Royal Mencap Society

Kingsley Road

Inspection report

29-33 Kingsley Road
Chippenham
Wiltshire
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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

Kingsley Road is a service providing care for people with learning disabilities and/or physical disabilities. It is registered to accommodate up to eight people who require personal care, in three purpose built bungalows. At the time of the inspection, seven people were living there. The service is located in a residential area on the edge of Chippenham.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

The home continued to ensure people were safe. There were enough suitable staff to meet people's needs. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely and people were protected from abuse because staff understood how to keep them safe; staff understood the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised. The homes were clean and well maintained throughout.

People continued to receive effective care. People who lacked capacity had decisions made in line with current legislation. Staff received training to ensure they had the skills and knowledge required to effectively support people. People told us, and we saw, their healthcare needs were met. People were supported to eat and drink according to their likes and dislikes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home continued to provide a caring service to people. People and their relatives told us, and we observed that staff were kind and patient. People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People were involved in decisions about the care and support they received. People's choices were always respected and staff encouraged choice for those who struggled to communicate with them.

The home remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. People had chosen the colours to decorate their homes and had been supported to personalise their bedrooms. People were supported to follow their own activity programmes. These considered people's hobbies and interests and reflected people's preferences. People knew how to complain and there were a range of opportunities for them to raise concerns with the registered manager and designated staff.

The home continued to be well led. People and staff spoke highly about the management. The registered manager continually monitored the quality of the service and made improvements in accordance with

people's changing needs.

The service met all relevant fundamental standards.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Kingsley Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 11 December 2017 and was unannounced. The inspection was carried out by one adult social care inspector and one 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.

Before the inspection, we looked at information we held about the provider and home. This included their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account during the inspection.

We spoke with three people and one relative. We spoke with the registered manager, assistant manager, area manager and four staff members. We looked at two people's care records and associated documents and observed interactions between staff and people in communal areas. We looked at three staff files including the registered managers, previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, statement of purpose, complaints and compliments, minutes from staff meetings and a selection of the provider's policies.

Good

Is the service safe?

Our findings

The service continued to be safe

People told us they felt safe and one person said, "When I have pains they come quickly and make me feel better." Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Risks to people were identified using assessments. For example, there were risk assessments in place for moving and handling people, for epilepsy management and for daily routines. The assessments we looked at were clear. They provided details of how to reduce risks for people by following guidelines or the person's care plan. Both the care plans and risk assessments we looked at had been reviewed regularly.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff were patient and sensitive when caring for people. People were not rushed by staff. For example, one member of staff asked a person to lead the way, knowing this person walked very slowly and they did not hurry them along. The registered manager provided the numbers of staff with the appropriate skills as commissioned by local authorities. The rotas showed the required numbers of staff were provided.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were suitable for their role with vulnerable adults. The PIR said, "All Mencap new starters go through an intense, inclusive recruitment and selection process. After being interviewed by management, they are required to give two references and undergo an enhanced DBS check." The area manager said, "The HR department don't let anything get by, they're very efficient."

Peoples' medicines were managed and administered safely. People's medicines were administered by staff that had their competency assessed on an annual basis to make sure their practice was safe. Staff were required to complete specific medicines training as well as e-learning, which was repeated annually.

There were suitable secure storage facilities for medicines. Staff recorded the medicines as they were brought in and the medicines people were given. Daily checks were completed as well as weekly audits. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked records against stocks held and found them to be correct. There were no medicines which required additional security and recording on site; however the provider's policy gave clear guidance for staff how to manage these if necessary. No-one was self-medicating at the time of our inspection.

Staff had clear guidelines for reporting and recording accidents and incidents. Staff were required to report any accidents or incidents within 24 hours. The registered manager said, "I expect staff to report

everything." The registered manager and senior managers saw all accident forms, and made any notifications required.

People were protected from infection. The premises was clean and fresh. A coloured coded system was used for mops and cutting boards and staff had personal protective equipment, such as gloves, to reduce any possibility of cross contamination. Laundry equipment was suitable for the needs of people using the service. For example, washing machines had a sluicing and hot wash cycle. There was an infection control policy and the staff received appropriate training in infection control and food hygiene.

Major incident contingency plans were in place which covered disruptions to the service which included fire, loss of gas, oil, electricity, water or communications. Business continuity plans were also in place for severe weather. Everyone living in the home had a Personal Emergency Evacuation Plan (PEEP), which gave staff the information they needed to support people.

Good

Is the service effective?

Our findings

People continued to receive an effective service.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff were very positive about the training they had received. They told us the training covered a range of topics, which included first aid, medication, safeguarding, manual handling, and finances. One member of staff said the training was, "Useful." Staff also received training to support people's individual needs and had access to information about complex needs such as epilepsy. Staff told us they could ask for specialist training if they wished.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Staff were supported to complete an induction which met the Care Certificate standards, which is a nationally recognised standard which gives staff the basic skills they need to provide support for people.

Restraint was not used at the service. Staff said that they received training in how to protect people, and themselves, if a person's actions had the potential to lead to injury or harm. Where this had happened the service had acted appropriately to keep people safe.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff told us they felt supported by the registered manager, and other staff. Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required. This helped to make sure staff had the required skills and confidence to effectively support people.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Staff provided people with information and encouraged them to make decisions on their own. For example, one person asked a member of staff, "What do you think I'd better do?" The staff member replied, "It all depends on what you want to do, it's entirely up to you." These comments showed staff worked in accordance with the principles of the MCA to ensure people's legal rights were respected.

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 authorisation 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. One person was subject to DoLs at the time of our inspection. There was one condition attached to this person's DoLS; this condition was being met.

Families where possible, were involved in person centred planning and "best interest" meetings. A "best interest" meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People were given choice during mealtimes. People were asked for their preferences, this information was used to create the weekly menu for everyone.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed.

Technology was used effectively to make communication easier for people. For example, people were able to see videos or listen to audio recordings rather than looking at written documents. People could use Skype or Face Time to talk with their families. Technology was used to convert written words into speech and staff were able to use technology such as Yammer to talk with other staff for example, to get answers to questions.

People's diverse needs were being met through the way the premises were used. There had been redecoration of some areas. Each bungalow had a lounge, dining and kitchen area. Handrails were provided in the corridors. People using wheelchairs were able to use bathrooms independently because door openers were set so they could use them independently. People had a variety of spaces in which they could spend their time. Each person's bedroom was very individual to their needs and preferences and very comfortably furnished in line with their age and gender choices.

Staff empowered people to be as independent as possible. The kitchen had been adapted so the height of the cooker and sink could be adjusted for the individual. Staff told us they encouraged people to prepare their own meals and do the washing up with appropriate level of support from staff. Furthermore, staff supported people to make their own cups of tea. One person made cups of tea for themselves as well as for other people and staff. Referring to this person, one member of staff said, "They know exactly how people like their drinks."

Staff also mentioned people helping with their own laundry by taking it to the washing machine and said, "Even if they chuck it [towards the machine], at least it's in the right direction!" People who were less able were also encouraged to contribute, which helped them with life skills such as peeling potatoes.

Good

Is the service caring?

Our findings

The service continued to be caring.

People said they were supported by kind and caring staff. People said, "'I was cold in bed and [name] put a quilt on me and then I felt warm." From our observations, we could see that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people. People said, "'I've been here four years now, I like it here", "I slept very well last night, I am very happy, I am!" Other people described living in the home as "Alright" and, "Nice." One relative said, "We're all very, very happy with them." The relative praised the staff for being good at sharing information about their relative and said, "There is a good level of communication." Staff expressed passion for their job. The assistant manager said, "All the people we support are happy, safe and feel included and that's all that matters." Other comments included, "I love coming to work, it really is a second home for me", "Everybody is just so happy and friendly and we always have something exciting going on" and, "Working here has made me question why I didn't work in care sooner, because I love it so much!"

People told us they were encouraged to be as independent as possible. One member of staff told us about the improvement one individual had made with support from staff. They said, "They dress themselves completely on their own now" and, "They are so much more independent now, it really is a success story."

The home had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. People's care plans identified if the person required their advocate to support them.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Staff said, "When [name's] family come to see them we remove ourselves and go to a different room to allow them to spend time together."

Information for people was available in a variety of formats, such as easy read or pictorial formats. People's communication needs were clearly identified in their care plans. Staff demonstrated they were actively listening to people by maintaining eye contact, being attentive and asking appropriate questions. Staff used a range of communication skills including using non-verbal communication such as body language, which showed they were engaging with people. Staff took time to properly understand people. If they did not hear the person they would say sorry and gently asked them to repeat what they were saying rather than just ignoring the person.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When

they discussed people's care needs with us they did so in a respectful and compassionate way.

People told us that staff respected their needs and wishes and they felt that their privacy and dignity were respected. Staff told us how they promoted people's privacy and dignity and explained how they did this. Respect and courtesy underpinned all the staff's interactions with people. For example, one member of staff asked a person whether they could turn the thermostat down as they felt very warm and thanked the person when they said they didn't mind. Staff frequently used words such as 'please', 'thank you', 'you're welcome' and 'excuse me' when talking to people. Staff didn't make assumptions about what people wanted and always asked instead. For instance, a member of staff, who was helping prepare this person's lunch, asked for their permission before moving their colouring book out of the way to make space on the table.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person enjoyed cooking and baking, which staff encouraged them to do as much as possible. They had baked a Christmas cake with the staff member and expressed their delight at the prospect of the 'Christmas pie' they were planning on baking together. This member of staff showed respect for the person's ideas and asked, "Which pastry do you think we'd better use for the Christmas pie?" When asked whether they felt staff knew them well they enthusiastically replied, "Oh yeah!"

People or their relatives confirmed they were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. For example, one person's care plan informed staff about the best time to support the person to make decisions, this being during the day when they were in a good mood. Care plans identified what was important to people and gave guidance for staff about what made a good day for people, and what made a bad day. Care plans identified what the person could do for themselves and what support staff should provide.

From our discussions with staff, it was clear they were knowledgeable about the people they were supporting and told us about the particular behaviour that may mean someone was upset. The person's care plan confirmed the support the person needed if they became anxious. The care records seen had been reviewed on a regular basis. This ensured the care planned was appropriate to meet people's needs as they changed. Staff told us they were confident they could support the person and described how they did this. This information was clearly recorded in the person's care plan.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had not been any complaints since our last inspection. The registered manager said, "All staff are aware of the duty of candour, we are open, honest and transparent" and, "If something is wrong, we contact the relevant people and put it right."

People were able to take part in a range of activities according to their interests. Staff and people enjoyed spending time together. They made jokes with each other and the mood was light-hearted and cheerful. Staff told us they enjoyed doing activities with the people. For example, one staff member said about an individual "We played 'Jenga' (board game) together and we had a proper laugh!" The home offered internal and external activities such as going for walks, shopping, puzzles and TV programmes, attending hydrotherapy and day centres; all depending on people's individual preferences. People's care plans recorded the hobbies and interests people enjoyed and staff we spoke with knew about these.

Staff were able to attend monthly meetings where they were encouraged to share what was working or not working. The agenda covered topics such as health and safety, the individuals staying in the home, infection control, incident reporting and any other topics as necessary. This meant staff were able to keep abreast of

any changes. Staff were able to raise any agenda items for discussion.

People and their families had been asked about their wishes for the end of their lives. Although no-one was reaching the end of their lives, a policy was in place. The registered manager said, "People will stay in their own homes as long as possible, and we have links with district nurses and other professionals."

Good

Is the service well-led?

Our findings

The service continued to be well led.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. A variety of monthly, quarterly, six-monthly and annual checks took place including medicines and safeguarding audits. We saw that where shortfalls in the service had been identified action had usually been taken to improve practice and standards of care for people. The registered manager completed a management tool each month which covered the people supported, the service and the team. It monitored health appointments, support plans and risk assessments, finance checks and training compliance. Any improvements identified were completed within deadlines.

People were involved in decisions and changes regarding the running of the home. The provider had effective systems in place to monitor the quality of care and support that people received. People were able to take part in annual surveys. Surveys had recently been completed so had not been fully analysed. However, all of the surveys we saw showed people were happy with the care and support they received.

Staff were reminded of the vision and values of the organisation, which included 'inclusive, trustworthy, caring, challenging and positive' during training sessions. Staff told us the vision and values of the organisation were about a person centred environment. This vision was put into practice, as people were supported to be as independent as they could be.

The PIR said, "All Mencap staff receive quarterly performance management reviews called 'shape your future' in which staff are encouraged to reflect on their practice, receive constructive feedback on their performance and set and review objectives throughout the year." The area manager told us about the rewards and recognition schemes in place where staff were rewarded for going above and beyond what was expected of them. Staff were able to nominate each other.

The registered manager reviewed accidents and incidents; this meant any emerging trends could be spotted and actions taken to ensure people received safe support.

Staff told us they felt the service was well-led and said they were listened to. Staff said they felt they were a valued member of the team and that their voice mattered. Two members of staff felt they had an active role in shaping the service and to demonstrate this gave examples of improvements. Staff said, "We're constantly improving things here." Staff told us team meetings provided an opportunity for staff to update each other on how things were going and share their thoughts. Staff received a newsletter which was circulated around the organisation, which shared good practice and celebrated successes. The area manager said, "We want to make sure staff are recognised for the work they do." Staff also had regular team meetings which kept them up to date with any changes in the home.

People had been supported to maintain links with the local community through attending various clubs, social activities and day centres.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The home was managed by the registered manager who was supported by an assistant manager; they worked together to lead the staff team. 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 spoke positively about the manager. Comments included, "She's very hands on", "She's always around" and, "She's approachable." The assistant manager talked about creating an environment in which staff felt comfortable approaching them. They told us, "Our door is always open" and that every year they had a 'reflection event' where staff were able to reflect on the year and give feedback.