Royal Mencap Society

Montague Street Care Home

Inspection report

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Date of inspection visit:
19 January 2017
20 January 2017

Date of publication:
22 March 2017

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 Montague Street Care Home on 19 and 20 January 2017. The inspection was unannounced.

Montague Street Care Home is situated in the town of Mansfield in North Nottinghamshire. The service comprises of two residential homes which have been adapted to provide care and support for up to 12 people with a learning disability. At the time of our inspection 11 people lived at the service.

The service had a registered manager in place at the time of our visit. 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 felt safe at Montague Street Care Home and did not have any concerns about the care they received. Staff knew how to protect people from harm and referrals were made to the appropriate authority when concerns were raised.

Risks to people's safety were identified and managed and assessments carried out to minimise the risk of harm. The building was well maintained and regular safety checks were carried out.

People received care and support in a timely way and there were sufficient numbers of suitably qualified and experienced staff deployed. Appropriate pre-employment checks were carried out before staff began work at Montague Street Care Home.

People received their prescribed medicines when required and these were stored and administered safely. Procedures were in place to ensure people received their medicines safely when they were away from the service.

People received effective care from staff who received training and support to ensure they could meet people's needs. Ongoing training and assessment for all staff was scheduled to help maintain their knowledge.

People provided consent to any care and treatment provided. Where they did not have capacity to offer informed consent their best interests and rights were protected under the Mental Capacity Act (2005). People's wishes regarding their care and treatment were respected by staff.

People told us they enjoyed the food offered and we saw they had sufficient quantities of food and drink to help them maintain healthy nutrition and hydration. People had access to healthcare professionals when required and staff followed their guidance to ensure people maintained good health.

People were treated with dignity and respect and their privacy was protected. We observed positive, caring relationships between staff and people using the service. Where possible people were involved in making decisions about their care and daily activities.

Staff understood people's support needs and ensured they received personalised responsive care. People had the opportunity to take part in enjoyable, constructive activities and maintain family and social relationships. When a complaint or concern was raised this was acted on quickly and investigated thoroughly by the service.

There was an open and transparent culture at the service. People, their relatives and staff were encouraged to have their say on their experience of care and their comments were acted on. Robust quality monitoring systems were in place to identify areas for improvement and ensure these were acted on.

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 from risk of bullying and abuse.

People were supported to maintain their safety and risks were assessed and managed to reduce risk of harm

Sufficient numbers of skilled and experienced staff were deployed to meet people's needs.

People received their medicines when required and they were stored and administered safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received support and training to help them meet their needs.

Where people lacked capacity to make a decision about their care, their rights and best interests were protected.

People received enough food and drink to maintain healthy nutrition and hydration.

Is the service caring?

Good

The service was caring.

People and their relatives had positive relationships with staff.

People were treated with dignity and respect and their privacy was protected.

People were involved in the design and review of their care.

Is the service responsive?

Good

Arial

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the service.

There was a clear, supportive, management structure in place.

People who use the service, their relatives and staff were encouraged to give feedback about the service and their feedback was acted on.

There were robust quality-monitoring systems in place which were used to identify and drive areas for improvement at the service.

Montague Street Care Home

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 took place on 19 and 20 January 2017 and was unannounced.

The inspection was carried out by one inspector. Prior to the inspection, we reviewed information we held about the provider including reports from commissioners (who fund the care for some people) and notifications we had received. A notification is information about important events which the provider is required to send 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.

During the inspection, we spoke with three people who used the service. We spoke with seven care staff, including care workers, a senior care worker, the deputy manager and registered manager and a visiting health professional. We observed staff delivering care, reviewed four care records, Medicines Administration Record (MAR) charts, quality audits and notes of meetings and looked at the recruitment files of four members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe at Montague Street Care Home and did not have any concerns about the care they received. A visiting health professional told us, "It's a very good service, its safe for everyone." We observed the service had a calm and pleasant atmosphere and that people interacted positively with care staff and each other. Staff told us that maintaining people's safety was of paramount importance to them and they aimed to ensure people's safety at the service and when out in the local community. A staff member said, "It's definitely safe here. People are always supported at home (the service) or out and about."

A number of people who used the service were known to display behaviours that could be challenging and may cause harm to others. Care plans we reviewed contained very detailed behaviour support plans which were designed to maintain the safety of staff and other people using the service in a way that was least restrictive to the person. Training records showed that care staff had received training on positive behaviour management, which staff told us they found helpful.

We reviewed the behaviour support plan for one person which detailed how the behaviour was displayed along with strategies for dealing with this, including offering support, distraction techniques and methods to ensure staff and other people were kept safe. The plan stressed the importance of allowing the person to express themselves whilst ensuring other people and staff were kept safe. We noted that the plan instructed staff to wear gloves or arm protectors in certain situations. However we saw that the gloves and arm protectors were not stored in a location that was accessible to staff at all times, which could expose them to risk of harm. We raised this with the registered manager who told us they would ensure this equipment was more easily available.

The staff we spoke with demonstrated a strong understanding of safeguarding procedures including signs and types of abuse and their role in raising a concern. Although none of the staff we spoke with had ever raised a concern directly, all felt they would be confident to do so with the registered manager or directly to the MASH team. MASH is the acronym for Multi Agency Safeguarding Hub, the name given to the service monitoring safeguarding concerns. We saw records of referral that showed these were made quickly and to the appropriate agencies. Outcomes of investigations were recorded and any findings acted on. Training records showed that all staff had completed safeguarding training. All of the staff we spoke with were aware of the services' whistleblowing policy and told us they could raise an issue without fear of reprimand. A staff member said, "I would do that, I love my job and the people here. I haven't had to do it though."

Information about how to reduce risk of injury and harm was available in people's care plans. We saw that staff had completed assessments to identify and manage risk for a number of areas including trips and falls, environment and fire safety. The assessments included information for staff on how to manage risk. For example, how staff could keep a person safe when accessing the community as they were not always aware of road safety. We saw that risk assessments were kept up to date by monthly review or when a person's needs changed. Care staff we spoke with were aware of people's needs and the support they required to reduce risk. They told us that they had enough equipment and resources to meet people's needs. A staff

member said, "If there are any incidents, the manager goes through the right channels. The support plans and risk assessments are all up to date and really good."

Records of accidents, incidents and near misses were kept in each person's file and reviewed as part of the registered managers regular audits. Information from these incidents was also shared with the provider and action was taken to address any concerns identified. This enabled the provider to identify any trends or concerns to help manage future risks.

We saw that the building was clean and well maintained. The provider had taken steps to reduce preventable risks and hazards, for example regular fire and gas safety checks were carried out. We saw records that showed the registered manager carried out a tour of the service to identify any maintenance issues and that regular maintenance of the building and equipment was carried out including portable electrical appliance safety and legionella checks.

People we spoke with said they felt enough staff were deployed to meet their needs. This opinion was echoed by staff members. One member of staff told us, "Generally I think it is ok." A second member of staff said, "Some days it can be a problem if people (staff) phone in sick but generally we get it covered." At the time of our inspection the night shift was covered by one waking staff member and one sleeping who was only called on in an emergency. Staff told us they felt staffing levels were not always adequate on night shifts. The provider and registered manager were aware of this problem and showed us evidence that the staffing would change to two waking staff on night duty. Staff members told us they welcomed this and felt it would address their concerns. One staff member said, "Nights can be hard. It will be better when we have two waking nights."

We looked at the staffing rota for the months preceding our inspection and saw that the staffing levels identified by the provider were achieved or exceeded for every shift. The provider had a process in place to assess the number of staff required to safely meet people's need based on their current level of dependency. We saw that this assessment was repeated monthly to ensure adequate numbers of staff were always deployed to meet people's needs. A staff member told us, "Staff numbers are fitted around appointments. Staff are really good, if a member of staff phones in sick and can't take someone (for their appointment), another staff member will always come in." we saw evidence in daily records of incidents when this had occurred.

The provider had processes in place to ensure staff employed at Montague Street Care Home were of good character and had the necessary skills and experience to meet people's needs. We looked at the recruitment files of members of staff and found that they contained evidence that the provider had carried out all appropriate pre-employment checks including references from previous employers, proof of identity and a current DBS Check. A Disclosure and Barring Service (DBS) check supports employers to make safer recruitment choices.

People had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. We saw that people received their medicine as prescribed. A staff member told us, "Everything with the medicines is good here." We observed a medication round and noted that the registered manager had implemented a system whereby one member of staff read out the required medication from the MAR, whilst a second member of staff dispensed the medicine to the person. We were told this was instigated as staff were previously distracted at times by people wanting to talk with them or requesting assistance. We saw from audits that the number of medication errors had reduced as a result of this new system. Medicines Administration (MAR) sheets we reviewed included relevant information to ensure staff were able to administer the medicine safely including the person's photograph, any known allergies and how they

preferred to take their medicine.

People's care plans contained detailed risk assessments and guidance for staff regarding medications. Including side effects, contra-indications and people's capacity to understand what their medicine was for.

Members of staff and the deputy manager told us they received regular training on the management and administration of medicines and staff had their competency regularly checked by the registered manager. Weekly and monthly medicines audits were carried out by senior staff and the deputy manager and these were reviewed by the registered manager. Where issues were identified action had been taken. Records showed that if medicine errors had occurred correct procedures were followed and staff received additional training and support. Staff were following safe protocols for example completing stock checks of medicines to ensure they had been given when they should.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and competency to meet their needs and received guidance and support from management.

People were cared for effectively as staff were supported to undertake training that helped them meet people's needs. We saw examples of staff using this training to support people including administering medicines and preparing food safely. Staff we spoke with told us they welcomed the training they received and felt it helped them to support people and understand their requirements. A staff member told us, "Yeah, we've had loads (of training) and there is always more to come." Records showed that staff had access to a range of training sessions to help them develop their skills and knowledge and meet the specific needs of people they supported. For example we saw that a number of people required a medicine to be administered in a specific way to help manage their condition should it worsen. Training records showed that all staff had received training to do this and their competency was regularly assessed. This had reduced the risk of harm to these people using the service by increasing the speed with which they could receive their required medicine. We saw that staff had also received training in epilepsy and dementia awareness.

Staff told us they felt supported by the management team and were able to talk with them and discuss any issues. A staff member said, "I think I could go to anyone in the team. I think I could go to (registered manager) with anything". A second staff member said, (registered manager) is really good, she doesnt mind if I contact her for advice outside of work hours as well." We saw that all staff received a regular face-to-face supervision meeting with the manager which they told us they found useful. A staff member said, "I like them. It's a nice to be able to talk about any concerns and get advice." A second staff member said, "It's nice to sit and chat with the manager. I know I could go to her with if I had a problem."

New members of staff undertook a period of induction upon commencing work at Montague Street Care Home including shadowing experienced staff and role specific training.

People were asked for their consent before staff provided support or assistance. Care plans we saw recorded that, where possible, people had signed to indicate their consent to any changes and reviews of their care.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). 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.

Staff we spoke with displayed a very good understanding of the MCA and had received training in its application. A staff member told us, "We've all had training on it (MCA)." We saw that capacity assessments were completed for any decision that affected the person and were regularly updated. We saw that MCA assessments were very detailed and involved the person, their relatives and any other health professionals

involved in their care to ensure the decision was informed and represented the person's wishes and best interests. Assessments encouraged people to be as involved and independent as possible. For example, one person was assessed as having capacity to take part in household takes but lacked awareness of the associated dangers. Staff were instructed to support this person with these tasks to help maintain their safety, whilst promoting their independence. Where required staff carried out best interest decisions and recorded their rationale for doing so.

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 the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our visit, the service had submitted DoLS applications for ten people using the service. We saw that six were authorised, two deemed not to be required and a further two were currently being assessed. Records of the authorisations showed that the service was complying with any conditions specified and a system was in place to reapply for authorisation before the current one expired

People told us they enjoyed the food at Montague Street Care Home and we saw that care staff supported people to maintain healthy nutrition and hydration. We observed that people had access to drinks and snacks throughout the day and that staff were aware of any dietary requirements such as people who required a low fibre or low sugar diet. Staff told us they tried to encourage people to eat healthily but respected their wishes to choose their own meals. We saw that meals were designed with the input of people using the service and easy read menus were used to ensure people understood the choices available.

People had access to health professionals and the service was proactive in making referrals and requesting input when required. Each person had a health action plan (HAP) which contained details of appointments and visits from other health professionals. Additionally each HAP contained information on maintaining people's physical and mental health including, exercise, healthy diet, sexual health, alcohol awareness and regular health checks. The records we reviewed showed they were reviewed every six months or when a person's needs changed. Care records showed that staff followed the guidance of health professionals where possible if the person gave consent. A visiting health professional told us, "They (staff) are very good. They always follow our advice and communicate well with us."

Good

Is the service caring?

Our findings

People told us they had a good relationship with care staff and felt staff treated them with care, respect and compassion. During our visit we observed positive interactions between staff and people living at Montague Street Care Home. A staff member told us, "I love being able to support the people here."

People received a comprehensive assessment before they came to the service including recording of their preferences for male or female carer, support needs, treatment plans, capacity and dietary requirements. People's life history and past achievements were recorded to enable staff to have a good understanding of the person and what was important to them. Staff we spoke with demonstrated a good understanding of people's characters and treated everyone as individuals. They were aware of people's likes and dislikes and how this would affect the care they provided.
People's religious and cultural needs were identified and staff endeavoured to meet these, for example people were supported to attend a church service and some people enjoyed watching religious services on the television.

Care plans we viewed were person centred and focused on giving staff an understanding of the person as well as their care and support needs. Staff told us they found these useful and we found that they provided staff with a very good understanding of the person, their needs and personality. A staff member told us, "They are good because they are working documents so as a person's needs change the care plan changes."

We saw that people's choices were respected, for example, regarding how they spent their time, clothes their wore, meals they ate and holidays they booked.

Staff we spoke with told us they aimed to provide person centred care and they respected the choices people made. A staff member told us, "Everything we do here is person centred so everything is individual to that person." Staff offered people support where required but encouraged people to be independent when they could. Staff told us how they ensured people who had difficulty communicating were supported to make decisions or take part in activities that reflected their wishes. A staff member said, "We will sit with (the person) and their family and go through things we know they enjoyed in the past and make suggestions from that." Although the majority of people using the service required support from staff to help with their independence a number of people were independent and made their own decisions on how to spend their time including, shopping and trips into town. One person told us, "I'll go up town with (the staff) to do a bit of shopping."

The service had robust systems to ensure people were involved in the design planning and review of their care and recording people's consent to treatment. We saw that decision making process and assessments were in place for all aspects of people's lives and these were reviewed regularly with the person or their relatives. During our visit we saw that staff encouraged people to be as involved as possible in making choices and decisions. For example we saw staff using picture cards to offer people choices for meals and drinks.

Care records we reviewed showed that where possible, people and their relatives were involved in the design of their care plans and had signed these to indicate they agreed with them.

At the time of our visit no one used an independent advocate. People were offered the use of advocacy to help with decision making, when they first arrived at the service and again when DoLS applications were submitted. An advocate is an independent person who can provide a voice to people who may otherwise find it difficult to speak up.

People told us they were treated with dignity and respect and their privacy was protected. Staff told us this was an important part of their role and they had received additional training to ensure they were always able to meet people's needs with dignity and respect. A staff member said, "We had training on privacy and dignity. It was good because it helps you to understand people's needs."

During our visit we observed that staff were polite and respectful when speaking with people and always called them by their preferred name. Staff told us they always ensured people's privacy and dignity were protected when delivering personal care. For example one staff member said, "We always close doors, make sure we are using their own adapted chairs. I'll always make sure the windows and curtains are closed so its warmer for them and more private."

People's confidentiality was protected as staff never discussed care and support in public areas and ensured telephone calls to or meetings with health professionals were conducted behind closed doors. People also had the opportunity to have undisturbed private time in their bedrooms. We saw that staff respected their privacy by always knocking on doors and waiting for a response before entering. Visitors were able to come to the home at any time.

Good

Is the service responsive?

Our findings

People were involved in planning and making choices about their care and support and told us they received personalised care that was responsive to their needs. Staff told us that wherever possible they involved people or their relatives in reviewing their care. They told us, "I make sure it (care plan) fits what they need. I check past care plans and the family come in for reviews so we can discuss it." A second staff member said, "If people can't communicate, I'll sit and read it (care plan) out to them so they know what it is about."

People were cared for by staff who had a good understanding of their care needs and ensured that the care was provided at the right time, for example when administering medicines and personal care. We saw that staff communicated well with each other and people using the service to ensure that everyone received the care and support they required.

Staff we spoke with had a thorough understanding of people's needs and told us they found the care plans contained useful information. A health professional told us they found the care plans "very good." Staff told us they found the care plans useful and they gave them a solid understanding of people's care needs. A staff member said, "There's enough detail in them so you know what's going on but it's always better to speak to the person as well so you know what they are like." We looked at the care plans of some people who lived at the service. All of the care plans we reviewed contained detailed information to allow staff to respond to people's needs. The care plans were kept up to date via regular reviews or when a person's needs changed. There was an effective system in place to ensure that staff were informed of changes to people's planned care; this included a handover of information between shifts, regular team meetings and electronic memos sent from the management team.

We found that where people required adjustments to be made to help maintain their independence and involvement, staff provided these. For example, staff supported people to access shops or go for walks. Staff made timely referrals to other health professionals to ensure that, when additional support or guidance was required, these could be provided quickly to help people retain their independence.

People we spoke with told us there was a wide the range of activities provided including crafts, movie nights and trips out and they enjoyed taking part. Each person at the service had an allocated key worker, a named member of staff who had particular responsibilities for people who used the service. We saw that the key worker system worked well in ensuring people received personalised care. For example, key workers were the main point of contact for families, carried out care plan reviews and attended appointments with people if required.

All staff encouraged people to take part in activities as well as supporting them to access the local community, have trips out and take holidays including to Skegness and abroad. People were supported to visit local shops to buy food and regularly attended day centres and community groups. Staff told us that people who used the service were helped to draw up a wish list of activities. These were extra activities beyond those offered daily that required additional support or planning. We saw that staff ensured people

were able to take part in these activities such as longer trips out in a car, boat trips or shopping in Nottingham. Daily records and photographs we saw showed that people enjoyed these activities.

People told us they would be happy to raise an issue or complaint at the service and were confident they would be listened to. Details of how to complain were displayed prominently at the service and a complaints leaflet was included in each person care record. We asked to see records of complaints received by the service. However none had been received since our previous inspection. We did see a record of comments and compliments received from people's relatives and visiting health professionals. Staff were aware of how to respond to complaints and the service had systems in place to deal with complaints if they arose

Good

Is the service well-led?

Our findings

There was an open and transparent culture at Montague Street Care Home and people felt able to have their say on the running and development of the service. People we spoke with told us they felt the service was relaxed and they were encouraged to give their feedback about the home. Throughout our visit, we observed that there was a relaxed atmosphere at the service and people were comfortable speaking with care staff, the registered manager and each other.

Staff we spoke with felt there was an open culture at the service and they would feel comfortable in raising issues with or asking for support from, the management team. A staff member told us, "I can turn to other staff or the manager with any problems and they will try to solve it." A second staff member said, "The registered manager is very supportive, even about things that aren't to do with work."

We saw records of staff meetings for the months preceding our visit. These showed that issues including, training, holidays and activities were discussed. Staff had the opportunity to contribute to the meeting and raise issues and these were followed up by the registered manager. Staff told us they found these meetings useful and they were able to have their say. One member of staff told us, "We all sit and discuss ideas, it's quite nice, I like it." A second staff member told us, "We put what we want to discuss on the agenda and then we all have a chance to have our say."

People, their relatives and health care professionals had the opportunity to give feedback about the quality of the service they received. The provider had a number of ways of gathering feedback including, an annual satisfaction survey as well as regular staff and resident and relative meetings. We saw records of house meetings which were held monthly. Items discussed peoples wish lists for trips out and meal choices. People we spoke with told us they found the house meetings useful and were happy to make suggestions and felt they were listened to. At the time of our inspection the satisfaction survey for this year had not been sent out so analysis of feedback was over 12 months old. Although the feedback was positive it may not reflect peoples current opinions or experiences. We informed the registered manager of this who provided evidence following our inspection of a new survey for people and their relatives.

The service had a registered manager who understood their responsibilities. Everyone we spoke with knew who the registered manager and deputy manager were and felt they were always visible and available. A staff member said, "She is always down here interacting with the residents." A second staff member told us, "She is really on top of stuff and makes sure everything gets done."

Clear decision-making processes were in place and all staff were aware of their roles and responsibilities. For example some staff had responsibility for checking delivery of medicines and key workers were responsible for updating daily records. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The quality of service people received was assessed by the management team through regular auditing of areas such as medication and care planning, environment, recruitment, infection control and health and

safety. The registered manager carried out a monthly audit with the provider to identify any trends or concerns. Any incidents and accidents were reviewed in people's care plans and a central record of accidents was used to identify any patterns and learning for the service. We found that the provider and registered manager were proactive in acting on concerns or issues we identified during the inspection and all were addressed immediately.