Royal Mencap Society

Harborough Road

Inspection report

1a Harborough Road
Rushden
Northamptonshire
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Date of inspection visit:
02 October 2017

Date of publication:
03 November 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

The inspection was carried out on 2 October 2017. The inspection was announced.

The service is registered to provide accommodation and personal care for up to four people living with learning disabilities. Accommodation is provided in detached house in a residential area of Rushden in Northamptonshire. At the time of our inspection three people living in the service.

At the last Care Quality Commission (CQC) inspection in October 2015, the service was rated Good. At this inspection we found the service remained Good.

The service had a 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. We were notified before the inspection that the registered manager was absent and that the service was being run by an area manager until 9 October 2017 when the registered manager returned.

People continued to be safe. People were protected against the risk of abuse. People felt safe in the service. Staff recognised the signs of abuse or neglect and what to look out for.

Staff followed appropriate guidance to minimise identified risks to people's health, safety and welfare. There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of new staff to work at the service.

Medicines were managed safely and people received them as prescribed.
Staff received regular training and supervision to help them to meet people's needs effectively.

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

People were supported to have a healthy balanced diet and were supported to access health services when they needed them.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained.

Each person had an up to date, personalised support plan. These plans were detailed and included information that staff needed in order to know how to support people. The plans included sections in an easy to read format that people could refer to.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

Staff ensured the complaints procedure was made available to people to enable them to make a complaint if they needed to. Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

The service had continued to provide good care and support during the period the registered was absent because effective interim management arrangements were in place and because staff were motivated and knowledgeable about people's needs.

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**

Harborough Road

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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 2 October 2017 and was announced. We gave the provider 48 hours' notice because 1A Harborough Road is a small service where staff and people are often out. We needed to be sure someone would be in. The inspection consisted of one inspector.

Before the inspection, we asked the provider to complete 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. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We contacted Healthwatch Northamptonshire, the local consumer champion for people using adult social care services, to seek feedback about the service. We used all this information to decide which areas to focus on during our inspection.

We spoke with two of the three people who used the service and observed how staff interacted with all three. We spoke with three support workers and the area manager. We also spoke with a health professional who visited the service occasionally to support a person. We looked at the provider's records. These included three people's care records, which included care plans, health records, risk assessments and daily care records. We looked at a staff file to see how the provider operated their recruitment procedures. We looked at information about staff training and support and records associated with the provider's quality assurance system.

Good

Is the service safe?

Our findings

The service continued to be safe.

We were not able to talk at length with people because they had limited verbal communication. However, people were able to express through gesture and sound that they felt safe. We observed that people were comfortable in the presence of staff and it was evident they had trusting and caring relationships with them.

All staff had received training in safeguarding adults. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff we spoke with were familiar with the provider's safeguarding procedures. They knew how they could use the provider's whistleblowing procedures to contact senior staff. They also knew how to contact the local authority safeguarding team and CQC if they felt they needed to. They were confident that any concerns they raised with the registered manager would be taken seriously and investigated.

Every person had an easy to read guide about staying safe. This included information about how they could raise any concerns about their safety at the service and when they were out in the community, for example at activity days centres they visited. People had personal evacuation procedures in an easy to read format which explained how they would be supported in the event of an emergency such as a fire. There were regular fire drills to ensure staff knew how to protect people. The registered manager had reviewed the fire safety arrangements following reports about fires in public buildings and at the request of CQC. The premises were clean and well maintained.

People continued to be protected from avoidable harm. Records provided staff with detailed information about people's needs. Staff we spoke with evidently knew people well, and had a good understanding of people's different behaviours. People's care plans included risk assessments that were specific to each person and had been regularly reviewed. The risk assessments continued to promote and protect people's safety in a positive way.

There were enough suitably skilled and knowledgeable staff to support people. The staff team was experienced. All care workers had worked at the service for at least four years. They had a comprehensive understanding of how to support people with their needs. The atmosphere at the service was one of calm and staff were not rushed.

No new staff had been recruited since our last inspection, but we saw that recruitment procedures were designed to ensure as far as possible that only staff suited to work at the service were employed.

Only suitably trained staff continued to support people to have their prescribed medicines. Their competence to support people with their medicines was reassessed every six months. People were supported to have their medicines at the right times. Medicines were securely stored and there were safe arrangements to dispose of medicines that were no longer required.

Good

Is the service effective?

Our findings

People continued to be supported by experienced staff who were knowledgeable about their needs. Staff continued to be supported through having personal development plans, supervision and annual appraisal.

Staff communicated well with each other to keep up to date with the latest information about people's needs. They did this through a 'communications book' and staff handovers when staff finishing a shift shared information with staff starting a shift. Good communications and handovers ensured that people experienced a continuity of care. We saw staff communicated effectively with people. They used unique communication techniques for each person. A care worker showed a person photographs of activities they had participated in with other people. The care worker developed this into a conversation the person clearly enjoyed.

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 MCA. The procedures for this in care homes and hospitals are called 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 met.

All of the people received personal care and support at 1Aa Harborough Road under a DoLS authorisation. Best interests decisions about the least restrictive options to protect people from harm, for example injury from falls, were documented. Information in people's care records conformed they were supported in line with the DoLS authorisations.

Staff had received training in MCA and DoLS and understood their responsibilities under the MCA. The provider had produced their own training pack about the MCA. The area manager had a thorough understanding of DoLS. The five key principles of the MCA were prominently displayed in the registered manager's office for staff to refer to.
Care workers we spoke with knew why people were under a DoLS authorisation. They supported people to make choices they respected. We saw and heard staff explain to people how they proposed to support and waited for people to acknowledge consent before doing anything.

People continued to be supported to have enough to eat and drink and given choice. They were involved in deciding what food items were brought into the service and what meals to have. People had a choice of meals because staff ensured that people's favourite food was available. A person who had expressed they wanted to lose weight was supported to understand about healthy eating options. A person told us, "The food is nice. There are different foods and I have my favourites." There were sufficient quantities of food available and people were involved in food shopping. Health eating was encouraged and meals mostly made from ingredients people had chosen rather than pre-cooked or ready meals.

People continued to be supported to maintain good health and to access health services when they needed them. A health professional we spoke with told us that staff were very able at supporting people with their

health needs. They told us, "The staff are good at recognising when people need support from health professionals and they work well with us." Staff supported people to attend healthcare appointments and health professionals such as physiotherapists and podiatrists visited the service to support people with their health needs.

Good

Is the service caring?

Our findings

People told us that staff were caring. People and staff had developed close and caring relationships because both had several years' experience of either living or working at the service. Care workers had comprehensive knowledge of people's needs and preferences, what they liked or disliked. They recognised people's demeanour and anticipated circumstances that people would find upsetting.

Staff involved people in planning their care. They supported people to continually develop their own `About Me' folders which people used to record information about what was important to them and how they wanted to be supported. People were supported to be 'decision makers' about their care and support. This showed that staff put into practice the provider's values about supporting people by caring for and involving people in decisions about their care and support.

Staff gave people their full attention during conversations and spoke with them in a considerate and respectful way. They ensured their comfort, for example supporting people to be comfortably seated or supporting them to go into different rooms. When staff were in people's presence carrying out duties, for example paperwork, they explained what they were doing. Staff respected people's privacy to spend time alone but they always ensured that people knew they were close by. The atmosphere at the service was one of calm where people enjoyed the company of others.

Staff did things to help people feel they mattered to them. Staff knew when people's birthdays were and involved people in planning birthday parties. Staff supported people to respect other people and to understand about people's likes and dislikes. People were therefore able to choose what birthday presents people would like. Staff and people had created a small close-knit community at 1a Harborough Road. Communal areas were decorated with photographs of the people living there.

People told us they liked their rooms. Staff supported people to personal their rooms with pictures and things that were important to them, for example photographs and items that reflected their hobbies and interests. A person told us, "I like my room. It's the way I like it to be."

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, people were involved in deciding what food items to include in weekly shopping; some were supported to make the own sandwiches and they were supported to take responsibility for keeping their rooms tidy.

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Advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People continued to experience care and support that was focused on their needs. A person told us, "I like it here because there are lots of activities I like."

People's care plans were excellent. They provided a detailed biography of people's lives. Care plans included an 'About Me' section that prioritised what was important to people, who was important to them and precise details about how they wanted to be supported with care routines and how to achieve aims that were important to them. It was evident from the detail in care plans and what a person told us about their plan that people had been involved in planning their care and support. The care plans included information about the brands of soaps, creams, shampoos people liked and how they wanted their clothes to be stored. Other guidance was specific about how people wanted to be supported and what they could do without support. Care workers told us the care plans were invaluable because they were easy to understand and contained information that guided them about how to support people.

People were supported to do things that were important to them. Staff supported people to identify what was of primary, secondary and lesser importance to them. A person for whom attending religious services was one of their highest priorities was supported to do that. Staff had arranged for the person to be collected by transport organised by the church the person went to. People were supported to have regular contact with family members and to attend social events they looked forward to. Staff helped people maintain contact and friendship with a person who had moved to another service. The support people received meant that they were protected from social isolation.

People continued to be were supported with their hobbies and interests. For example, a person who liked wildlife was supported to visit wildlife centres and aquaria. When staff became aware of events such as fetes and festivals that matched people's interests they took people to them. For example, a person was supported to attend a 'cider and sausage' festival.

Care plans were reviewed every six months with people's involvement. When changes were identified, people's plans were updated and information about this was shared with all staff at staff meetings, supervision meetings and through a communications book. Staff signed care plans to show they had read and understood them after changes were made.

Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes when we spoke with them.

The provider continued to have systems in place to receive and act upon people's feedback about the service.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was accessible to people using the service because it was in an easy-to-read format. No formal complaints received by the service since our last

inspection.

Good

Is the service well-led?

Our findings

The service continued to have a 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. The provider had notified CQC that the registered manager was temporarily absent from the service until 9 October 2017. The service was managed in their absence by an area manager.

The interim management arrangements had ensured that people continued to experience the same quality of care and support. People continued to be supported to participate in activities and to be involved in decisions about their care. People knew who the interim manager was and staff felt they had continued to have the support they required. A care worker told us, "We have been well supported by [area manager]. There has been no negative impact because of [the registered manager] being away." This meant that the provider had ensured a seamless and continuous management of the service.

Management and staff continued to have a shared understanding of the provider's organisational values about the support people using the service experienced. These were: `trusting, challenging, positive, caring and inclusive'. Staff had personal development plans which included objectives for demonstrating how they put those values into practice. This was part of a new strategy launched by the provider called 'Shape the Future'.

The provider had effective arrangements for monitoring and assessing the quality of the service. These monitored how the service was performing against objectives set for the service by the provider's head office and CQC's fundamental standards of care. The registered manager and area manager were supported in this by the provider's quality assurance system. This generated information for managers about the service, for example about operational matters such as staff training, and included prompts and advice about how to meet CQC's fundamental standards.

The area manager had identified aspects of the service which exemplified good practice and which they shared with other services in their area of responsibility. This demonstrated that the provider was a learning organisation that strove for improvement across all its services.

The provider's quality assurance included seeking the views of people using their services throughout England using an annual questionnaire. Feedback about individual services was shared with registered managers. At the time of our inspection, the latest survey responses were being evaluated by the provider.

The area manager and registered manager were aware of events at the service they were required to notify CQC about.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can

be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area at 1a Harborough Road. The rating could also be found on the Royal Mencap Society website.