Care Quality Commission

Royal Mencap Society

92 North Street

Inspection report

92 North Street
Bridgetown
Cannock
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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?	Requires improvement

Overall summary

We carried out an unannounced inspected at this service on 21 December 2015. At the last inspection on 5 March 2014, the provider was meeting the legal requirements.

92 North Street is registered to provide accommodation and personal care for up to 12 people, most of whom had a learning disability. On the day of our inspection, the home was full.

There was a registered manager at the service. 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. On the day of our inspection, the registered manager was not at the home but we were assisted by the deputy manager, who had recently started working at the home.

Improvements were needed to ensure people's support needs were consistently identified and plans put in place to manage any identified risks. People were involved in planning their meals and the provider had recognised that improvements were needed to ensure they were

Summary of findings

supported to make choices that promoted healthy eating. People were supported to have enough to eat and drink and staff followed advice to support people with their specific dietary needs.

The provider did not have systems in place to monitor the quality and safety of all areas of the service to ensure shortfalls were identified and improvements made. People and their relatives were asked for their views on the service, but the provider could not show how their feedback was being used to make improvements where required.

There were enough staff on duty to meet people's needs. The provider ensured the staff were suitable to work with people and staff recognised their responsibilities to keep people safe from harm. Staff received the training they needed to meet people's needs and an induction programme was in place to support new staff to understand their role. People received their medicines safely.

The manager and staff sought people's consent and supported people to make decisions that were in their best interest. People told us they were able to make choices about their support. People told us staff treated them with kindness and understanding and we observed positive, caring relationships between people and the staff. Staff supported people to maintain their independence and promoted their privacy and dignity.

People were able to follow their interests and had opportunities to take part in social activities both inside and outside of the home. The complaints process was accessible to everyone and people and their relatives felt able to raise concerns.

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?
The service was safe.

Improvements were needed to ensure people's care records identified all their support needs. There were sufficient staff on duty to meet people's needs and the provider ensured staff were suitable to work with people. People received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

Staff ensured they obtained consent prior to completing care and support tasks. Staff received effective induction, training and support to care for people. People were supported to eat and drink sufficient and could access other health professionals to meet their day to day health needs.

Good

Is the service caring?
The service was caring.

People told us staff treated them with kindness and understanding. We saw there were positive, caring relationships between people and the staff. Staff promoted people's privacy and supported them to maintain their dignity.

Good

Is the service responsive?
The service was responsive.

People received personalised care from staff who knew their preferences. People were supportive to follow their interests and take part in activities both in and outside the home. The complaints procedure was accessible and people felt supported to raise concerns.

Good

Is the service well-led?
The service was not consistently well led.

The quality monitoring checks did not extend to all areas of the service to ensure that shortfalls were identified and improvements made. People and their relatives were asked for their views about the service but there was no evidence to demonstrate their feedback was used to make improvements where required. Staff felt supported by the manager and were involved in the development of the service.

Requires improvement

92 North 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.

The inspection took place on 21 December and was unannounced. The inspection was carried out by one 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.

We looked at the information we held about the service and the provider including notifications they had sent us about significant events at the home. We also spoke with local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with seven people who used the service and spoke with two relatives by telephone.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. We used the short observational framework tool (SOFI) to help us assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We looked at the care plans for three people. We checked two staff files to see how staff were recruited and looked at training records to see how staff were supported to deliver care and support appropriate to each person's needs. Some of the staff files we requested were not available and requests to see the information have not been acted on. We reviewed checks the registered manager undertook to monitor the quality and safety of the service.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe and liked living at the home. They knew who to speak to if they were worried or had a problem. Relatives we spoke with told us they felt their family members were safe at the home. One person told us, "I like it here and my room is nice". Staff told us that they received training in safeguarding and understood their responsibilities to protect people from harm. Staff recognised the different types of abuse and knew how to report abuse if they suspected it and told us they would take their concerns to external organisations if they felt appropriate action had not been taken. One member of staff told us, "I'd go to the manager first but we have numbers for the local authority safeguarding team in the office if we need them".

We saw that risks to people's safety were identified and assessed. Care plans we looked at showed that people's individual needs were assessed before admission and where risks were identified, the care plan described how care staff should minimise the identified risk. Staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. Personal evacuation plans were also in place, setting out the support people needed in the event of an emergency. This showed that staff had the information they needed to keep people safe.

We spent time observing care in the communal areas and saw there were enough staff on duty to respond promptly to people's requests for assistance. We saw staff had time to sit and talk with people and there were additional staff who supported people with activities outside of the home. For example, two members of staff were supporting people to go Christmas shopping. The provider planned staffing levels based on people's needs and kept numbers under review to ensure there were always sufficient staff to meet people's needs.

The manager and staff carried out checks to monitor fire and electrical safety and equipment such as the hoists and slings, which minimised the risks to people's safety in relation to the premises and equipment. Personal evacuation plans were also in place, setting out the support people needed in the event of an emergency. This showed that staff had the information they needed to keep people safe.

We saw that medicines were stored and administered correctly. Medicine administration records showed that people received their medicines as prescribed. Staff who administered medicines were trained to do so and told us they had their competence checked by the manager to ensure people received their medicines safely. Staff understood people's individual needs and followed the guidance provided for people who required medicines on an 'as required' basis. This ensured people were protected from receiving too much or too little medicine.

Staff told us the registered manager followed up their references and carried out a check with the Disclosure and Barring Service (DBS) before they started working at the home. The DBS is a national agency that keeps records of criminal convictions. This meant the provider assured themselves that staff were suitable to work with the people who used the service.

Good

Is the service effective?

Our findings

We saw that staff had the skills and knowledge to meet people's needs effectively. We saw that staff received training in skills such as moving and handling and we observed them moving people safely in line with their documented requirements. Staff told us they received updates in a variety of skills, all of which were relevant to the care of people in the home. Staff told us they were able to develop their skills to meet the individual needs and preferences of people. One member of staff told us, "I believe we are trained well. I asked to go on a Makaton course because some people here use it". Makaton is a language that uses signs and symbols to help people communicate. This showed staff had opportunities to gain the skills they needed to care for people effectively.

There was an induction programme in place to help new staff to understand their role. Staff told us they were given time to read policies and procedures and care plans and were able to shadow experienced staff whilst they got to know people's needs. One member of staff told us, "We went off site for the manual handling training, there was a hoist and we learned about using slide sheets. It was good". Staff told us they had their competence checked in safe moving and handling and medicines administration to ensure they knew how to support people properly. Staff told us they felt supported to fulfil their role and met with their manager every six months at a "shaping the future meeting", which gave them the opportunity to raise any concerns, discuss their performance and agree any training needs.

We saw that people required support to make some decisions. 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 people 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 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 under the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated they understood their responsibilities in supporting people to make their own decisions and we saw they recorded this in people's care records. For example, a person had been supported to be involved in the decision to purchase a new television. We saw that authorisations were in place for two people and saw that the conditions were being met in their best interest. This showed the manager was working within the principles of the legislation.

Throughout our inspection, we saw that staff explained to people what they were planning to do. For example when supporting people with their medicines or helping them to transfer from their wheelchairs. Staff waited for people to give their consent before proceeding which showed they recognised the importance of gaining people's consent.

People were supported to have enough to eat and drink. We saw that staff followed advice from speech and language therapists and dieticians to ensure people's specialist dietary needs were met. For example some people needed a soft diet or to have their food cut up. People were involved in meal planning and shopping to ensure that their preferences were met but were not always supported to make choices that promoted healthy eating. The manager told us they had recognised this shortfall and we saw that there was an action included in the service improvement plan to address this. Mealtimes were a relaxed, sociable experience and where people needed assistance, this was provided.

People were able to access the support of other health care professionals to have their day-to-day health needs met. One person had recently received treatment and staff were concerned that the condition had not improved and made a referral to the GP for further advice. Records confirmed that people saw the GP, district nurse and optician when needed.

Good

Is the service caring?

Our findings

People we spoke with told us the staff treated them with kindness and understanding. Relatives we spoke with told us they found the staff to be "Very kindly and hugely caring". People told us the staff listened to them. We saw staff were patient and spent time explaining things to people in a way that supported their level of understanding. For example, we observed a member of staff spent time explaining something to a person who wanted to know when they would be taking them to visit a family member. Staff knew people well and where people did not have the ability to communicate verbally, staff maintained close eye contact with people and interpreted their body language and behaviour. For example, a member of staff was able to recognise that a person wanted to have a table mat when they were eating their meal. Throughout the day, we observed people spent time chatting together and with staff which demonstrated positive, caring relationships at the home.

People told us they were able to make decisions about how they were supported. One person told us, "I get up any time and go to bed any time" and we observed that one person had a lie in until around 11am. A relative told us their family member liked to spend time in their room. They said, "If [Name of person] doesn't want to mix with the others, staff respect their wishes".

We saw that staff supported people to maximise their independence. Staff did not hurry people and gave them time to do things for themselves before offering assistance, we saw staff encouraging people to make a cup of tea for themselves. We observed some people helping with chores such as washing up and loading and unloading the dishwasher. One person told us, "I like helping to keep things clean and tidy".

Staff promoted people's privacy and dignity. We saw some people had keys to their rooms. Staff knocked on people's doors and waited to be asked in and personal care was provided behind closed doors. One staff member told us about the importance of maintaining people's privacy and dignity when they assisted them with their personal care needs. They told us, "I make sure people are covered with a towel when providing personal care and ask them if they are comfortable before proceeding". A relative told us the staff respected their relation's privacy when they chose to spend time alone in their room. They said, "If [Name of person] doesn't want to talk, staff leave them to go to their room".

People told us they were encouraged to keep in touch with people that mattered to them. One person told us, "I ring my family using the phone in the office". People told us they were looking forward to seeing their families at Christmas. Visitors were able to visit when they liked.

Good

Is the service responsive?

Our findings

We saw that people were supported to follow their interests and take part in activities they enjoyed both in the home and in the local community. People were supported to take part in a range of activities including swimming, going shopping and going out for pub meals. One person told us they did art at the local college and enjoyed going to a local disco. The provider operated a keyworker system where a staff member was allocated to work closely with a person to ensure their needs were met. Staff told us they met with the person on a weekly basis to plan the activities they were doing each week. Throughout the day, we saw people were able to follow their interests such as doing handicrafts or could spend time chatting to staff or each other. A relative told us their relation was supported to go to concerts and had been to see Kylie Minogue. Staff recorded people's activities in their daily logs and these were reviewed during keyworker sessions to plan future activities.

We saw people received personalised support and information about their preferences was recorded in their care plans. Some people knew about their care plan and that it described the support they received. One person told us, "It's in my room. It has pictures in it, there's a house and a car. They take me to see my Dad, have a cup of tea and then come back here". We saw people were involved in reviews of their care and support with their keyworker. We saw that review documentation was produced in an easy read format to support people with their understanding. People's relatives were invited to be involved in the planning and review of people's care where appropriate and in accordance with people's wishes. The information was used to update people's care plans and ensured they had plans that reflected how they would like to receive their care, treatment and support.

People told us they would speak to a member of staff or the manager if they were worried about anything or had a complaint. Staff told us people were encouraged to raise any concerns at key work sessions. Relatives told us they would feel able to raise any concerns with the manager. We saw there was a complaints procedure in place which was available in an easy read format to ensure it was accessible to everyone. Records showed there had been no complaints received by the service since October 2013.

Requires improvement

Is the service well-led?

Our findings

The provider did not have suitable system in place to assess and monitor the safety and quality of the service people received. The deputy manager told us the manager undertook regular audits to check that people received good quality care but the information was not available for us at the inspection. We asked the deputy manager to forward the information and contacted the manager to follow this up after the inspection. Information was provided to show that medicines audits had been completed and that areas of shortfall had been identified and addressed but no evidence was provided to demonstrate that checks were being carried out to check the quality and safety of other areas of the service. For example, we found there was no analysis of trends for accidents and incidents.

There was no audit in place to monitor if care plan entries were accurate. We found one person was at risk of weight loss and dehydration but no food or fluid intake charts were being completed to ensure any concerns would be raised with health professionals. We asked the deputy manager about this and they told us fluid and food charts would be put in place immediately.

People told us they knew who the manager was. The manager sought the views of people living at the home through resident's meetings and questionnaires. Minutes of meetings held showed that people were asked for their views about the food and activities but there was no information or action plan in place to address the issues raised. Some of the relatives we spoke with told us they had completed a satisfaction survey but no analysis was shared with us at the inspection. We asked the deputy manager to provide us with information on how people's feedback was being used to drive improvement but no information has been received.

Staff told us the manager was approachable and felt able to go to them if they had any concerns. One member of staff told us, "I can talk to the manager, they are supportive". Staff were aware of the whistleblowing procedures at the home and told us they would not hesitate to use it if they needed to. Staff told us they had regular team meetings and were involved in the ongoing improvement of the service. For example, staff told us they raised concerns that the administration of medicines was taking too long. We saw the manager had listened and medicines were now being administered separately in the two wings of the home. One member of staff told us they were looking at ways of improving the premises and planned to raise money for a new kitchen. We saw a service improvement plan was in place covering some of these issues.

The manager notified us of any important incidents that occurred in the service in accordance with the requirements of their registration, which meant we could check that appropriate action had been taken.