Royal Mencap Society

Royal Mencap Society - 2 Meadow View

Inspection report

2 Meadow View
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13 April 2017

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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

Royal Mencap Society - 2 Meadow View is registered to provide care and accommodation for up to four people. The home specialises in care for people who have learning disabilities or autistic spectrum disorder. The home is situated in a cul-de-sac and has outdoor garden areas and off street parking.

At the last inspection, the service was rated Good.
At this inspection we found the service remained Good.

Procedures were in place which helped to ensure people were supported by care workers who understood the importance of protecting them from avoidable harm and abuse. Care workers had received training on how to identify abuse and report any concerns to the appropriate authorities.

There were sufficient care workers with appropriate skills and knowledge to meet people's individual needs. The registered provider had a robust recruitment process that ensured only care workers deemed suitable to work with vulnerable people had been employed.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible. The policies and systems in the service support this practice.

Where people received support with their medicines, systems and processes were in place that ensured this was managed and administered safely and in a timely manner. Accurate records were maintained and reviewed.

Everybody living at the home was involved in their care planning as much or as little as they wanted or were able to be. People's records of their care were reviewed and included up to date information that reflected their current needs.

People were provided with a wholesome and nutritionally balanced diet which was of their choosing.

People were supported to access other healthcare professionals where this was required.

Care workers had a good understanding of people's needs and were kind and caring. They understood the importance of respecting people's dignity and upholding their right to privacy.

People were supported to undertake activities of their choosing and these included holidays and involvement with the local and wider community.

Systems and processes were in place to encourage, manage and investigate any complaints.

People who used the service, and those who had an interest in their welfare and wellbeing, were asked for

their views about how the service was run.

Regular audits were carried out to ensure the service was safe and well run.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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 was planned to check whether the registered 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 11, 12 and 13 April 2017 and was unannounced. The inspection was completed by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance, their area of practice was learning disability services.

Prior to this inspection, we consulted with the local authority commissioning and safeguarding team and we looked at information we held about the service. This included notifications and a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spent time talking with people who used the service and their relatives. We spoke with care workers, observed daily life and completed a review of records. We spoke with four people who lived in the home, and we spoke with four care workers and the registered manager.

We looked at two care files which belonged to people who used the service and we inspected recruitment and training files for two care workers. We also looked at other important documentation relating to the management and running of the service. We observed meal times for people at the home. We looked around the building and in people's rooms with their permission.

Good

Is the service safe?

Our findings

People who used the service confirmed they were happy and felt safe living at the home, with the care workers and others involved in their care and support. One person said, "I like living here I feel safe," and, "I moved homes in November; I didn't like my last home; I was always locked in but here I have got my own room with all my own things and I have a key worker who looks after me".

Care workers told us, and records confirmed, they had received training in safeguarding adults from abuse. The registered provider showed us a safeguarding policy and procedure that, along with other guidance around the home, ensured all concerns were escalated. The registered manager told us, "It is important that care workers are able and willing to raise any concerns they have no matter how small they are." At the time of our inspection no concerns had been raised since our previous inspection. However, the registered manager showed us how concerns were recorded and managed electronically. These records were escalated to senior management for further learning. The registered manager told us, "We discuss concerns with the local authority for their feedback and any additional investigation that may be required". This showed that systems and processes were in place that helped to keep people safe from avoidable harm and abuse and that care workers were aware of their responsibilities and how to report their concerns.

People were supported to live their lives as they choose to and we saw risk assessments were in place which supported this approach with minimal restrictions in place. Care plans we looked at included comprehensive assessments associated with people's care and support and, where risks had been identified, these were recorded with associated support plans that helped to keep people safe. We saw risk assessments included and were in place for health, finance, use of hoists, medication, choking, bathing, activities and personal care. The risk assessments covered areas of daily life which the person may need support with. For example, personal hygiene, mobility, seizures and behaviours which may challenge the service and place the person and others at risk. These were detailed and provided care workers with guidance in how to mitigate the risks and keep people and themselves safe. These were reviewed for their effectiveness and included input and guidance from other health professionals.

Other assessments for the home and environment had been completed. This helped to ensure equipment, maintenance and checks on utilities were completed in a timely manner to ensure everybody's safety. The home had infection control policies and procedures in place. Care workers had access to and used personal protective equipment such as gloves and hand soap to reduce the risks associated with infection. The home was clean and tidy and was free from any unpleasant odours.

We looked at staff rotas which confirmed there were sufficient care workers on duty at the time of our inspection. The registered manager told us they would only use agency care workers as a last resort in order to ensure consistent care and support for people. They showed us the home had access to bank care workers when required and had access to care workers in the adjoining properties. A person we spoke with told us, "There is always enough staff here". Care workers told us there were enough qualified and competent care workers to meet people's individual needs. We observed care workers were not rushed in carrying out their activities with people and had time to complete activities and socialise on a one to one

basis where people requested this. A care worker confirmed, "Yes, there are enough staff, we don't have problems meeting people's needs and have plenty of time for one to one support; we are such a good team."

The registered provider told us in the PIR, 'All care workers undergo a rigorous recruitment and selection process, followed by a 12 week induction programme; we obtain two written references and an enhanced DBS check before any new care workers member commences employment'. We saw recruitment processes ensured people were not exposed to care workers that had been barred from working with vulnerable adults and helped to ensure that only care workers deemed suitable to work with vulnerable adults were employed.

Care workers received training in medicines management and the registered provider showed us documented observations, carried out annually that ensured they were competent in this task. Systems were in place to ensure medicines were ordered, stored and administered safely. Suitable arrangements were in place for the storage of specific medicines that required cooler temperatures and checks were carried out on a daily basis to ensure the manufacturer's guidance was adhered to.

We observed medicines being administered and saw people who used the service received them as prescribed. Medicines Administration Records (MAR) were used to record when people had taken their prescribed medicines. The MARs we looked at had been completed accurately with minimal omissions. People's abilities to self-administer had been assessed and care workers told us they would support people who were able to do so.

Good

Is the service effective?

Our findings

It was clear from our observations during the inspection, that care workers understood people's needs and were confident and trained in their role. We observed two carer workers simply transferring a person, using a hoist, from a specially made chair, to their bed. They explained everything they were doing to the service user who appeared relaxed, calm and confident with the carer workers. A care worker said, "We are just going to transfer you onto your bed for your afternoon rest, can you lean forward for me while I put this behind your back to help move you safely; you are secure now we will move you across, one, two, three". The service user was transferred safely and looked comfortable on the profile bed. The care workers told us they completed moving and handling training and we observed they were competent in working with people in their role.

Care workers told us, and we saw from their records, that they completed an induction programme and a period of shadowing existing care workers before they commenced independent duties with people. Training records confirmed care workers had received generic training on topics such as fire, health and safety, first aid, moving and handling, medication and safeguarding.

We saw where a person required specific areas of individual support, for example with epilepsy; care workers had received training in epilepsy awareness and administration of prescribed Buccal Midazolam. Buccal Midazolam is an emergency rescue medication prescribed by a medical practitioner or nurse prescriber for the control of prolonged or continuous seizures which can be a lifesaving procedure. We spoke with two care workers who confirmed they had to have epilepsy and Buccal Midazolam training before they are allowed to work with people in their home because a number of people had epilepsy.

Care workers received annual observations that ensured they were competent in their role and identified any areas where they could improve their practice. Care workers received regular supervision and an annual appraisal. This ensured care workers were supported in their role and had the appropriate skills and knowledge to provide safe care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked and found the service was working within the principles of the MCA. Where people had been assessed as lacking capacity under the MCA, DoLS applications were in place. Where these had expired we found applications had been made to the supervisory body by the registered manager and they were awaiting the outcome of these.

Throughout the inspection we saw care workers gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions themselves. These were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care and welfare.

We saw people's care plans contained information about their health needs and how care workers were to support the person to maintain a healthy lifestyle. Previous and current health issues were documented in people's care plans and healthcare professionals were contacted when support was needed, for example, epilepsy nurses and dieticians. People were supported to access their GP when required and regular reviews were undertaken to ensure people were healthy. One person told us, "If I'm not well they [care workers] get the doctor for me".

People's dietary intake was closely monitored by care workers and healthy eating was promoted. There was a choice at all meal times and drinks and snacks were available throughout the day. Records showed that healthcare professionals were involved with people's dietary needs and visits were made when required.

The home was designed and modified to meet the needs of the people who lived there. Access accommodated wheelchairs and other equipment. We observed people moved around the home without excessive restrictions. A person who lived at the home with epilepsy had their bedroom specifically designed with safety in mind. The room had maximum floor space and a low profile bed was in place to help keep the person safe should they have seizure activity.

Good

Is the service caring?

Our findings

Observations and feedback received during our inspection demonstrated that care workers were caring. The registered provider had a good retention of care workers with some of them working with the same people for over twenty years. People we spoke with told us they liked the care workers and enjoyed their company. Comments included, "My care worker has worked here a long time, and I know them very well". "When [name] passed away they [care workers] took us to the chapel, we went to pay our respects and say goodbye". A care worker told us, "It is like an extended family, the whole team is very caring and when [name] passed away it was important we could all say our good byes".

We saw people who used the service and care workers had good, respectful relationships. Care workers were aware of people's needs and the support they required to lead a fulfilling life. There was lots of laughter and good humour around the home and people enjoyed the care workers and each other's company.

Care workers described how they would uphold someone's privacy and dignity. They said "We always wait to be invited in before we go into someone's room", and, "I always make sure people are covered over when I help them with personal care." One person confirmed, "Care workers help me with my personal care and getting a bath, yes, they knock and keep me covered and warm".

Care plans included information about people's preferences and care workers confirmed this information was followed. Care workers told us they asked people what they would like to do and provided options. For example, when to get up, what activities they would like to undertake or how they would like to spend their day. No one was left isolated in their rooms unless they had chosen to do so and care workers were attentive and understood how to respond to people's individual requests.

People were involved in decision making about their care and support. The registered provider told us in the PIR, 'We undertake regular reviews of support plans and risk assessments with people we support and other relevant stakeholders (E.g. family, circle of support).' This was confirmed from our discussions with care workers.

Care plans we looked at included a six monthly 'keyworker review'. The registered manager told us each person had a keyworker who was a key point of contact and referral for meetings with each person living in the home. The keyworker review was completed electronically in a communal area and, where people had the capacity, they were included in these reviews as much or as little as they wished.

People had been consulted about their wishes and preferences for end of life care and support. Where they had agreed this information was available and recorded in their care plans.

Good

Is the service responsive?

Our findings

People who lived at the home received personalised care and support. Everyone had a care plan that was reviewed and updated on a monthly basis or as people's needs changed. The registered manager told us, "We are vigilant, our record keeping and daily notes are under constant review to ensure they meet the needs of the individual". A care worker said, "We have good records to follow, I am proud of how organised and up to date people's care plans and profiles are kept". Care plans we looked at contained information that was written from the person's point of view and recorded people's personal daily preferences.

Care plans recorded information on how to meet people's individual needs for all areas of the care and support they received. For example, a person's care plan recorded information on how to support them with their dietary requirements. The care plan recorded what the person liked to eat and drink, a mealtime 'prescription' that included clear guidance on how to prepare the person's food, drinks. It also specified any equipment needed, the position of the person and the assistance they required. We observed a care worker practicing the information recorded with the person. The care worker told us, "We have good clear guidance in the person's care plan, we engaged a speech and language therapist to ensure we were providing the person with the right care and support". We observed the person drinking food substitutes in the form of milkshakes and thickened drinks. The care worker said, "The person has to have 2 litres of fluid a day and we will blend their evening meal, we encourage them to eat healthily but they can choose; we are having spaghetti bolognaise for tea".

Care plans contain detailed information about what worked and what didn't, things people liked to do and things they did not. Reviews of records confirmed this information was available and reviewed monthly for effectiveness with updated information as required.

People were busy with and were supported to enjoy daily activities and events of their choosing and these included trips and holidays away. One person told us, "I go to church on Sunday's with my family and I get a taxi there and back". A care worker confirmed this was arranged for the person and that they also attended a day centre every Monday where they enjoyed arts and crafts and played music and games in between. On Tuesday, the person was involved with and taken out on trips by an outreach service, on Wednesday they enjoyed hydrotherapy and Friday was reserved for swimming. This information was recorded in people's care records and was reviewed and outcome focused. The registered manager said, "We support people with whatever they choose and we assess how well this works and if there is anything we can improve on".

Other records included reviews of people's health, activities, weight records, food and fluid charts, behaviour charts, care plans and risk assessments. Where appropriate, the registered provider had sought the views and input of other health professionals to ensure the person's needs were holistically provided for.

The registered provider involved advocacy services where these were required. An independent advocate will help to change things for another person and help them to live as independently as possible, making their own choices and achieving their goals and ambitions.

Care plans included a 'health passport'. This contained information regarding a person's medical and health support needs and provided information to other health professionals should the person need to attend or transfer between other health services.

People were encouraged to express their views. A care worker said, "We have different ways of communicating with people, sometimes it's a simple conversation, other times a simple thumbs up or down; I have worked here a long time and that has enabled me to understand when a person is happy, sad, and also when they might be in pain".

The registered manager told us they dealt with most concerns as they occurred. However, where people, their relatives or others involved with their care had a complaint, systems and processes were in place to record, investigate and implement outcomes. The registered provider had a complaints procedure which was displayed around the service. This was also available in alternative formats to meet people's individual needs. At the time of our inspection no complaints had been recorded. The registered manager told us, "We get very few if any complaints, but if we did they would be investigated and responded to".

Good

Is the service well-led?

Our findings

We were supported during our inspection by the registered manager. 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. They understood their responsibility to ensure the CQC was informed of events that happened at the service which affected the people who used the service.

The atmosphere of the home was very relaxed and homely. Everybody we spoke with told us they found the registered manager to be open, honest and approachable. We found that management was clearly involved with every aspect of the service. People were happy and approached the registered manager as we moved about the home and came to talk with them in their office throughout the day. We observed relations at the home were all friendly and care workers acted as companions to the people who lived there.

Care workers told us how staff meetings kept them informed about any changes in the home and that they provided them with an opportunity to discuss people's individual needs, what was working for people, what required improvement and any areas of concern they had. A care worker we asked confirmed, "Yes, we have staff meetings, where we can freely discuss any concerns or best ways of working with people and any new ways of working, but we are not limited to the meetings, the manager is always approachable and supportive; we can discuss anything whenever we need to." We saw minutes of staff meetings recorded topics discussed that included training, scenarios, activities and any other business.

The registered provider sought the views of people who lived at the home and their relatives. The registered manager sent out annual questionnaires to each family member, but told us this was not always the best way to obtain feedback. They said, "We don't have many people so we try and capture information in other ways such as the monthly reviews, where we reflect on what is working and what people need." The registered manager held meetings with the people who used the service on a regular basis. Minutes of the meetings showed the topics under discussion and included any issues, holidays and discussions around decoration in the home and in particular personalisation of people's rooms. This showed the service provided was directed by the people who used it and they had an input on how it was run.

The registered provider had a quality monitoring system in place which ensured the smooth running of the service. This included audits which the registered manager had to undertake on a regular basis. Independent audits were also undertaken by other registered managers from other services. Time limited action plans were put in place to address any issues identified.

The registered manager and care workers had developed good working relationships with local health and social care professionals. Those we spoke with confirmed the service was well-led and care workers were knowledgeable about people's needs and followed their guidance.