Royal Mencap Society

South Street

Inspection report

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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

This inspection took place on 12 May 2016 and was unannounced.

South Street is registered to provide accommodation for personal care for a maximum of nine people with learning disabilities. There were nine people living at the home on the day of our visit. At the time of our inspection 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 they felt safe in their home and were supported by staff in maintaining their own safety. The staff told us how they kept people safe and the action they would take if they felt a person was a risk of harm of abuse. Staff reported any concerns to the assistant or registered manager to ensure people were supported in any allegation of abuse or harm. Staff were available to assist people when they were at home or out in the community. Staff ensured they were available to help people when needed. Staff checked people's medicines before they received them to reduce the risk of errors and recorded when the person had taken them.

People were confident in the staffs' knowledge and told us the staff knew how to look after them. Staff told us their training reflected the needs of the people and helped them in understanding people's needs. The registered manager provided regular support and staff told us they were supported in their role by management. People got to decide about their care and treatment and this had been recorded. Staff showed they listened and responded to people's choices about their care and support needs. The provider had followed the correct procedure when a person was deprived of their liberty and staff understood the reason for the restrictions.

People planned their meals and were supported with meal preparation where needed. Alternative diets had been considered and people knew the reasons for these. People accessed health and social care professionals with regular appointments when needed. Staff knew when people had appointments or meetings and supported people to attend these.

People knew the staff that supported them and they chatted and relaxed when together in the home. Staff knew people well and were aware of each individuals care needs. People were treated respectfully and staff helped support and maintain their dignity. People's relationships with their partners, family and friends were encouraged and had been supported.

People told us about their hobbies, interests and the things they did whilst in their home or out and about. People comfortably discussed their concerns or comments with staff and these were addressed. There were processes in place for handling and resolving complaints and guidance was available in alternative formats. Staff knew and would raise concerns on behalf of people at the home when required.

People told us they felt involved in their home and enjoyed living there. People knew the registered manager and knew they could talk with them if needed. The registered manager was available, approachable and worked various shifts to ensure they were able to monitor and support people and staff. Staff felt involved and were able to make suggestions in relation to people's care needs. The provider ensured regular checks were completed to monitor the quality of the care delivered. The management team had kept their knowledge current and they led by example.

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

People felt safe and looked after by staff. People's risk had been considered and they had received their medicines where needed. People were supported by sufficient numbers of staff to meet their care and welfare needs in a timely way.

Is the service effective?

Good

The service was effective.

People's consent and right to freedom had been obtained and recorded. People had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

People received care that met their needs by staff who respected their privacy and dignity. People were involved in their daily care and had developed positive relationships with staff.

Is the service responsive?

Good

The service was responsive.

People had been supported to make everyday choices and were engaged in their personal interest and hobbies. People were supported by staff or relatives to raise any comments or concerns.

Is the service well-led?

Good

The service was well-led.

People were happy about the overall service and had their views listened to. The provider had monitored the quality of care provided.

South Street

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 12 May 2016 and was completed by one inspector. As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with five people who lived at the home. We spoke with four staff and the registered manager. We also used observations to help us understand the experience of people who could not talk with us.

We looked at one record about a person's care, four medicine records, staff meeting minutes, house meeting minutes, five people's individual monthly reviews, medicine audits, care plan audits, provider auditing tool, falls and incidents reports.

Good

Is the service safe?

Our findings

People told they felt safe living in the home and staff were always around if they needed them. They had individual rooms which two people told us they were able to lock if they chose. All people we spoke with said they would raise any concerns about their safety with the registered manager. All people we spoke with knew the staff and would look to them for reassurance when needed.

All staff we spoke with told us they understood their responsibility to look out for any signs of potential abuse. They were confident that if needed they would report this to the registered manager for action and review. However, they also knew the steps they would take to immediately protect a person from further potential harm or abuse. Two staff we spoke with were clear about their role and aware of the provider's expectations on protecting people from abuse. They told us and we saw that the policy was kept in the office, which they would refer to it if needed.

People's risks had been looked at and assessed so staff knew what actions to take to help people receive safer care. Three people we spoke with knew how much support they needed from staff for daily task to minimise the risk of injury or harm. People knew when they needed staff to go with them when leaving the home.

Three staff we spoke with were clear about the help and assistance each person needed to support their safety. This included managing people's day to day health risk or the steps they needed to take in case of an emergency. For example, supporting people to make drinks or responding to epilepsy seizures. One member of staff added that following such an incident it would be recorded and discussed within the team and if needed changes would be made to the care plans. We saw that risks had been reviewed and updated regularly and were detailed in people's care plans. Staff also told us they had access to these records and were told about any changes at the start of their working shift.

People told us they knew the staff well and had their care and social needs met from familiar staff. People were supported by staff that were always available and people did not have to wait for assistance or to attend planned social events. The registered manager had looked at the needs of people to ensure the right number and skill mix of staff were available.

All staff we spoke with felt people needs were met and if additional care staff were needed to support people in the home or out on activities this happened. They had time to support people socially and for personal care needs at the times people wanted.

People's medicines were up to date and had been recorded when they had received them. Where people required medicines 'when needed' staff talked with people if they wanted medicines. For example, inhalers to manage their asthma. We spoke with staff on duty that administered medicines and they told us about people's medicines and how they ensured that people received their medicines when they needed them. The person's consultant or GP had also regularly reviewed the medicines to monitor the benefits or side effects for the person. The care staff checked the stocks of medicines and ensured that they were stored and

disposed of correctly.

Good

Is the service effective?

Our findings

People told us staff knew how to look after them and how to support any health conditions they had. One person said staff really knew what to do if they felt unwell as part of their diabetic care needs. Staff demonstrated that they understood people's needs and requests and had responded accordingly when people required help with a task or going out.

Three staff we spoke with told us their knowledge and experience meant they were confident in providing the correct care to people. This was supported with training courses and demonstrated an understanding of people's conditions and how to respond to these. For example, staff knew how to support people with diabetes or asthma. The registered manager had an overview of the training staff had received and when it required updating.

Three staff we spoke with told us about the support they had from regular monthly meetings with their manager. All staff we spoke with said they all worked well together and this provided people with effective care and support. One staff member told they were able to identify and discuss different ideas to help to increase understanding of any work based issues. They also discussed people's care practices at 'Shape your future' sessions and team meetings.

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.

People were asked by staff before they assisted them with their personal needs during the day. All staff we spoke with told us were clear that each person had the right to refuse care. 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. The registered manager understood the legal requirements they had to work within to do this. People at the home had been supported to make decisions by staff having the skills and understanding of when to involve others. Staff were clear that people are assumed to have capacity to make decisions on their own. If they felt a person did not have capacity then they were aware of the need to involve others and complete a best interest decision.

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 called the Deprivation of Liberty Safeguards (DoLS). The provider had followed the requirements in the DoLS and all people had a DoL application submitted to the local authorities which were awaiting assessment and review.

People told us they were involved in planning their meals weekly and going shopping to get the food. They showed us the menu which provided a picture of the proposed meal that evening. Staff also said that people

always had the opportunity to choose or make something else.

During the inspection people were having breakfast, snacks and their afternoon meal. Staff ensured that people had a choice of food and knew people's preferences. People's nutritional needs had been looked at to ensure they either received a specialist diet or food and drink that met the needs. For example, people received a softer diet or in line with health professional advice.

The information about each person's food preferences had been recorded for staff to refer to. Staff told us about the food people liked, disliked and any specialised diets. The records showed that people also got to see other health professionals to help them maintain a healthy lifestyle. For example, people received support from the speech and language team in support of their needs.

People were supported to attend consultant reviews, social worker meetings and other health professionals in support of the care received at the home. Staff told us and we saw that they recorded and took appropriate action if they were concerned about people's health. For example, contacting the occupational therapist for advice and support. People also got regular health reviews with their GP, dentist and optician. All visits were recorded to show any changes to care needs or any follow up appointments required.

Good

Is the service caring?

Our findings

All people we saw enjoyed being in their home and were comfortable and familiar with the staff who supported them. People happily spent time with staff members commenting about their day so far or their plans for later in the day or week. People were understood by the staff and used a variety of ways to make their wishes known. Staff responded to people's visual and emotional signs to meet their needs. People received positive praise and staff were encouraging when people were sharing news about their achievements.

People confidently joked and laughed in a relaxed way with staff and the registered manger. People told care staff if they wanted to be involved in their daily tasks or let them do it. Staff listened to people's choices and decisions and offered encouragement for the person to be involved. For example, in cooking, cleaning their room or doing their laundry. Staff told us they aimed to promote and encouraged independence so people were able to learn tasks or continue to be self-caring.

People also told us that the daily living chores were in the board in the kitchen. However, they were able to ask staff to support them or chose not to do it. One person said, "I can make drinks, but [staff member] makes them better".

Staff told us they respected that it was people's home and felt the home provided a caring atmosphere which focussed on the people who lived there. Throughout our inspection we saw people had close relationships with staff that they knew well. Staff also felt that the small staffing group meant people got to know them well.

People had the choice of privacy in their home and staff respected where people wanted to spend time in their rooms or spend time with us during the inspection. Staff respected people's privacy and dignity, spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

All staff we spoke with said they knew about people in the home and got to know people by talking and spending time with them. They told us getting to know people was part of their role as well as providing care. Where people had not been able to talk to staff about their lives and interests, staff spoke to family members and looked at care plans for additional information. People expressed choices about their care and information had been obtained from relatives or staff who knew the person well. This information had been recorded so care plans reflected the person's preferred care and support needs.

Good

Is the service responsive?

Our findings

People had their needs and requests met by staff who responded with confidence and knew their needs. People were supported and enabled to make their own choices when planning their care and support. People told us how they were involved each month in reviewing the care they had received and what they needed and wanted going forward. One person told us that the pictures used in the reviews helped them make choices and decisions.

People's care and treatment had been planned and included their views about their care and treatment. Each person had a key member of staff that worked closely with them to develop and plan their care needs. For example, helping them with personal shopping and finances. Staff provided clear and consistent information about each person, their families and personal histories. Staff confidently explained to us the level of support people required. People's needs were discussed by staff when their shift ended to share information between the team. Staff were provided with information about each person and information was recorded.

We looked at one person's care plan which had been kept under review and updated regularly to reflect the person's care needs received. Pictures of each person had been used to make sure care records were personal and showed the person's involvement and choice. Where information or advice had been sought to assist with a person's care this had been recorded when putting together and maintaining care records.

People told us they made choices about how they spent their time and planned their individual weekly timetable to support their social lives and hobbies and interests. For example, staff supported people to go to college, go shopping or visits to local areas of interest. People were also involved in planning and booking holidays they wished to go on. People received support to maintain relationships, family contacts and friendships.

People approached staff during the day and spoke about their concerns, what they needed or plans for the day or longer term. Staff listened with interest and responded with advice or guidance that supported the person.

Whilst no written complaints had been received, people told us they would approach the assistant or registered manager to complain. People had been reminded each month at a house meeting about how to raise concerns or complaints and with who. Staff we spoke with told us they were happy to raise concerns on people's behalf and that the registered manager would listen.

Good

Is the service well-led?

Our findings

People told us they were listened to and had been involved in their reviews. People's feedback had been used to develop their goals and care needs. The registered manager had also looked at ways to improve people's aspirations and how to support people in achieving these through regular reviews. The provider had sent regular questionnaire to people to gain their views on the care provided. There was a high proportion of satisfaction with no concerns raised.

People were supported by a consistent staff team that understood people's care needs. Three staff told us that they had worked with people for a long time and knew people well. Staff told us they welcomed direct feedback from people and that relatives were happy to speak with them about their family member.

People knew the registered manager and told us they were approachable and available if needed. All staff we spoke with told us that both the assistant and registered manager were accessible and listened to their views and opinions about people's care and support needs. The registered manager told us that they had good support from the provider, and the staffing team and staff were clear about the standard of care they were expected to provide. The provider had a clear management structure in place and the staff had access to information and support. The registered manager told us they were supported by the staffing team to ensure people were treated as individuals living in their own homes.

Monthly team meetings were held and staff told us they raise concerns or comments about people's care. Other meetings were held to discuss how staff felt the home was performing and these looked at staffing arrangements, health and safety, maintenance and catering. Three staff also told us that the registered manager and assistant manager spent time with people and alongside staff as well as managing the home. We also saw that staff had spent time looking at the quality of care people received. They looked at what was working well and where improvements against the CQC's Key Lines of Enquiries.

Audits were undertaken to monitor how care was provided and how people's safety was protected. Care plans were looked at to make sure they were up to date and had sufficient information that reflected the persons current care needs. For example, monitoring the management of any ongoing health issues.

The registered manager's skills and knowledge enabled them to drive improvements. They had a clear plan of the improvements needed to continue to deliver quality care to people and how staff wold be supported and trained to achieve these. This related through staff that had appropriate guidance in line with current best practice.

The registered manager and senior staff sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from district nurses and the local authority to ensure that people received the care and support that had been recommended.

The provider shared information and good practice regionally. Registered managers from the providers other services met regionally to discuss their homes and what had worked well. They also contributed to the

quality assurance process. For example, they would visit homes and make observations and comments.