

Royal Mencap Society

Royal Mencap Society - 8 St Winifred's Road

Inspection report

8 St Winifred's 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 ●

Summary of findings

Overall summary

We inspected 8 St Winifred's Road on 26 April 2016, the inspection was unannounced. The service was previously inspected in July 2014 when it was fully compliant with the regulations. The inspection team consisted of a single adult social care inspector.

The service is registered to provide care and accommodation for up to eight people who have a learning disability. At the time of our inspection seven people were living at the service. 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.

People told us, "The staff are good fun" and we saw that people were happy and comfortable within the service and enjoyed the company of their care staff. Staff told us "People are happy here" and, "It's a lovely place really. It is really really brilliant. You look forward to coming to work." While professionals commented, "[Person's name] seems very happy."

The registered manager and staff knew people well and staff spoke warmly of the people they supported. Staff told us, "the people are lovely" and, "my service users are fantastic, it can be hard work but it is worth it." Staff understood local procedures for the safeguarding of vulnerable adults and their responsibilities in relation to protecting people from possible abuse.

People's care plans were detailed, informative and up to date. Each person's care plan provided staff with detailed guidance on how to meet their individual care needs. This including information on the level of support the person normally required with specific activities. People, relatives and care staff met regularly to review and updated people care plans. During these meeting people's individual goals were discussed and plans developed to support people to achieve these objectives.

Risks had been clearly identified and people's care plans provided staff with guidance on the actions staff must take to protect people and themselves from identified risks. Staff did not use physical restraint and we observed them successfully using techniques described within people care plans to help people to manage their anxiety.

People were supported to lead full and varied lives and staff supported people to engage in a wide variety of activities they enjoyed. People told us they enjoyed living at the service and one person said, "I work on Thursday in the kitchen, I enjoy it." People were able to choose which activities they engaged in each day and staff responded promptly when people wished to engage with individual activities. For example, one person decided they wanted to go out for a picnic lunch in a local park, staff supported the person to prepare sandwiches before leaving for the walk. Staff told us, "This is a very busy house, no two days are the same."

To ensure people did not become socially isolated the service regularly hosted events in local community centres and a public house. These included a weekly craft and social evening, disco nights and other evening activities. Some people had expressed an wish to vote during the general election. Easy to read campaign materials had been sourced and parliamentary candidates invited to an event to help people choose who they wished to vote for.

People's privacy and dignity was consistently respected. Staff supported and encouraged people to make decisions and respected their choices. Staff told us, "There is lots going on, people have free choice of what they want to do. Real freedom of choice. People are supported to live rather than carers doing things for people."

Although the service was short staffed there were enough staff on duty to on the day of our inspection to ensure people's care needs were met. The service was actively recruiting to fill four staff vacancies and agency staff had been used appropriately to ensure all planned staff shifts were covered. The services recruitment processes were safe and robust. Visits to the service formed part of the interview process to provide people with an opportunity to meet prospective members of staff.

All new staff received formal induction training designed to ensure staff understood their new role and felt confident they could meet people's needs before they provided care and support independently. Staff told us, "One new member of staff has been shadowing for at least three months. It is quite a long time", "I think the training is well organised" and "I have had lots of training."

The staff team were well motivated and focused on enabling the people they supported to be as independent as possible. Staff told us they were well supported by the registered manager and that their feedback was listened to and valued. The registered manager valued the staff team's commitment to supporting people to be as independent as possible and told us, "I think I am really lucky with the team in general." Records showed staff received regular supervision, annual performance appraisals and that staff meetings were held regularly at the service. .

Weekly menu planning meetings were held at the service and people were involved in the planning of the service's menu, shopping for ingredients and preparing meals.

Accidents and incidents were appropriately recorded and had been fully investigated by the service's registered manager. Regular audits of the service's performance had been completed by the registered manager to assess the service's performance and identify any areas where improvements could be made. In addition the provider's quality assurance team had visited the service in January 2016. Recommendations made as a result of this visit had been addressed by the registered manager.

People knew how to make complaints and information about the service's complaints procedure was displayed in an easily understood format in the kitchen. A survey of people's views on the service's performance had recently been completed and the feedback people had provided was entirely positive.

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. Although there were vacancies on the staff team the registered manager had ensured that people's care needs had been met.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

Medicines were managed in accordance with best practice and people were supported appropriately to manage their finances.

Is the service effective?

Good ●

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring. The registered manager and staff team knew people well and understood their care and support needs.

People's privacy and dignity was consistently respected.

Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed and personalised. These documents contained sufficient information to enable staff to meet their identified care needs.

People were actively encouraged and supported to engage with the local community, and take part in a variety of recreational activities and part time employment.

People understood how to complain if they were unhappy with the service's performance.

Is the service well-led?

Good ●

The service was well led. The registered manager was supportive and the staff team were well motivated.

There was an on call manger system in place to enable staff to access support outside of office hours.

Quality assurance systems were appropriate and people's feedback was valued and acted upon.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 April 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

The service was previously inspected in July 2014 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the four people who used the service, one person's relative, five members of care staff, the registered manager and two health professionals who regularly visited the service. In addition we observed staff supporting people throughout the home and while preparing the evening meal. We also inspected a range of records. These included two care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

People were relaxed and comfortable in their home and staff told us; "I should think people are safe" and "people are definitely safe."

People were protected from the risk of abuse as all staff had received appropriate training to help them identify possible signs of abuse. Staff understood the actions they must take to safeguard the individuals they supported and local safeguarding procedures. Posters displayed in the manager's office and staff room provided staff with clear information on how to report any concerns to either the provider or the local authority.

People's care plans included detailed assessments of identified risks and clear guidance for staff on the action they must take to protect people and themselves from harm. We noted that staff supported people in accordance with the information provided within their individual risk assessments. For example, one person's risk assessment described the support staff must provide and the equipment necessary to enable the person to safely mobilise. Staff provided support in accordance with this risk assessment when the person chose to leave the home. Staff told us, "They [risk assessments] don't get changed much but we do check to make sure they are up to date" and we noted that although risk assessment had been regularly reviewed they had been updated less frequently.

The building was well maintained and records demonstrated all necessary safety checks and tests had been completed by appropriately skilled contractors. Regular fire drills including practice evacuations had been completed.

Each person's care plan included a 'hospital passport' which summarised the support the person would require in the event a hospital admission was necessary. In addition, "run and grab" information sheets about each person were available, these documents highlighted the support the person required during an emergency. People's care plans also included detailed guidance on how staff should react in the event that the person they were supporting went missing from the service or while being supported in the local community.

When accidents or incidents occurred they were fully investigated by the registered manager. Details of each incident were reported to the provider for further analysis and to identify any trends or areas of increased risk either within the service or in the local area. Where this analysis identified areas for improvement or any incident trends were identified this information was shared with the register manager and procedures reviewed to further protect individuals and staff.

Although the service was short staffed at the time of the inspection appropriate measures had been taken to ensure people's care and support needs were met. The registered manager told us there were four staff vacancies as three staff were on long term leave and one had recently resigned. Staff said, "We have two agency staff on today, that is the second time in four weeks I think", "Recently there is more agency staff" and, "There are enough staff. If not enough permanent staff they make sure they get agency staff in." While

the registered manager said, "We have been covering all the shifts. We try to keep agency to a minimum." We reviewed the service's staff rota and found all planned care shifts had been covered with a combination of staff taking on additional shifts and the use of agency staff. Where agency staff had been used the registered manager made arrangements for this support to be provided by a small group of agency staff who had previous experience of working in the service.

In order to address the current staff shortages an active recruitment campaign was underway and we found the service's recruitment processes were robust. Necessary Disclosure and Barring Service (DBS) checks had been completed and references from previous employers reviewed before new employees began work. As part of interview process prospective staff were shown round the home and introduced to the people they would be supporting. On the day of our inspection people were aware that prospective staff were being interviewed and we saw that people enjoyed talking with these potential employees.

People's medicines were stored securely in a locked cupboard that included facilities for the storage of medicines that required stricter controls by law. All permanent staff had received formal medicines training. Following this training the competence of each staff member was assessed by the registered manager before they were permitted to support people with their medicines. One staff member told us, "I have done meds training and then I had to be watched."

We checked the quantities of medicines that required stricter controls with the service's records and found these were accurate. Medicine administration records (MAR) were fully completed and people had received their medicine when required. These records were checked during each staff handover to ensure people had been correctly supported with their medicines. Where people had been prescribed 'as required' medicines staff were provided with detailed guidance on how and when these medicines should be used. People's care plans included detailed guidance for staff on how to respond in the event that a person declined their medicines.

The service had effective procedures in place to support people to manage their finances. People's money was stored in individual lockable cash boxes which were checked as part of each staff handover. Receipts were available for all purchases and we found these records balanced.

Is the service effective?

Our findings

All new staff received five days of formal training and completed a period of shadowing established staff as part of the service's induction process. Once staff felt sufficiently confident their skills and knowledge was formally assessed by another of the provider's managers before they were permitted to provide care independently. Staff comments about the service's induction training included, "One new member of staff has been shadowing for at least three months. It is quite a long time" and "I did two weeks training in Fareham [provider's office] and quite a lot of shadowing, two or three weeks I think." On the day of our inspection one new staff member was shadowing within the service. We saw they were encouraged to ask questions and provided with guidance and support by the staff member they were shadowing.

Staff new to the care sector were also expected to complete the Care Certificate training during their probationary period. This training is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. One staff member told us, "I have finished my workbook. I am just about to be signed off my probation."

The service's training matrix and individual staff training records were well organised. These documents demonstrated all staff had received regular training to ensure they had the skills necessary to meet people's care needs. Staff told us, "I have done everything, they always check when it is due and make sure I have done it", "I think the training is well organised" and "I have had lots of training." A professional commented, "the staff appear competent and well trained." Records showed staff had completed additional specific training to ensure they had the skills necessary to meet people needs. For example, staff had recently received dysphagia training to help them to support an individual who had developed difficulties swallowing.

Team meeting were held regularly within the service and staff received regular supervision and annual performance appraisals. Records of staff supervision meetings showed they had provided an opportunity for staff to identify additional training needs, to discuss their performance and any changes they had observed to people's care needs. Staff told us, "We do have appraisals and supervision, I was due to have one today" and "I had my appraisal with [the registered manager]"

Records showed that the service had made timely and appropriate referrals to health professionals including GPs, opticians and dentists to ensure people needs were met. In addition the registered manager had sought guidance from a pharmacist regarding administering medicines in certain circumstances when other professionals had not been able to complete a timely review of the person's care needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Manager and staff fully understood the requirements of the act and consistently acted in the best interests of the people they supported. Each person's care plan included detailed assessments of their

ability to make specific decisions. Where people had been identified as lacking the capacity to make specific decisions their care plans included information on the types of decision the person was able to make and guidance for staff of how to support the person. This included guidance on how to present information and the best time of day to offer choices to enable decisions to be made. For example, one person's care plan said, "Allow me time to concentrate on the decision I am making, do not overload me with options."

Where it was necessary to make decisions in a person's best interest people were supported by Independent Mental Capacity Advocates and/or their family members and involved wherever possible in the decision making process. A best interest meeting was planned for one person for the day after our inspection and this person told us, "I have a big meeting tomorrow."

People can only be deprived of their liberty so that they can 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). The service had made appropriate applications for potentially restrictive care plan's to be authorised by the local authority. Where authorisation had been granted the service had fully complied with specified conditions.

We saw that staff encouraged and supported people to make choices throughout our inspection and respected their decision. Staff told us, "People can choose what to do", "We involve them in everything we do", and, "We respect [person's name's] views and when she changes her mind we implement the change." People's care plans demonstrated there were no restrictive routines within the service. For example one person's care plan said, "[Person's name] does not have a set bed time. [Person's name] will take himself to bed when he wants."

People's care plans included specific detailed guidance for staff on how to support people if they became upset or anxious. This included descriptions of events thought to have previously caused people to become anxious and guidance on how to avoid situations likely to cause people to become upset. For example on person's care plan told staff, "Never make promises that you can't keep as this can trigger my agitation." The service's policy was not to use physical restraint but instead use distraction techniques to help people to manage their anxiety. Staff told us, "We don't restraint people" and we saw staff successfully using techniques as described within people's care plans to help individuals when they started to become anxious.

Menu planning meetings were held each week during which people's choices and meal preferences were discussed and an agreed menu developed. One person told us, "We sit down and decide what we want each week." Once the menu had been agreed, people were involved in drawing up shopping lists and purchasing necessary ingredients. People and staff prepared meals together in the kitchen and during the morning of our inspection one person was preparing potatoes for the evening meal with support from care staff. Another person asked, "Can I have lunch out" and was then supported to prepare a packed lunch to take to a local park.

The service was a two story semi-detached building with people bedrooms located on both the ground and first floors. The ground floor was accessible to people who used wheelchairs and sufficient seating was available in the service's garden to enable people to enjoy the outdoors if they wished. The premises were well maintained and people's rooms had been individually decorated. One person, who showed us their bedroom told us with pride, "I picked the colour."

Is the service caring?

Our findings

People told us they got on well with their care staff and enjoyed their company. Their comments included, "the staff are good", "yes I like it here" and "The staff are good fun." One person told us they were looking forward to talking to a member of staff who was due to be on duty in the afternoon. Relatives told us, "[My relative] is happy, knows everyone and gets on well with them."

Staff said, "People are happy here", "I think it is a nice place" and, "It's a lovely place really. It is really, really brilliant. You look forward to coming to work." While professionals commented, "[Person's name] seems very happy."

Throughout our inspection we observed numerous examples of people and their staff laughing and joking together and the atmosphere within the service was relaxed and jovial. Staff spent time supporting people on an individual basis and clearly understood people's care needs. Staff told us they enjoyed their role and commented, "It's a lovely house to work in", "the people are lovely" and, "my service users are fantastic, it can be hard work but it is worth it."

People sought reassurance and support from their staff throughout our inspection freely and without hesitation. Staff were attentive and responded promptly when people requested support. For example, one person was expecting a relative to visit on the day following our inspection and wanted to ensure there would be biscuits available for this visit. Staff supported this person to go on an additional shopping trip to ensure the specific biscuits were available. The registered manager told us, "Being person centred is what we pride ourselves on."

People were actively involved in the service's daily routines and staff encouraged and supported people to plan how they would like to spend their time each day. Staff told us, "I try to support people to be as independent as possible" and, "There is lots going on, people have free choice of what they want to do. Real freedom of choice. People are supported to live rather than carers doing things for people." People were involved in all aspects of the service including shopping, meal preparation, a variety of domestic tasks and the planning of events and activities. Regular residents meeting were held at the service to enable people to be involved in making decisions about how the service operated.

People's privacy and dignity was consistently respected by staff. Everyone at the service was well dressed and staff knocked on people's doors and waited for a response before entering people's rooms. Care plans provided staff with guidance on how to respond to people's choice and decisions. For example one person's care plan stated, "If I do not want to receive support with my personal care I am able to tell staff no. Staff need to respect my wishes that I have chosen not to receive support." Staff told us, "They are all different and we have to take into account everyone's wishes." Each person's care plan included information about their wishes and choices for care at the end of their lives.

Is the service responsive?

Our findings

People's care plans were informative, detailed and designed to help ensure people received personalised care that met their needs. Staff told us, "There is so much information in the care plans. They are very helpful but getting to know people is the most important part" and, "I think there is a lot of information in them [care plans]." Care plans provided staff with specific guidance on the level of support the person required. For example, one person's care plan said, "I can wash myself and my hair but will need prompts as I am not always very thorough."

Each person's care plans included detailed information about their individual likes, interests, preferred methods of communication and details of their life history. This information helped staff new to the service to gain an understanding of what was important to each person living within the service.

The care plans were updated regularly to help ensure the information was current and staff told us, "We have realised that [person name] care plan needs to be updated so we are doing that at the moment." Formal care plan review meetings were held regularly. People and their relatives were encouraged to attend these meetings during which their views were respected and people's achievements celebrated. As part of each care plan review meeting people's individual goals were discussed and plans developed to ensure people were supported to achieve these goals. For example, one person wanted to go on holiday with a friend, this goal had been discussed and staff were now supporting the person to identify destinations they would like to visit.

During each shift handover meeting, one of which we attended, staff shared information about changes to people's care needs and details of how each person had chosen to spend their time. Staff also completed detailed and accurate daily records of the care and support each person had received.

On the day of our inspection most people were away from the service for most of the day attending paid or voluntary employment and day care centres. The people present in the service during our inspection engaged with a variety of activities throughout the day. We saw people planning shopping trips, going out for a picnic lunch, relaxing, completing jigsaw puzzles and doing household tasks. People told us they enjoyed the activities within the service and one person said, "I work on Thursday in the kitchen, I enjoy it" and, "I am going to Zumba tonight." Staff told us, "Most of the time people go out during the day" and "Different people like different choices of what to do each day" and, "This is a very busy house, no two days are the same." During the morning one person asked staff, "Can we go out for a walk?" Staff responded promptly to this request and supported the person to go for a local walk.

Staff told us, "[Person's name] enjoys going clubbing. This happens every few months so [Person's name] is going again soon" and, "There are enough activities for people to do but people don't always choose to do them." One person regularly declined to engage with activities within the home. In response the service had worked with occupational therapists to identify alternate activities that the person might enjoy. In addition an "activities box" had been developed including photos of the person enjoying activities to help them choose what they would like to do each day. Professionals told us people were supported to engage in a

wide variety of activities.

The service acted to ensure people were not socially isolated and hosted a number of regular community events. These included a weekly craft event in a local pub, disco nights and other evening activities. People had expressed a wish to vote in the general election. As a result the service had sourced information leaflets in an easy to read format and hosted an event attended by local parliamentary candidates in a community centre. Individual's had been supported to the polling station and practice ballot slips had been developed to help people to vote successfully.

People knew how to make complaints about the service and information on the service's complaints processes was provided in an easily understood format in the kitchen. Staff recognised that part of their role was to advocate for people and told us they would support people to make a complaint if necessary.

Is the service well-led?

Our findings

People were comfortable and relaxed in their home and one person told us, "It is nice here." Staff commented, "It is definitely a nice place to work". The culture within the service was open, inclusive and supportive. Throughout our inspection we observed numerous examples of staff supporting and encouraging people to be as independent as possible.

The staff team was led effectively by the registered manager who worked full time at the service. The registered manager knew people well and had a detailed understanding of the care and support needs of the people living in the service. Staff told us, "[The registered manager] is lovely. I can talk to him freely. I never hesitate to tell him anything and he listens to me", "[The registered manager] is good. He listens and tries to see that our ideas are put in place" and, "[The registered manager] is a nice man, I have learnt a lot with his support." The registered manager valued the commitment of the staff team and commented, "I think I am really lucky with the team in general."

The registered manager received regular formal supervision from the provider area manager and regularly attended the provider's local managers meetings. These meetings gave managers an opportunity to share experiences and learning with colleagues and discuss issues with peers and senior managers. The registered manager told us, "I am exceptionally well supported." In addition, the provider operated a local on call manager system to ensure staff were able to immediately access guidance and support when the registered manager was not on duty.

People had recently been supported to complete a survey on the service's performance; the feedback people provided was consistently positive and complimentary. House meeting were held regularly within the service and the minutes of these meeting showed they provided an opportunity for people to provide feedback on the service's current performance.

In March 2016 a reflection event had been hosted by the registered manager. During this event people and staff had together discussed the service's performance and worked to identify any areas where they felt the service could be improved. The records showed that examples of good practice had been highlighted and celebrated. Where issues had been raised they had been discussed openly and actions agreed to ensure each issue was addressed and resolved.

There were systems in place to monitor the service's performance and audits were regularly completed by the registered manager to ensure the service provided good quality care and complied with all relevant regulations. For example, medication audits had been completed each month and where issues were identified these had been raised with individual staff during their supervision meetings. The provider's external audit team had completed a two day site visit in January 2016. A detailed report had been completed and a number of minor recommendations made. We found that many of these recommendations had been addressed and resolved.

Policy and procedures were supplied by the provider and the registered manager reviewed and updated

these document as necessary to ensure they remained relevant to the service. The provider produced a local newsletter and stories about this service and people's achievements had been recently featured.