

Royal Mencap Society

Ware Road

Inspection report

49 Ware Road
Hertford
Hertfordshire
SG13 7ED

Website: www.mencap.org.uk

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07 June 2016

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 07 June 2016 and was unannounced.

The Royal Mencap Society provides accommodation and personal care at 49 Ware Road for up to six people who have a learning disability. The service does not provide nursing care. There were six people living at the home when we inspected.

We last inspected the service on 14 November 2013 and found the service was meeting the required standards at that time.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at Ware Road were not able to share their views with us. However, relatives and professionals involved with people's care and support we spoke with gave us positive and complimentary feedback about the service and said that they had no concerns about the care and support that people received.

People's relatives and professionals involved with the care and support of people who used the service told us that they felt that people were safe living at Ware Road. People had health care and support plans in place to help staff know how they liked their needs to be met. Risks to people's safety and welfare had been identified and support had been planned to enable people to live as safely as possible whilst enjoying a variety of opportunities for engagement and stimulation. There were sufficient numbers of staff available to meet people's care and support needs.

Staff members understood their roles and responsibilities and were supported by the registered manager to maintain and develop their skills and knowledge. People enjoyed a varied healthy diet and their physical and mental health needs were well catered for.

The atmosphere in the home was warm and welcoming and there was an easy rapport between the staff

and people who used the service. People's relatives were encouraged to be involved in developing people's support plans and to visit at any time. Staff promoted people's dignity and treated them with respect.

There was an open culture in the home and relatives and staff told us that they were completely comfortable to speak with the registered manager if they had a concern. The provider had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise abusive practice and were confident of the reporting mechanisms both inside the organisation and to external agencies.

There were sufficient staff members available to meet people's needs safely.

People were supported by a staff team who had been safely recruited.

People's medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective.

People received support from a staff team who were appropriately trained and supported to perform their roles.

Staff sought people's consent by various means before providing care and support.

People were supported to enjoy a healthy diet and individual dietary requirements were supported.

People were supported to access a range of health care professionals to help ensure that their physical and mental health and well-being was being maintained.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity, kindness and respect.

Staff and management had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were supported and encouraged to engage in a range of activities within the home and in the wider community.

People were supported to be involved in decisions about their care as much as they were able.

Feedback from relatives and professionals confirmed that any concerns raised would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

People's relatives and external professionals had confidence in the provider, staff and the management team.

The provider had clear and practical arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Ware 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 met 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 under the Care Act 2014.

This inspection took place on 07 June 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with the registered manager and three support staff. People who used the service were not able to share their views with us however; subsequent to the inspection visit we made contact with relatives of three people who used the service to obtain their feedback on how people were supported to live their lives. We received feedback from professionals involved with the service including representatives of the local authority care management team. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, recruitment records, medication records and quality audits.



Our findings

Relatives of people who lived at Ware Road told us that they were satisfied that people were safe living there. One relative said, "It is really wonderful, it is absolutely safe, they are all really well cared for."

There were whistle blowing and safeguarding policies and procedures in place. The registered manager and staff team demonstrated a clear knowledge of what actions to take in the event of any safeguarding concerns. Staff members confirmed that they had received training to give them the necessary skills and knowledge to recognise abusive practice and were clear that any suspicions of abuse should be reported immediately. There was information available in the office to remind staff how and where to report any safeguarding matters.

The registered manager kept relevant agencies informed of incidents and significant events as they occurred for example the local learning disability team. Staff received appropriate training and information on how to ensure people were safe and protected. For example, staff told us that they had completed training to support people who displayed behaviour that could be perceived as challenging to others. This helped to keep people safe.

Risks to people's safety and wellbeing in everyday life had been assessed. These varied from the risks associated with using kitchen facilities to the risk of choking, falls, taking medication and being aware of the dangers of road traffic and strangers. There was information available to enable staff to provide appropriate support to reduce the impact of risks for people. These included methods to de-escalate behaviours, distraction techniques and diversional therapies.

Staff told us there were sufficient numbers of staff on duty to keep people safe. They told us that there was a minimum of three staff on duty during the day to support the needs of the six people who used the service. Additional staff were rostered on duty to meet people's social needs. For example, on the day of this inspection there were five staff members on duty at the home. Staff were visible throughout our inspection and we noted that they had time to sit and support people, as well as engage people in activities. Records clearly detailed the staffing levels required for each person to keep them safe inside and outside the service.

The registered manager operated safe recruitment practices and records showed appropriate checks had been undertaken before staff began to work at Ware Road. For example, disclosure and barring service checks [DBS] had been made and references obtained to help ensure staff were safe to work with vulnerable adults. We discussed with the registered manager about obtaining more accurate dates in relation to

people's working histories as part of the application process.

People's medicines were managed safely. People had risk assessments and clear protocols in place for the administration of epilepsy medicines, as required medicines and emergency medicines. There was a record of staff signatures, and there were care plans for medicines that were prescribed on as needed basis. People's medicines were kept securely in locked facilities within their personal bedrooms and we noted that staff recorded the exact time that each person had their medicines administered. Records showed that people received their medicines on an individual personalised basis.

There were regular health and safety audits undertaken and records showed that fire alarm tests were carried out routinely. Each person had a personal evacuation plan in place and there was a 'grab sheet' for each person which detailed how they liked to be communicated with and what things may upset them which would be shared with relevant people in the event of an emergency.



Our findings

Relatives of people who used the service told us they were very satisfied with the support people received. One relative said, "[Person] is very well looked after and cared for." Another relative told us, "I am very happy with the support they give to [Person], it is like a big family there, they have all lived together for such a long time now. I couldn't be happier with the care they are getting."

A health professional involved with the support of people who use the service told us that they felt the staff were responsive to any advice and guidance that they gave and told us that the people who used the service received a good standard of support.

People were supported by knowledgeable, skilled staff who effectively met their needs. Training records showed staff had completed training to support them to meet the needs of people. For example, safeguarding vulnerable adults, safe administration of medicines, infection control and moving and handling. Discussions with staff showed they had the right skills and knowledge to meet people's individual needs. Staff told us that they received annual appraisals and had regular supervision with their line manager. Team meetings were held to enable the staff team to highlight areas where support was needed and encourage ideas on how the service could improve. Staff members confirmed they had opportunities to discuss any issues and said that the registered manager was always available for advice or support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that people's capacity to make decisions and choices had been assessed and was being kept under regular review. The registered manager gave us examples of where decisions regarding health matters had been made in people's best interests involving external health professionals.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps were needed to be followed to protect people's best interests and how to

ensure that any restrictions placed on a person's liberty was lawful. At the time of this inspection the registered manager had submitted deprivation of liberty applications to the local authority for all the people who used the service and these were pending approval at this time.

People were encouraged and supported to make choices on many areas of their lives as much as they were able. This included in such areas as the activities they wanted to take part in and about the food they wanted to eat. People's care plans included information about how people communicated their choices. For example, one person's care plan explained how they used body language specific to them to indicate when they wished to have a drink.

People were supported to enjoy a healthy and nutritious diet. The registered manager told us that the menus had been developed based on healthy eating options and knowledge of people's likes and dislikes. They went on to explain that, due to some people's complex needs and limited communication, the only way they could make meaningful choices with regards to food was to reject things they didn't like. Some people participated in the weekly shop and were able to indicate different foods that they would like to eat.

Records showed that where a concern was identified staff monitored people's weight and any concerns were managed with support from an external dietician. We also noted that a person who had been assessed as being at risk of choking had received support from a Speech and Language Therapist (SALT) and a pureed diet was provided as a result. This showed that people received the support they needed to maintain healthy eating.

People had access to local healthcare services and specialists. When staff became aware that people were feeling unwell, appointments were made with a local GP or relevant professional. Records showed that the staff team worked closely with various health professionals including mental health teams, speech and language therapists, the GP and various consultants. People were supported to attend outpatient appointments and on the day of this inspection an optician visited the service to support a person with a prescription for new glasses. This helped to ensure people's health was effectively managed.



Our findings

Relatives told us that they thought people were supported by kind and caring staff. One relative said, "The staff team seem to be very nice and all seem to know what they are doing." Another relative told us, "The staff seem to be very good, they do change quite a lot but even so, they care for [Person] well."

The atmosphere in the home was warm and welcoming. The communal areas were homely and pleasantly decorated. People's bedrooms were individual and clearly reflected the different personalities of the people who used the service. We observed positive interactions between people and the staff that supported them.

People received support from a staff team that clearly understood their individual needs. The staff and management team were able to describe to us the individual needs and requirements of the individuals who used the service. Care plans were detailed and provided clear information about people's needs and choices in all areas of life. For example, one person's plan explained how they preferred to eat their breakfast before they changed out of their pyjamas and provided detail of the specific body language they used to indicate when they were tired and wished to go to bed. This level of detailed supported the staff team to provide care according to people's individual needs and wishes.

Relatives and friends of people who used the service were encouraged to visit at any time and on any day. Relatives told us that they were always made welcome by the staff and that they had been invited to join social functions at the home including summer barbecues and Christmas parties.

People's privacy and dignity was respected. Staff understood what privacy and dignity meant in relation to supporting people. For example, we saw staff and management respecting people's privacy by knocking on entry doors to people's private space. Privacy and dignity matters were discussed in team meetings, we noted that it had been identified that one person had not been closing the blind in their room when changing. Staff were alerted to this so that they could be extra vigilant and support the person to maintain their dignity. People's private and confidential records were maintained securely in a lockable office space.

Staff showed concern for people's wellbeing and responded quickly to people's needs, for example when people started to become anxious they received prompt support from staff. Care plans supported staff to be able to provide re-assurance for people. For example, detail in one person's plan directed staff how to re-assure a person when they attended appointments with the doctor by constantly reminding the person about what the appointment was for.

The registered manager demonstrated an awareness of local advocacy support available. However, they told us that each person who used the service had family members available to advocate on their behalf at this time.



Our findings

People's relatives told us that the staff and management team kept them up to date with people's health needs and any issues affecting their well-being. One relative told us, "We are always invited to reviews. We went last year and they told us how [Person] was doing, they seemed to be absolutely fine. I am sure they would listen to us if we had anything to say but we have no concerns at all." Another relative told us that they were regularly kept up to date with people's health and support needs. They told us, ""They keep me up to speed with anything I need to know."

Care plans were personalised to the individual and provided clear guidance for staff to follow. For example, we saw guidance to enable staff to support a person with choices in relation to activities and stimulation. The care plan stated that the person would give their consent for activities planned for the future but it was not clear if they had an understanding of the time gap between the planning and the actual event taking place. The guidance for staff in this instance was to re-enforce that it was a plan for the future to avoid the person becoming frustrated and anxious.

Some people who used the service demonstrated behaviours which could challenge other people. We were told about different methods that staff used to positively manage such behaviours. One example was providing gentle assurance and distraction techniques. Relatives told us that they were invited to attend people's ongoing care reviews to help ensure that the support strategies in place continued to meet people's needs.

People's relatives told us that people enjoyed a programme of activities that were suitable to their various needs. One person's relative said, "[Person] gets out and about a lot, gardening and such like. They are always doing something, it is marvellous." Another relative told us, "They all lead very active lives there, they are always very busy." Each person had an activity planner that helped to ensure they had opportunities to be engaged either inside or outside the home. There were activities arranged outside the home such as trips out to local venues, trips to pubs, shopping and annual holidays away from the home. A person's relative told us, "They take [Person] away on holidays; in fact just recently they have been away somewhere."

The registered manager had successfully campaigned on behalf of people who used the service to obtain additional funding to better enable them to meet people's social and stimulation needs. They told us that there had been some people who used the service for whom day care services had ceased to be appropriate and that they had become at risk from isolation. However, since the additional funding had been agreed people were supported to attend such activities as a pottery group, go to the cinema and go bowling. The

registered manager said this had resulted in a positive impact in the house because the environment was calmer and it was noticeable that there was more positive interaction between people who used the service.

There were many opportunities for social interaction within the home. For example, we were told of an annual barbecue that took place each summer and Christmas parties that people's families had attended.

The provider had a policy and procedure available to support people to raise any concerns. The registered manager was able to clearly describe the actions they would take to investigate any concerns raised with them. However, family members we spoke with told us that they have not got, and have never had, any concerns or complaints about the care and support provided at Ware Road. One relative said, "We have never had occasion to make a complaint but I would be very happy to speak with the (registered) manager if I felt that anything was amiss." Another relative told us, "I have never had to make a complaint and cannot imagine having the need to do so. However, I am very sure that they would shift heaven and earth to put anything right."



Our findings

People's relatives and health and social care professionals all spoke positively about the registered manager. A relative told us, "I met the (registered) manager at a BBQ that we were invited to. They seem to be very capable, approachable and caring." Another relative told us, "I think the home is very well organised, the (registered) manager is very good indeed."

Ware Road was well led and managed effectively. The registered manager demonstrated clear values and a clear vision of how they expected the service to operate. This included providing people with choice, independence and respect. This helped to provide a service that ensured the needs and values of people were respected.

The registered manager had an active role within the home and demonstrated a good knowledge of the people who used the service and the staff team. Staff spoke highly of the support they received from the registered manager. One staff member said, "The (registered) manager is very good, they are efficient and they listen. They encourage our input and any suggestions from the staff." Another staff member told us that they found the management to be, "Really approachable and supportive."

During our inspection we spoke with the registered manager and three members of support staff. They all demonstrated that they knew the details of the care provided to the people which showed they had regular contact with the people who used the service.

Staff members told us that they enjoyed working at Ware Road. They told us that regular staff meetings were held to provide them with a forum to comment on how the service was run. Daily shift handovers in the morning, the afternoon and evening helped to ensure that all staff had up-to-date information they needed to support people safely.

Records were well maintained however, we noted that daily records completed by the staff team lacked detail in such areas as what people had done with their day, what they had enjoyed doing, what their demeanour had been. We discussed this with the registered manager who acknowledged that this was an area that had been identified for improvement during a recent local authority monitoring visit and that they were working with individual staff members to improve practice in this area.

We noted that regular audits were in place to ensure that all systems were being safely managed. The area manager visited the service on a four to six weekly basis to undertake an audit to ensure all procedures were

being adhered to and any health and safety concerns were being managed. This process was managed on-line; we reviewed the record of the previous visit which showed us there had been no concerns noted.

The registered manager had commissioned an independent satisfaction survey which had been undertaken in September 2015. They told us that they intended to make this an annual event because it gave them the re-assurance that the service they provided was safe and that people were happy with the care and support they received. We reviewed the survey responses and noted that there had been a positive response across all areas with people who used the service, their relatives and external professionals rating the quality of the service as 100%.