

Royal Mencap Society Money Lane

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 

Overall summary

Money Lane is a care home providing care and accommodation to up to five adults with a learning disability. The last inspection of the service took place on 18 and 23 April 2013 and we found the service was meeting all of the Regulations we looked at.

This inspection took place on 20 and 25 November 2014. The visit on 20 November was unannounced and we told the manager we would return on 25 November to complete the inspection.

The registered manager told us she had worked in the service for 13 years. 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.

Staff assessed the care and support needs of people using the service, understood each person's needs and knew how people preferred to be cared for and supported.

Summary of findings

Staff supported people to access the healthcare services they needed and made sure they received the medicines they needed.

The provider carried out checks to make sure staff were suitable to work with people using the service.

Staff had the training they needed and the provider and registered manager supported staff to deliver appropriate care and support safely.

The provider had systems to monitor the quality of the service and obtain feedback from people using the service, their representatives and others.

The atmosphere in the home was open, welcoming and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between the staff and people who used the service.

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.

The provider had systems in place to protect people using the service. Staff were able to tell us about the procedures and what actions they would take to make sure people were safe.

There were enough staff to meet people's needs and the provider carried out checks when appointing new staff to make sure they were suitable to work in the home.

People received the medicines they needed and staff managed these well.

Good



Is the service effective?

The service was effective.

Staff working in the home had the training they needed to care and support people.

People told us they enjoyed the food provided and we saw staff offered people choices.

People had access to health care services and staff supported them to attend appointments.

Staff assessed people's capacity to make decisions about their care and support and the provider had referred individuals under the Deprivation of Liberty Safeguards, where required. The Deprivation of Liberty Safeguards provide legal protection for vulnerable people who are, or may become, deprived of their liberty in a hospital or care home.

Good



Is the service caring?

The service was caring.

Staff treated people with kindness and patience and gave people the support they needed promptly and efficiently.

Staff supported people to go out each day to take part in activities they chose.

Staff offered people choices about aspects of their daily lives, including what they ate and the activities they took part in. Staff made sure people understood what they were being offered and gave people time to make a decision. Staff also used pictures and sign language to enable one person to make choices about how they spent their day.

Good



Is the service responsive?

The service was responsive.

People or their representatives were involved in developing and reviewing their support plans. The plans we looked at reflected the views and aspirations of the person and included information about what they could do for themselves and where they needed support.

The provider had systems to gather the views of people using the service and others on the care and support provided.

The provider had arrangements in place to enable people to raise concerns or complaints.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The manager had a recognised management qualification and experience of working in social care.

People's relatives told us staff were supportive and responded to requests for information.

Staff worked well together to make sure people's care needs were met and they were supported to take part in planned activities.

The manager and provider carried out a range of checks and audits to monitor the service.

The atmosphere in the home was open, welcoming and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between the staff and people who used the service.

Good



Money Lane

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 inspection took place on 20 and 25 November 2014. The visit on 20 November was unannounced and we told the manager we would return on 25 November to complete the inspection.

The inspection team comprised one Care Quality Commission (CQC) Inspector.

Before the inspection, we reviewed the information we hold about the service, including the last CQC inspection report and a monitoring report from the local authority.

During the inspection, we spoke with three people using the service, three members of staff and the manager. We spent some time observing staff supporting people to help us understand the experiences of people using the service. We looked at two people's support plans, risk assessments and medicines records. We also looked at two staff recruitment records and other records kept in the service.

After the inspection we spoke with the relatives of two people using the service.

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe. One person said, “I’ve lived here a long time. I’ve always felt safe.” Another person said, “It’s safe, the staff look after me.” A relative told us “I feel quite confident my [relative] is safe.”

The provider had systems in place to protect people using the service. We saw the provider had reviewed and updated their safeguarding adults policy and procedures in April 2014. The procedures included clear guidance for support staff on identifying possible abuse and reporting any concerns they had about people’s welfare. The manager told us all staff completed safeguarding adults training as part of their induction training, based on the Skills for Care Common Induction Standards. The manager also delivered annual refresher training for all staff. Staff told us they had completed the training and we looked at the training records for all staff and they confirmed this.

We spoke with two members of staff about the actions they would take if they had concerns about a person using the service. One staff member said, “It’s important we protect people, they need us to make sure they are safe. If I was worried about anything I’d tell the manager straight away.” The second staff member said, “Everybody knows we must tell someone if we think someone is being abused. If I couldn’t speak to the manager I’d tell her manager immediately.”

The provider assessed risks to people using the service and others and staff had access to clear guidance on managing identified risks. People’s risk management plans included areas of possible risk in the home and the wider community. They covered personal care, use of the kitchen to cook and make hot drinks, accessing activities in the local community and use of public transport. People’s key workers had reviewed all of the assessments in November 2014.

Support staff recorded incidents and accidents involving people using the service and the manager and the provider reviewed each report. One of the reports we looked at suggested staff had stopped a person from attending

college following an incident. The recording implied staff took this action as a punishment. We spoke with the manager about the incident and they explained the action taken had not been a punishment and staff had not recorded enough detail about the incident. The manager told us they would discuss at a team meeting the need for clear recording of any accidents or significant incidents.

The provider ensured there were enough staff to meet people’s needs. One person told us, “The staff are lovely, they are always here to help.” A member of staff told us, “There’s always enough staff. We can always get relief staff to help if there are things planned and we need extra support.”

We looked at the staff rota for November and December 2014. We saw a minimum of two support staff worked in the service each day and there was one support worker sleeping in the home to support people during the night. During the inspection, we saw there were enough staff to support people to take part in leisure and educational activities in the home and the local community.

The provider had systems in place to make sure staff were suitable to work with people using the service. Staff recruitment files we looked at included application forms, references, proof of identity and Disclosure and Barring Service (DBS) checks.

People using the service received the medicines they needed. We saw each person had a lockable cabinet in their bedroom to store any medicines they needed. The records of medicines received and administered to people were up to date and this provided a clear audit trail to show people had received their medicines as prescribed. We found no errors in the balances of medicines we checked.

One person had some medicines administered covertly as staff gave them their tablets in a spoonful of yoghurt. We asked the manager why this was necessary and she explained staff had discussed this with the person’s GP and their family, who had legal authority to make decisions on the person’s behalf. The manager had recorded the discussions and a written agreement was in place to record how the person received their medicines.

Is the service effective?

Our findings

People told us they felt well supported by staff who understood their needs. One person said, “All the staff know me and what I can do for myself.” A second person said, “I can ask the staff if I need help with anything, they’re good.” A relative told us, “The staff are very easy to speak with and they’re very caring.”

The provider made sure staff received the training and support they needed to work with people using the service. The training records we looked at showed all staff were up to date with training the provider considered mandatory. This included safeguarding adults, fire safety, medicines management and food safety. The manager showed us the provider’s systems which alerted her when staff needed to update their training and this was done in enough time to arrange the required support, e-learning or attendance at a training course.

Staff told us they felt well trained to do their jobs. A support worker told us, “The training is good. We get everything we need and if there’s something extra this can be arranged.” A second support worker said, “I’ve done all the training and the refresher training when it’s come up. Mencap train their staff well.”

The manager told us she had formal supervision with each member of staff four times a year. We saw the manager kept a detailed record of her discussions with each member of staff and she reviewed and updated throughout the year. The fourth meeting each year was used to carry out an annual appraisal and staff were awarded a rating according to their performance and development throughout the year. We saw all of the staff supervisions and appraisals were up to date and we saw a written record of each session on the two staff files we looked at.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We spoke with the manager who understood her responsibility for making sure staff considered the least restrictive options when supporting people and ensured people’s liberty was not unduly restricted. The manager and staff told us they supported people to go out when they chose. We saw the front door was alarmed but not locked. Staff had assessed two people using the service as having capacity to go out independently and we saw they did this during the

inspection. Two other people needed staff support to take part in activities in the community. We saw staff provided this support and both people were able to take part in planned and spontaneous outings. The manager told us she was completing DoLS applications to the local authority to agree the restrictions placed on both people who needed staff support outside the home. The manager was aware of the need to inform CQC of the outcome of these applications.

Staff supported people to make decisions about their care and support. Where people were not able to make decisions, the provider acted within the law to make decisions in people’s best interests. We saw information about the Mental Capacity Act 2005 was available for staff in the office. The training records we saw showed staff had completed training on the Act and DoLS. The manager told us the provider had produced update training and she planned to deliver this to staff at a team meeting in December 2014. The support plans we looked at included assessments of each person’s capacity to make a decision about the provider’s plans to deregister the service. The assessments concluded neither person was able to make the decision. We saw that, because of the assessments, the manager had arranged meetings with each person’s family and people involved in their care to agree a decision in the person’s best interests.

People told us they enjoyed the food and drinks provided in the service. One person said, “The food’s good, I like it.” A second person told us, “The staff ask me what I want to eat. I help with the cooking. I like the food.” Staff showed us a weekly menu plan they agreed with people using the service. They told us if people did not want to eat the planned meal, they would provide an alternative. We saw staff recorded in each person’s daily care notes the meals people ate, but these records lacked detail and it was not possible to judge whether people received a balanced and nutritious diet. We discussed this with the manager who said she would remind staff to record more details about what people ate at mealtimes and whether they had enjoyed their food.

The provider arranged for and supported people to access the healthcare services they needed. The support plans we saw included a health action plan that covered people’s health care needs and details of how staff met these in the service. We saw staff supported people to attend appointments with their GP, dentist, chiropodist and

Is the service effective?

specialist learning disability and mental health services. People's health care appointments were recorded in their care plans. This showed people received the support they needed to meet their health care needs.

People's support plans also included a hospital passport that provided important information about the person in

the event of a hospital admission. We discussed with the manager the importance of dating and reviewing these documents and she agreed she would remind staff to make sure this was completed.

Is the service caring?

Our findings

People told us they felt well cared for in the service. One person said, “I’m happy here, I like it.” A second person told us, “I’ve lived here a long time, I’m happy.”

During the inspection, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and individuals did not have to wait for staff to help them. Each person using the service went out for part of the day on each of the two days we visited. There were enough staff to support people who went out and those who stayed at home.

The manager and support staff we spoke with had worked in the service for some time and knew people’s care needs very well. They were able to tell us about significant events and people in each person’s life and their individual daily routines and preferences. They told us how they had worked with one person, their family and health and social care professionals when a person moved into the home. This person’s support plan included detailed assessments and reports from their previous educational placement and information from their family about their likes, dislikes, preferences and routines.

People were able to choose where they spent their time. We saw people spent time in their rooms when they wanted privacy and spent time in the lounge or kitchen when they wanted to be with other people. We also saw staff respected people’s privacy and dignity when they supported them with their personal care. Staff offered

people choices about aspects of their daily lives throughout the inspection. We saw people staff offered people choices about what to eat and the activities they took part in. Staff made sure people understood what they were being offered and gave people time to make a decision. Staff also used pictures and sign language to enable one person to make choices about how they spent their day.

We saw staff recorded people’s needs in respect of their gender, religion and culture in their support plans. For example, people were asked about their preference of the gender of staff who supported them with their personal care and this was respected and reflected in the staff rotas we saw. Staff also supported one person to attend a local place of worship and knew that a second person attended a place of worship with their family. One person also showed us the music and films they had chosen that reflected their culture and the daily care notes showed the person spent time watching the films and listening to the music.

The provider produced information for people using the service in a format they could understand. We saw the provider’s assessment and care planning materials included pictures and symbols to make the information easier for people to understand. An easy-read version of the provider’s complaints procedure was available and we also saw a ‘Guide to Voting’ the provider had produced using plain English and photographs to make the information easier for people using the service to understand.

Is the service responsive?

Our findings

People told us they met with their key worker to talk about the care and support they received. One person said, “If I want to go out, I tell the staff.” A second person said, “The staff help me.” People also told us they enjoyed their daily activities. One person said, “I like going to college. I do Art and English.” Another person said, “I enjoy everything I do!”

A relative told us, “We are very involved in reviews of [relative’s name] support plan, the manager is very helpful.” This person also told us, “I can visit at any time; the home has a lovely, welcoming approach.” A second relative told us, “I haven’t visited the home for a long time but the staff tell me what’s happening. They are very good.”

People or their representatives were involved in developing and reviewing their support plans. The provider assessed each person’s social and health care needs and provided support so they were able to take part in activities they chose, maintain their independence and daily living skills and stay in touch with people who mattered to them.

Where possible, people were involved in making decisions about the care and support they received. One person using the service was not able to express their views and experiences verbally and we saw support staff had worked well with the person’s family, health and social care professionals to identify their needs and develop a care plan. For example, the person’s support plan and other documents included many photographs used by staff to offer choices to the person and inform them of planned activities. The person’s family had also provided a tablet computer to enable the person to communicate with staff, using photographs and symbols.

The plans we looked at reflected the views and aspirations of the person and included information about what they could do for themselves and where they needed support. The plans included objectives that support staff reviewed regularly. For example, each person had a full programme of education and leisure activities. Staff supported people

to take part in planned activities and recorded whether the person enjoyed each session. Daily care notes showed all four people spent time taking part in planned activities on most days of the week.

The manager told us the provider was introducing an outcome based, person-centred support planning system for people using the service. We saw the system used easy-read materials and was based on the experiences and aspirations of the person. The manager and key worker were introducing this system for one person using the service and we were not able to assess the effectiveness of the new support plan at this inspection.

There were systems to gather the views of people using the service and others. The manager told us the provider had sent surveys to people using the service, their families and health and social care professionals involved in people’s care in June 2014. The manager had copies of the responses from people using the service but had not yet received the results from other surveys that were sent out.

The provider had arrangements in place to enable people to raise concerns or complaints. People told us they knew how to raise concerns. One person said, “I’d tell [the manager].” Another person said, “I’d tell [staff member’s name], she’s my key worker.” A relative told us they had never needed to make a formal complaint and added “if I need to sort something out, I speak with the manager and she responds very quickly.” A second relative said they had never needed to make a complaint.

The provider had produced a complaints leaflet using pictures to make the information easier for people using the service to understand. Staff told us they dealt with disagreements between people before they escalated to a formal complaint. One member of staff said, “Of course there are arguments, but we know how to distract people before they get too bad.” We saw the daily care notes completed by staff described incidents between people using the service and how they responded to them. The manager confirmed a neighbour had made the only formal complaint since our last inspection. The complaint did not relate to standards of care in the service.

Is the service well-led?

Our findings

The manager had a recognised management qualification and experience of working in social care. They told us they had worked in the home for 13 years, starting as a support worker and becoming manager in 2012. People using the service said they knew who the registered manager was and told us they would speak with them if they were worried about the care and support they received. One person told us, “[Manager’s name] is the manager. She’s very good. I can talk to her.” People also told us staff asked them for their views about the service. One person said, “We have meetings and we talk about food and what we want to do.”

Members of staff we spoke with said the manager was very supportive. One member of staff told us, “[Manager’s name] is always supportive, she knows her job and is easy to speak to. She’s excellent.”

People’s relatives told us staff were supportive and responded to requests for information. One relative said, “The staff are good, I don’t worry about [my relative].” A local authority monitoring officer’s report, written following a visit in June 2014, concluded, “Staff were able to demonstrate a good understanding of all service users and supported them to maintain a healthy lifestyle through regular activities and accessing/sharing information from organisations for support.”

Support staff told us they worked well as a team to meet the support needs of people using the service. One member of staff said, “We’re here to help people. We work together and it works.” Throughout the inspection, we saw staff worked well together to make sure people’s care needs were met and they were supported to take part in planned activities.

The manager and provider carried out a range of checks and audits to monitor the service. The manager told us she regularly checked the physical environment, medicines management, people’s support plans and risk management. We saw the manager had updated the audits in November 2014 and action plans were developed to address issues identified. We also saw records that showed the provider’s Area Manager visited the service regularly to review the manager’s audits and carry out other checks, including staff training and supervision. The atmosphere in the home was open, welcoming and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between the staff and people who used the service. All the staff we spoke with told us that they enjoyed working in the home. One staff member said, “A lot of the staff have worked here for a long time. We wouldn’t stay if we didn’t enjoy coming to work.”