Care Quality Commission

Royal Mencap Society

Royal Mencap Society - 155-157 Upperton Road

Inspection report

155-157 Upperton Road,
Leicester LE3 0HF
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

155 –157 Upperton Road is owned by The Royal Mencap Society. The service is situated in Leicester, and provides care and support for up to eight people over the age of 18 years with learning disabilities and autism. At the time of this inspection there were seven people accommodated.

This inspection took place on 27 and 29 July 2015.

A registered manager was in place. 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 and associated Regulations about how the service is run.

Since our previous inspection in September 2014, we had received information from the local authority safeguarding team which had partially substantiated

Summary of findings

issues of a person not being moved to in a safe way. The provider had acknowledged this and had responded to the issue to ensure staff followed proper procedures to protect the safety of people.

People and their relatives said they felt safe in the service.

Testing of fire systems was in place.

Risk assessments to keep people safe were not fully in place.

Staff had received training on how to protect people who used the service from abuse or harm. They demonstrated they were aware of their role and responsibilities in keeping people as safe as possible.

The Commission had not been informed of all situations of abuse to people which meant that we were not able to take monitoring action to prevent these situations.

Staffing levels protected people's safety but were not sufficient to ensure people had full opportunities for stimulating activities.

We found people received their prescribed medication in a safe way by staff trained in medication administration.

Detailed risk assessments had not always been undertaken to inform staff of how to manage and minimise risks to people from happening.

The provider supported staff by an induction and ongoing support, training and development. However, comprehensive training had not been provided to all staff, although we saw evidence this had been planned for the near future.

The Mental Capacity Act (MCA) is legislation that protects people who may lack capacity to consent to their care and treatment. We found examples where the manager was not following this legislation, which informed us that people's capacity to consent to specific decisions had not been fully appropriately assessed.

People received a choice of what to eat and drink and they liked the food provided.

People who used the service and relatives told us they found staff to be caring and friendly. Our observations found staff to be friendly and attentive to people's individual needs.

Staff had read people's care plans so they were aware of how to provide care to people that met their needs.

People were encouraged to be as independent as possible. People had their rights respected in terms of privacy and dignity.

Activities were provided though provision was limited and needed to be expanded to include all people's assessed preferences.

All complaints had been followed up though the complaints procedure.

The provider had internal quality and monitoring procedures in place. These needed to be expanded and strengthened to prove that necessary identified actions had been implemented.

The manager enabled staff to share their views about how the service was provided by way of staff meetings and supervision.

Some staff said management provided good support to them. Others said the manager needed to discuss and agree behavioural support plans with them to ensure these were properly planned and carried out.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

The service was not consistently safe.

Recruitment procedures designed to keep people safe were in place.

The Commission had not been informed of situations of abuse to people, which meant that monitoring action to prevent these incidents had not been comprehensive.

Medication had been supplied to people as prescribed. People and their relatives said that they felt safe living in the service. Staffing levels generally protected people from situations that could affect their safety, though this needed to be kept under review to fully ensure people's safety.

Staff had been aware of how to report concerns to all relevant agencies if the service had not acted properly to protect people.

Is the service effective?

Requires improvement 

The service was not consistently effective.

The provision of training to staff was not up to date to ensure all staff had the necessary skills and knowledge. Some staff had not been fully aware of the process of assessing people's mental capacity, and decisions about best interests for people had not followed the proper procedure to fully ensure people were able to choose how they wanted to live their lives.

Staff received supervision to support them to provide care that met people's needs.

People reported that they enjoyed the food provided to them.

Is the service caring?

Good 

The service was caring.

People and their relatives said that staff were friendly and caring.

Staff showed consideration for peoples' individual needs and provided care and support in a way that respected their individual wishes and preferences.

People, and their relatives, had been involved in planning for their care needs.

Is the service responsive?

Requires improvement 

The service was not consistently responsive.

Staff had contacted medical and social care services when a relevant issue has arisen as outlined in people's care plans. Staff knew of relevant information of people's needs as they had read people's care plans.

Summary of findings

Activities had been provided but they had been limited and not always in line with people's assessed preferences and needs.

Complaints had been investigated but there was no evidence that complainants had been supplied with a response to a complaint.

Is the service well-led?

Requires improvement 

The service was not consistently well led.

Incidents involving people had not always been reported to us so that we could consider whether we needed to inspect the service to ensure it was meeting its legal obligations to keep people safe.

We found some systems had been audited to try to ensure the provision of a quality service, though issues identified had not all been followed up.

People told us that management listened and acted on their comments and concerns. Not all staff indicated that the manager provided good support to them or had a clear vision of how care was to be provided to people.

Royal Mencap Society - 155-157 Upperton 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health & Social Care Act 2008 Regulated Activities Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector and an expert by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We also reviewed information we received since the last inspection, including information we received from the local authority safeguarding team, and a specialist professional involved in setting up a care programme for a person living in the home.

During our inspection we spoke with the manager, three people that lived in the service, three relatives, and four care staff.

We observed how staff spoke with and supported people living at the service and we reviewed three people's care records. We reviewed other records relating to the care people received. This included the fire records, audits on the running of the home, staff training, staff recruitment records and medicine administration records.

Requires improvement

Is the service safe?

Our findings

The relatives we spoke with were satisfied that people who lived at the home were safe. They told us, “Yes, they are safe” “I’m satisfied with the care person’s name] gets”.

One of the people using the service presented with behaviour that challenges. This should be behaviour that challenges The manager and staff told us they had sought advice from specialist health services. These guidelines had been incorporated into the person’s care. Staff were able to tell us how they acted to manage these behaviours to keep people safe.

We saw risk assessments in place in people's records of care we looked at. For example, there was a risk assessment relating to nutrition, and a behavioural risk assessment that included how to manage risks to the person and other people. However, risk assessments had not always been detailed enough to describe the extent of the risk or the measures that could have been put in place to alleviate the risk. For example, a person was described as vulnerable if they went outside and spoke to members of the public. Although there was guidance to staff if the person insisted on going out, the risk assessment did not include all possible measures to reduce the risk. The manager acknowledged this and swiftly sent us a more detailed risk assessment. This will assist to ensure the person’s safety.

We found that a floor in a bathroom had water on it which made this surface slippery. This meant people had not been completely protected from the risks of slipping and falling. The manager said staff would be reminded to make sure all excess water was mopped up to prevent risks to people.

There was evidence that risk assessments regarding safety issues had been in place. For example, there were risk assessments about relevant issues such as hot water temperatures, uncovered radiators and legionnaires’ disease. This system was designed to keep people safe. However, there was no comprehensive risk assessment regarding locking away potentially unsafe objects. The manager acknowledged this and quickly sent us this assessment which instructed staff to keep these objects securely.

Staff told us they administered medicines and said they had competency checks undertaken by the manager to make sure they could do this safely. We found that people have received their medicines as prescribed. People told us staff managed their medicines for them. They said their medicines were always available and they were given them at the same times each day.

We checked medication systems and found them to be secure with records properly in place which indicated people had received their medicines.

People told us staff looked after their money for them and made sure they had enough money to buy things they wished. We checked the financial records of some people. We found finances were safely and securely kept and checked on a daily basis.

We looked at fire records to see whether people had been protected from fire risks. We found that testing fire equipment had been carried out regularly. Fire drills had been conducted to ensure staff knew what to do in the event of an incident though some staff had not had a fire drill in the past year. The manager quickly sent us information stating that more fire drills had been organised to ensure all staff were up-to-date in conducting drills to keep people safe. There was a personal emergency evacuation plan in each person’s care records. This gave details of the support someone would need in an emergency and the areas of the building they commonly used.

The provider had safeguarding policies and procedures in place. These were designed to protect people from harm. Staff we spoke with had an understanding of their responsibilities of the types of abuse they could encounter and told us they would immediately raise any concerns with their line management. If management did not act properly, staff knew of relevant agencies to report their concerns to. This ensured that staff had knowledge to keep people safe from abuse.

The Commission had not been informed of all incidents of possible abuse, for example, when a person had been hit by another person. By not reporting this information at the time, so that proper action could be considered to keep people safe, this did not provide protection for people living in the home. The manager said this would be acted on in the future.

A relative said there were enough staff to meet her relative’s needs and if there were any issues they would contact the manager. Another relative said staff were normally present

Requires improvement

Is the service safe?

in the house, but not always.The manager stated that houses were not unstaffed at any time unless there was an issue that needed attention in the adjoining house and there were no safety risks to people in the house they were leaving. A relative said they would like their relative to have more staff hours on a one-to-one basis because they were at risk of acting unsafely. We looked at the risk assessment of the person in question. This told us that risks had been assessed.

Most staff informed us that staffing levels were enough to ensure that people could be protected from risks to their safety. One staff member said that because of the behaviour of one person, people's safety was not completely assured. The home consists of two houses. There was at least one staff member in each house during the daytime and evening periods. There was also a floating staff member who worked between the two houses for some days during the week. However, this did not cover all daytime and evening periods in the week. The manager stated that current staffing levels were sufficient to keep people safe. We asked that this situation be kept under review to ensure staffing was increased if people were at any safety risks.

Staff told us they had followed various recruitment procedures such as completion of an application form, interview, and proper criminal checks had been taken up. We looked at four staff files and found recruitment processes, designed to keep people safe, had been followed. This ensured that the staff employed were safe to provide care to people.

Requires improvement

Is the service effective?

Our findings

One relative told us, “staff do know their jobs.”

The staff we talked with said they were encouraged to identify training they felt they needed or would like to complete. Staff told us they were up to date with their training from the organisation. They said they had training on issues such as dementia and autism but this had not been as detailed as they thought it needed to be tailored to meet the needs of the people they supported.

A training matrix supplied to us by the manager. We saw that a system was in place to provide staff with training. We looked this record, which showed the training that staff had undertaken. We saw that staff had not always been provided with relevant training. For example, some staff had not had training on issues such as health and safety, food hygiene, the Mental Capacity Act, mental health conditions and health conditions such as dementia and Parkinson's disease. This meant there was a risk of staff not being fully aware of and responding effectively to people's needs. The manager stated that more training had been organised and we were later sent evidence of this. However, at the time of the inspection, more training was needed to ensure that staff had the skills to effectively meet people's needs.

The staff we talked with said they had regular supervision and we saw some evidence of supervision in staff records. They said they had the opportunity to raise issues and problems themselves and they also have the opportunity to discuss people’s care needs and risk assessments. There were no written records of this supervision to evidence what had been discussed and ensure its effectiveness. The manager said this issue would be reviewed with a view to keeping more detailed records.

We assess whether the provider was ensuring that the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted, in their best interests, to keep them safe.

A staff member we talked with said they had attended training on DoLS but training on the Mental Capacity Act had been undertaken some time ago. They said they had sat in on a meeting when a person’s mental capacity had been assessed and a best interests decision made. They told us the manager was looking at making DoLs referrals to the relevant body at the moment and this was confirmed by the manager.

We saw evidence in people's care plans where they had been assessed as having the capacity to make decisions. Some people were able to sign their care plans, so this effectively supplied their consent to care. However, there were aspects of care and support where staff had been making decisions for people. For example, a person with dementia and another person with behaviour that challenged the service. This had not followed the proper process of having a best interests meeting involving the person and their representatives. The manager stated this would be reviewed and best interests meeting set up where necessary to ensure care was effective.

People told us they were satisfied with the food they received. There was evidence in people's care plans that they could have the food of their choice.

The people we saw eat lunch said that they enjoyed it and there were good portion sizes. People were given the choice of which drink to have. One person had orange juice and another person had tea. We observed staff offering people drinks throughout the day. This helped to prevent dehydration.

People told us they were asked for new ideas for the menu and the menu was sometimes discussed at residents meetings.

This showed us that people were involved with choosing the food supply as satisfied with the food and they had an effective choice of foods.

One person complained of not feeling well. Staff asked the person, “on a scale of 1 to 10 how ill do you feel?” the person said “10”. Staff then asked if they wanted to see a GP and then arranged a medical appointment that day. This showed that staff were responsive to people's health needs.

Requires improvement

Is the service effective?

People told us if they were unwell or wanted to see a doctor, staff would contact their family doctor and arrange for a visit or an appointment for them. Relatives told us they were confident staff would access health services for their relative if they became unwell.

We saw that people had a range of health appointments such as dental and optical appointments. This told us that staff had properly monitored people's health and responded to the need to provide appropriate health appointments when needed.

Good

Is the service caring?

Our findings

We saw staff talking positively to people. All these interactions were friendly and people seemed at ease with staff. One person said, “They (the staff) work hard, it is a difficult job”. The relatives we spoke with said that staff were always friendly and helpful. This indicated that staff were caring.

One person said staff were nice but one staff had ‘’fallen out with me. I want to go swimming Wednesday but [person’s name] says no”. The manager followed this up and stated the staff member had not said a person could not go swimming, only that he needed to find out whether this activity had been set up for the day.

We saw staff knocking on people's doors before entering and asking politely whether people would be happy to speak to the expert by experience. People appeared to be confident in saying yes or no to this request. This showed that staff had given people choices and had spoken to them respectfully.

Privacy was maintained in bathrooms and toilets as there were locks on these doors.

People were given choices throughout the inspection. Staff said things such as “do you want to sit there, xx[person’s name].....is that nice? .....do you want to play dominoes...shall we put them in the box then...what’s for dinner? ...do you want to watch me do dinner; let’s have a look at this. ’’

One person spoke to us in their room. We observed that the room was organised the way they wanted it to be and contained personal items such as family photos, cuddly toys and ornaments. This meant people's choice had been respected and people’s rooms have been made as homely as possible.

Staff were able to give us examples of how they protected people’s privacy and dignity when supporting them with personal care. For example, shutting toilet and bathroom doors and knocking on doors before entering.

We saw evidence of residents meetings which people were encouraged to attend, though they had a choice whether to attend or not. Discussions centred upon issues such as activities that people wanted to do. The manager said they would ensure that these meetings included other relevant issues such as the quality of care that people received and the quality of food supplied.

A relative said that they were involved with care planning, “I go to meetings with the manager and social worker, and they do talk to [person’s name].” We saw evidence in people's care plan that they and their relatives had been involved in the planning of people's care.

We saw evidence that people or their relatives had agreed to their care plans. This showed us there was involvement of people or relatives in planning for people's care needs.

People told us staff respected their privacy and would always knock on their bedroom door before entering. They said staff tactfully asked if they would like help and encouraged them to be as independent as possible. People told us they had the ability to lock their bedroom door and people used this facility. This showed that people's privacy was respected by staff.

We saw that one person was in the process of changing from one room to the room next door. Their previous room had an ensuite bathroom and staff said the person had never used this and preferred to use the shower on the ground floor. Their new room had an adjacent kitchen with a cooker and fridge. They confirmed to us that they were happy to be moving rooms. This showed us that people's accommodation choices had been respected.

We saw evidence in staff meetings that staff were encouraged to ensure people were able to do as much as they could for themselves. This showed that people’s independence had been promoted.

Requires improvement

Is the service responsive?

Our findings

Two relatives told us that Mencap had "cut back tremendously in what they used to do (with regard to activities)". For example, the person had to pay for carer costs on activities like holidays and theatre tickets but, "they don't get a lot of money". The manager said that the organisation could not afford to subsidise activities now but they tried to help people with costs if possible. For example, staff had applied for concessionary tickets such as cinema tickets. We saw evidence of this in a person's file to try to respond to this need.

We saw that care plans described the support people required and their preferences. Each person had a care plan containing a description of the individual needs of the person, including personal information as to likes and dislikes and what was important to the person. Care plans contained information about people's preferences for daily living and their past history. This enabled staff to understand and respond to people's individual needs.

We saw risk assessments in place in people's records of care we looked at. For example, there was a risk assessment relating to nutrition, and a behavioural risk assessment that included how to manage risks to the person and other people. However, risk assessments had not always been detailed enough to describe the extent of the risk or the measures that could have been put in place to alleviate the risk. For example, a person was described as vulnerable if they went outside and spoke to members of the public. Although there was guidance to staff if the person insisted on going out, the risk assessment did not include all possible measures to reduce the risk. The manager acknowledged this and swiftly sent us a more detailed risk assessment. This could then fully respond to the person's needs.

We asked staff members if they had read people's care plans. They told us that they had done as they had been asked to read care plans by the manager. Plans had also been signed by staff to indicate they had read them. This meant that staff were aware of the care needs they should be responding to meet people's social, health and welfare needs.

A staff member said to a person, "would you like to lay the table?" and gave guidance to help the person to achieve this. This appeared to have a positive effect on their well-being. This provided an activity and responded to a person's need for a stimulating activity.

We saw that people went to various activities during the day. This included drop-in centres. Some people were able to go out independently and go to the local shops, the city centre or for walks.

The staff we spoke with said that staffing levels were not sufficient to be able to take people out as much as they wanted. For example, a person with dementia had always liked to go out to the local pub for a drink. They did not sleep well at night on occasion and got up and walked around the home. Staff said it would help if the person had gone out for a drink in the evening and then they would have settled. The manager acknowledged staffing levels were not always sufficient to meet all of people's activity needs but that the organisation was looking towards increasing staffing after negotiating with the local authority for extra funding. They will then be in a better position to respond to people's activity needs.

We saw evidence of activities in the home, such as a person with dementia having a reminiscence book and staff talking to the person about that past sports achievements. There was evidence of activities that people undertook in people's care records. The care plan we looked at with regard to one person had a range of activities but two had been crossed out, stating the person was no longer interested in these activities. They had not been replaced. The manager said this would be followed up to ensure staff recorded a choice of activities for the person to prove they were responding to that person's need.

There was evidence from a residents meeting that people had taken part in various activities such as shopping, painting, drawing, going to the park for a picnic and a reading and music club. People had requested activities in residents meetings such as going to see a musical show, going out for meals to the local pub and going to ballroom dancing. However, there was no action plan in place to ensure these had been put in place. The manager said this would be followed up. This will then properly respond to people's wishes.

Requires improvement

Is the service responsive?

The relatives we spoke with said they felt confident that they could complain to the management or provider about the care provided. Another relative said that had confidence that the manager would take action if any issue was raised, “They take notice, and are very responsive”.

We looked at details of complaints records. No complaints had been recorded since 2011. However, we saw that a complaint had been made by a person in January 2015 regarding personal support that had been recorded in the incident file. This had been investigated by the manager and an action plan was in place. However, there was no indication that the person had been notified of this action. The manager said he would ensure that complaints were appropriately recorded, with details of the results of the investigation supplied to the complainant, in the future.

The complaints procedure showed that people could complain to the manager or provider but this information did not include information about how to raise concerns with the local authority that had responsibility for investigating complaints, or to the ombudsman if necessary. The manager said the procedure would be amended to include this and later sent us information with the procedure having the appropriate information in order that people can receive a service that always responds to their needs..

Requires improvement

Is the service well-led?

Our findings

Relatives told us that they knew who the manager was and had confidence that any issues they raised would be dealt with.

The home had a registered manager in place. It is a legal requirement that services have a registered manager in post. This is to ensure the efficient organisation of the home to enable appropriate care to be provided to meet people's needs.

We saw evidence of an incident where a person people living in the home had been subject to physical abuse. There was no evidence that this incident had been reported to us, although it had been reported to the local authority. The provider has a legal duty to report such incidents to CQC. The manager said he had not been aware that he needed to report this type of incidents to us that would follow this procedure in the future.

Some staff members we talked with said the manager was approachable supportive to them in carrying out their tasks of providing personalised care to people.

However, some staff did not feel supported in that they said the manager had taken decisions with regard to a person's care without consulting them first which made the situation of managing the person's behaviour more difficult. The manager disputed this and said he always involved staff in the best ways of providing care to people. This showed that the staff group were not always united in their approach to people's care needs which did not indicate a fully well led service.

The area manager supplied us with the results of the surveys from five staff that had responded. All staff said that the manager had been supportive, listened to staff concerns, was understanding, understanding, approachable, conscientious and delegated tasks effectively. There were some issues the manager needed to focus on to encourage better team work, have a better understanding of people's needs and a better understanding of staff strengths and development needs.

Staff told us there were regular staff meetings. They could ask for items to be added to the agenda. This meant the service was aiming to build teamwork to ensure it was running efficiently meet people's needs.

We saw that people and their relatives had been provided with a satisfaction questionnaire to give their views of the service. We did not find an action plan to translate any issues into action. This meant people's issues may not have received the attention they needed. The manager stated this issue would be followed up.

We saw evidence of other audits. These included the manager's monthly review of the service. This included health and safety issues, risk assessments for safe working practices, new policies and procedures, repairs and staff meetings. We also saw that people's care plans were reviewed on a monthly basis to ensure they met their individual needs. We also saw the template of a medication audit which was due to be introduced in the near future to ensure that medicines were properly handled and issued to people.

We did not see audits of other issues such as reviews of safeguarding, staffing levels, staff training, a provider review and social activities. This would have provided more assurance there was a well led service.

We saw minutes of residents meetings that had been held. Meetings provide an opportunity for people to feedback comments or concerns to the management team. Minutes included activities that people wanted such as shopping, and day trips to places they wanted to go to. However, there was no evidence that these issues had been actioned. The manager recognised this and said this would be carried out in the future.

Staff told us that the management had emphasised that people's rights should be protected and promoted. This gave a message to staff as to the importance of promoting and enhancing people's rights.