the service provided. One person said, "The staff are great." Another said, "I love them", whilst grinning and indicating the staff. A relative commented "The support provided by the staff is excellent and we are extremely satisfied."

People were treated with care, compassion and great kindness. For example one person had a personal relationship that was very important to them. The staff were aware of the person's support needs and ensured with sensitivity that they were safe and that the person's emotional needs were met.. They showed this care by the way they spoke with the person and they watched for signs of distress. When the person seemed to become upset they were very attentive and helped by distracting them to talk about other things such as their weekend with their parents.

Staff had an empowering and empathetic attitude to support people and their personal development. Staff had a detailed knowledge of the people they were supporting and understood when it was appropriate to offer additional support and guidance, and when people needed to assess and resolve situations with little support or gentle guidance. The attitude and motivation of staff to see people flourish was shared by a team approach which genuinely put people at the heart of everything they did. For example one person had been cooking that day and it was not their turn to help in the kitchen, but they offered when they saw the person who was due to cook, was reluctant and felt unwell. Staff stood nearby for support but allowed the person to collect items for preparation and observed them preparing and cooking the meal.

There was banter about the meal, what to have and whose turn it was to help cook the meal, lay the table and tidy up. There was a certain amount of negotiation and changing jobs around. People talked about the weather and what was happening the next day as everyone was home.

This strong commitment to providing people with person centred care and support was evident in every aspect of care provided by the staff, and it was evident from care records that this attitude and the efforts staff went to was maintained at all times. For example, when people had chosen their holiday; people told us that last year they went to Lanzarote whilst two others went on a cruise. The manager and staff said they rarely do group outings, it is usually one, two or three people. A relative said, "The staff at 145 Kingsley Road in my opinion go above and beyond the call of duty to make sure the residents are happy, comfortable and content. As a relative I could not be more satisfied." Another said, "There is a very professional person centred approach at Kingsley Road."

Staff often commented that their role was "more than just a job" and this was evident in the warmth, endearment and commitment staff showed to people who used the service. People were treated with dignity and respect. Records showed that one person had become more relaxed and open to ideas. They enjoyed their activities as they were of their choosing and they were responding to the staff team well. They

were keen to partake in activities and they were making suggestions, which had not always been the case. Staff had treated the person with dignity and respect although their demeanour and life choices could be interpreted in many ways. The staff treated them as the individual they were. Staff respected all individuals living at the home with their own traits and ways of 'being'.

Staff showed genuine interest and concern in people's lives and their health and wellbeing. People were relaxed and confident around staff and expressed the fondness they had for each other. Staff chatted and joked with people in a friendly and informal way and the home had a friendly and homely atmosphere. People were pleased to see staff that had been on leave and staff were pleased to be at the service.

Staff were highly motivated to provide the best care each person required and this was clearly visible throughout the service. Staff frequently went above and beyond the required expectations. For example staff frequently stayed on duty beyond their shift times to provide support for people as they needed it. The manager confirmed, the staff often stayed after their allotted times for further social interaction with people at the service.

People felt listened to and were encouraged to express their views and to make their own choices, using methods that were appropriate for each individual, for example verbal and hand gestures or technology. Staff provided people with sufficient information for people to make their own decisions and empowered them to do so. We saw staff taking a passive role in the decision making as part of the process to help people become independent and make decisions. For example whether they had wanted a new cat after their old one had died and what it should be called, and whether they wanted to change a table lamp in the lounge/diner.

People's care plans had information about the support people needed around making decisions and this was followed by, and strengthened by staff. People's individuality was respected and encouraged. One person told us, "I can have my [partner] over if I want", and we heard other people at the home asking after them.

People had their own individual styles and lifestyles and this was recognised and facilitated by staff. For example, employment choices; if people wanted to learn skills then a college was approached or if they liked gardening a local employer was approached. People were encouraged to style and decorate their bedrooms how they wished and staff supported people to purchase items to make their room their own. Some had chosen to have their own bedroom key and everyone had a front door key.

Staff said people were treated with dignity and respected as individuals. One member of staff said "There are risk management systems in place and staff support people to make their own decisions." Each person had detailed risk assessments in place which were created promptly and reviewed regularly as required. During conversations with people, staff spoke respectfully and in a friendly way. They chose words that people would understand or used the method of communication needed by that person and took time to listen. For example short closed questions or statements were used when it supported a person's communication style.

Staff encouraged people to use technology such as tablets and iPads to help them manage their emotional well-being. Staff were aware of triggers which could upset people and encouraged individuals to manage these their self where possible. For one person who had difficulties managing their emotions in the home staff encouraged the person to use their iPad to watch their favourite films with headphones on so they were distracted from the behaviour of others, which could upset them. This enabled people to have a variety of methods to support their needs whenever they needed them.

We saw people were provided with the choice of spending time on their own or in the lounge and dining areas. We saw relationships between people were relaxed and friendly and there were open conversations and laughter. At around 3.00 pm people started coming home from work, some chose to use the bus, others chose to walk home. We saw that people congregated in the lounge/diner and greeted each other, staff and shared what they had been doing all day. Some went and helped themselves to drinks, others sat and chatted, some went to their room, changed their shoes and came back down. The manager and staff said this is the only time of day they are all together and the only meal of the day except Sunday lunch that they eat together. Afterwards we saw people left the area and went to their rooms or the other lounge 'to do their own thing' There was noise and a very friendly and happy atmosphere which included staff and the inspector. The manager said, "They are like a family, some have been together for over thirty years."

Is the service responsive?

Our findings

The assessment and care planning process considered people's values, beliefs, hobbies and interests along with their goals and aspirations for the future. People were fully involved in the care planning process and their voice was documented throughout their care plans. They were aware of their care plan and it was seen where they had made comments on particular areas as staff had added these to the records.

People were supported to go on holidays and day trips, along with more local activities which many did themselves unless they wanted company. Two people had been supported to achieve one of their ambitions to go on a cruise. This had been risk assessed in detail by the staff and they had been involved in agreeing the measures that would be in place to ensure they had a fulfilling and safe experience.

People's goals had been incorporated into individual care plans and staff were able to demonstrate how they supported people to work towards them. For example, pursuing employment, or life skills around money handling. Staff ensured that goal setting was balanced between encouraging independence and maintaining well-being. For example one person liked to clean and tidy their environment and make drinks, they had secured a position in a library café which was run by others with a learning disability.

People trusted staff to understand and support them to meet their values and beliefs. People felt comfortable and confident to disclose sensitive information about their self and staff supported people to obtain external support if they wished. People were in control of the support they received, and whether family were informed about sensitive disclosures they had made to staff.

People's care plans were reviewed regularly, or as people's support needs changed. The service was extremely responsive and amended the support people were given when required. One person's relative said, "I was very pleased with [name] last review. Staff are very much on the ball."

People's support needs were monitored on a short term and long term basis and the staff at the service amended the support people were given on a regular basis to ensure people's current needs were fully met in the most appropriate way.

People were supported to make their own decisions about how and when additional support was accessed, and whether staff accompanied them to fulfil this. There were arrangements in place to gather the views of people that lived at the home via community meetings that were held within the home. People were encouraged to attend regular meetings together to share their thoughts and views about what was happening at the home whether this was refurbishment of the kitchen or what meals they wanted, or looking at the rosters for the kitchen, house chores and cat care.

Staff facilitated these meetings to ensure everybody had an opportunity to discuss anything that they wished to raise. Written minutes of the meetings were recorded so other staff could understand and if necessary act on any issues that people had raised.

People said they had no complaints about the service. People told us they felt confident to raise any concerns with the registered manager, or with [name] the (area manager). One person told us, "If I had a complaint I'd talk to the manager or one of the staff. It depends."

The registered manager took significant steps to ensure that communication and care between the home, day services, employers and external care providers was a transparent and fluent process and that the person was involved in all aspects of decision making to provide them with a consistent support package. Staff at the service ensured that all professionals involved were kept up to date on people's progress or incidents, and the professionals had access to current and accurate information at all times.

Is the service well-led?

Our findings

People had confidence in the registered manager and responded warmly to her. People and staff enjoyed being in her company. Everyone greeted her when they came home and some gave her a hug.

People that used the service, people's relatives and staff commented on the character and abilities of the registered manager to ensure the service was providing quality outcomes for people. One person said, "She's lovely." A relative commented "Kingsley Road is very well run."

Staff were confident in the leadership of the manager and found them to be approachable and friendly. They said "She listens to our suggestions and we work together, to work out how we can best support people."

The provider had clear values and visions which were person centred and focussed on ensuring people's support needs were prioritised to enable them to become as independent as possible. The service had a person centred culture towards people and these values were clearly embedded into practice and reflected people's wants and needs.

The provider had an active role in the running of the service and supported the registered manager when needed. For example, people were aware that the area manager (the manager's line manager) was visiting the home the day after the inspection and they knew her name. People had the day off work due to a training day at day services and were eager to participate in the event with the area manager the next day. All the staff were to be there too. The manager explained she had spoken with everyone at the home individually and they had completed a 'What matters to me' questionnaire. The questionnaire looked at goals and aspirations and they had told the manager what they wanted to do. We saw some of the questionnaires and the ideas people had for future possible holidays. The area manager was coming to hear from people what was important to them and what has happened in the last twelve months. From the way people spoke about the area manager it showed that she was a frequent visitor and people were not nervous about the meeting the next day.

The service had a stable staff group which worked together as a team to support positive outcomes for people wherever possible. Staff felt valued and listened to and they told us that if there were any issues they were quickly sorted out.

The registered manager demonstrated passion and commitment to providing an excellent service for people and their relatives. The fact that she had worked at the home since the 1980's and still strove for improvement was testament to her commitment to move with the times to offer the best support for people. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people.

There were robust arrangements in place to consistently monitor and improve the quality of the service. Regular audits were completed on weekly and monthly cycles which reviewed people's medication, care

plan documentations, accidents and incidents, maintenance issues, and training amongst other areas. The registered manager took action where improvements were identified, for example maintenance issues were promptly reported and care plans and risk assessments were quickly updated to reflect people's current needs. In addition to the audits the registered manager completed regular reports for the provider which summarised the previous month and if any further action was required.

Best practice was shared throughout the team through one to one talks, team meetings identifying what had worked well for each person, or what had not worked well. The manager gave additional training if needed. The provider had a process in place to gather feedback from people and from staff. The feedback was extremely positive and there was little room for improvement based on the feedback of people that used the service.

The registered manager understood their role and promptly sent notifications to the Care Quality Commission (CQC) when required. We saw the service updated their Statement of Purpose when changes were made.