Royal Mencap Society

Royal Mencap Society - 2 Conroy Close

Inspection report

2 Conroy Close
Easingwold
York
North Yorkshire
YO61 3NS

Tel: 01347821488
Website: www.mencap.org.uk

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13 April 2017

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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

This unannounced inspection took place on 13 April 2017.

At the last inspection on 30 January and 03 February 2016 the provider was in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 Safe care and treatment; Regulation 18 Staffing; and Regulation 17 Good Governance. Notifications had not been submitted, which meant that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

2 Conroy Close is registered to support people living with a learning disability. It does not provide nursing care. When we inspected on 13 April 2017 there were six people living there.

The service had a registered manager who had been in post since 2016. 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.

Risks assessments had been reviewed and updated to ensure any potential risks were identified and that these were minimised without placing any undue restrictions on people who used the service. Care plans described the actions staff needed to take in the event of an emergency including a medical emergency and we found staff followed these in practice to keep people safe.

Improvements had taken place in relation to the staffing arrangements. People could be confident that they would receive support from a flexible, consistent workforce.

Medicine administration was managed and carried out appropriately and staff had received medicine training. In the main, the storage and administration of medicines was safe. We have made a recommendation in relation to the storage of controlled drugs.

Staff had received on-going training and support to fulfil their roles effectively and provide consistent, safe care. Appropriate arrangements were in place to ensure staff had supervision and annual appraisal in line with the provider's policy.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported with their nutritional needs and with their general health needs. We saw adaptations such as cutlery,ceiling tracking and flooring helped to promote people's dignity, safety and independence.

Our observations were that the care people received was compassionate and that staff were respectful and

kind. People's relatives gave us positive feedback about the service and were happy with the care and support they received. They told us they felt they were listened to.

Care plans were clear and detailed, and these were person centred. Care plans were regularly reviewed to make sure they remained up to date and reflected people's changing care needs.

Overall we found that the service demonstrated an open, transparent and person centred culture. Effective management systems were in place to monitor the quality of the service and we saw these had resulted in significant improvements across all areas of the service provided.

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.

Risks had been assessed and these were reviewed on a regular basis to meet people's changing needs effectively.

Staffing levels had been reviewed and increased to provide people with flexible, consistent support that met their needs.

Robust recruitment checks were followed before new staff began work.

Safeguarding procedures were in place and staff had received training on safeguarding principles and processes.

People received appropriate support to take their medicines safely. We have made a recommendation about the storage of medicines.

Is the service effective?

Good

The service was effective.

Staff had received the training and support they needed to meet people's needs effectively.

People's rights under the Mental Capacity Act 2005 were protected.

People received food and drink to meet their needs.

People were supported to access health service to make sure their care and treatment needs were met.

Is the service caring?

Good

The service was caring.

We observed staff were caring, and treated people with respect.

Relatives spoke positively about staff and said they were kind.

Relatives were complimentary about the care and support provided.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were assessed. Care plans were kept under review and updated, to meet people's changing care needs.

People were supported to maintain their community links and could choose how they spent their time.

Relatives were confident they would be listened to and action taken if they raised a complaint.

Is the service well-led?

Good

The service was well-led.

There was an open, transparent and person-centred culture.

Effective management systems were in place to monitor the quality of the service, drive improvement and promote people's safety and wellbeing.

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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 registered 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 13 April 2017 and was unannounced. The inspection team was made up of one adult social care inspector.

Before the inspection, the provider was asked to complete a 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 reviewed the information we held about the service including notifications about any incidents. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law. We asked commissioners from the local authority for their feedback about the service. We used this information to plan the inspection.

We 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 spoke with the registered manager, the deputy manager and three support workers. We met with all the people who used the service and we contacted two relatives by telephone for their views.

We reviewed records relating to the management of the service including maintenance records, audits, policies and procedures and governance. We looked at the care records for two people, three staff files, and medicine medication administration records (MARs). We looked around the service.

Good

Is the service safe?

Our findings

At our last inspection, we identified risk assessments needed improvement to safeguard people. People's risk assessments had not been clearly reviewed and updated, which placed people at risk of receiving unsafe or inappropriate care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we saw that risk assessments and care plans were up to date and relevant. Environmental and individual risks such as personal care, mobility, medication and tissue viability were recorded within people's care plan files. These gave staff information about the processes to follow to reduce the risk of harm to people. For example, one person had a care plan in place for their epilepsy to help stop or lessen the severity or length of a seizure. We saw that staff implemented the care plan promptly to assist the person when they became unwell during our inspection. This showed us that staff were trained and acted promptly in response to identified risks.

Personal Emergency Evacuation Plans (PEEPs) were in place for everyone using the service. PEEPS set out the action needed to give individuals additional assistance to reach a place of safety in case of an emergency

A system of three-monthly keyworker reviews was in place to ensure risk assessments and care plans were kept under regular review. The registered manager ensured risk assessments and care plans were monitored during individual supervisions and at staff meetings.

Safeguarding policies were in place and staff had received training on these to guide them on the correct action to take in case of any safeguarding concerns. Safeguarding awareness was included as part of the induction for new staff. A care worker explained they knew people very well and would not hesitate to raise an issue if they thought someone had any worries or were upset. Relatives told us that staff always kept them informed about people's wellbeing. One relative told us, "I never have to worry. I know that [Name] is well looked after." Another relative said, "They [the registered manager] rings to let me know how [Name] is; we are kept informed."

At the last inspection, we said staff deployment needed to be reviewed and improved. There was a high use of agency staff, which impacted on people's social activities and staff morale.

The registered manager told us in the PIR that the use of agency staff had been discontinued. This had been achieved by utilising staff across two services and deploying staff over both sites to deliver the best support possible. Rotas were planned to enable staff to provide people with flexible support for activities and to enhance their opportunities. We spoke with a care worker who told us that the new system of working had taken a while for them to get used to, but they now liked it. They said staff worked well together to ensure people received a consistent, safe service. During our visit we observed the reported changes to staff deployment had a positive impact on people's daily lives. For example, when we visited we saw one person had been out shopping and another person had been supported to visit a relative while those people who

stayed at home were supported with their chosen activities.

We found that staff were recruited safely with full employment checks in place before they started work at the service. These included an application form so gaps could be explored, identity checks, references, an interview and a disclosure and barring service (DBS) check. This included a police check and assurance that the potential candidate had not been excluded from working with adults at risk. They also explained that these measures placed the people they supported at the heart of the recruitment process and helped the registered provider make safer employment decisions. The registered manager said the interviews were based on the organisation's values to ensure the correct people with the right attitudes were selected.

We saw improvements in relation to the recording of maintenance checks and audits.

We checked the management of medicines. People received their medicines in a safe way and generally medicines were appropriately stored and secured. Some people were prescribed controlled drugs. These are medicines that are prone to being misused so they have stricter legal controls, which governs the way they are both stored and administered. We identified that the methods used to store the controlled drugs did not meet current requirements laid out in the Misuse of Drugs (Safe Custody) Regulations.

We recommend that the provider reviews best practice guidance on the safe custody of medicines in care homes.

Medicines records were detailed and accurate and supported the safe administration of medicines. Where people had medicines given on an 'as and when required' basis, the medicine file included information about when the medicine should be used and other alternative actions staff could take before administering. Staff who administered medicines had their competency assessed.

We found suitable systems were in place for the administration of medicines and staff followed these in practice. Regular checks were made on a daily basis to ensure any discrepancies could be identified quickly and any required action taken to address shortfalls in staff training or practice.

Good

Is the service effective?

Our findings

At our last inspection, we identified staff had not completed training or received updated refresher training on a regular basis. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

At this inspection, we found significant improvements to the arrangements in place to ensure staff received the training they needed and to support their professional development. Records showed staff had received the training they needed to meet the needs of the people who used the service. Examples included moving and handling, first aid, food hygiene, dementia and diabetes. Staff told us they had enough training to enable them to support people effectively. New staff completed an initial five-day training package and topics covered included medicines, first aid, and fire awareness. New staff also shadowed more experienced staff while completing a twelve-week induction; they had to successfully complete the induction programme before the Care Certificate was awarded. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life.

The registered manager told us they were responsible for ensuring that staff training was up to date and the online system alerted them to any refresher training that was due. Records demonstrated staff received an appraisal and had supervision on a regular basis. This means that staff were provided with the opportunity to discuss any issues or training needs. A relative said, "Staff are well trained. It is a fantastic place; the staff can't do enough for [Name]."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The 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. We found that people's capacity had been assessed and best interest decisions were in place for key areas of support such as the use of lap belts, bed safety rails and telecare, which was tailored to people's specific conditions. Best interest decision making is required to ensure people's human rights are protected when they do not have mental capacity to make their own decisions or have the ability to convey their wishes.

Staff had received training on MCA and DoLS and the registered manager had completed advanced two day training. In their PIR, the registered provider told us one person was subject to a DoLS and another two people were subject to Court of Protection orders that restricted their liberty, rights and choices. This was well-documented in people's care plans. Staff knew about mental capacity and the processes that should be followed and we observed this positively influenced how they provided support to people. For example, we saw staff checked with people before they carried out any personal care and support was provided in line with people's care plans. This provided us with evidence that good decision-making processes were used in practice.

We observed staff knew how to support people while maintaining their independence and safety as much as possible. Staff demonstrated that the care being delivered was in line with people's best interest decisions and relatives confirmed they were always consulted appropriately on any decisions made. One relative said, "I am always asked what I think and my views are listened to."

We looked at how the service met people's nutritional needs and found that people were provided with food and drink to meet their needs. The menu plan provided a varied selection of meals and choice. Staff supported people to make healthy choices and fruit and vegetables were included in this. We observed people were asked about their meal preferences and the meals we saw were attractively presented and appetising.

People required different levels of support and while some people could help plan the menus and shop for the food, others needed full assistance to eat their meals. People with specific nutritional needs had these catered for, together with advice and review from the speech and language therapy (SALT) team. The SALT team also provided additional training to staff.

During our inspection, we observed effective communication was used and where people could not communicate verbally staff watched people's facial expressions and body language to determine their wishes. The registered manager told us they had also arranged training on the use of intensive interaction methods to develop communication further. Intensive interaction is a practical approach to interacting with people who do not find it easy communicating or being sociable. This approach promotes good communication and promotes positive relationships.

Records demonstrated people had access to healthcare professionals such as the GP, dentist, chiropodist and SALT to ensure their health care needs were met. We saw that people had a 'patient passport'. The aim of a patient passport is to assist people with a learning disability to provide medical and nursing staff with important information they need to know about them and their health when they are admitted to hospital.

Good

Is the service caring?

Our findings

People who spoke with us told us they liked the staff and said they were kind to them. Feedback we received from relatives about the staff team included, "Absolutely brilliant," "Very happy with the care. [Name] is very settled," and, "[Name] is cared for very well."

There was a relaxed atmosphere and we observed people looked comfortable and at ease with the staff who supported them. Staff were friendly and engaged people in conversation and were respectful when speaking with people about their personal care. This showed us that people were treated with dignity and respect and in a way that promoted their wellbeing.

People moved around the service without restriction and we saw they could choose to spend time in their rooms or mix with other people according to personal preference. During our inspection, we saw people returned to their rooms to rest or go outside with staff support as they wished.

Information about people's life histories and their likes and dislikes were included in their care plans. For example, for one person their record stated, "I am happy when I am in the garden watching the birds." During the afternoon, we saw this person was contentedly laid on their bed. This was positioned next to a window so they had a good view of the garden, which they clearly enjoyed. This showed us that staff met people's care needs responsively and that care was provided sensitively and in line with people's care plans. This helped to promote people's wellbeing.

It was apparent that staff knew people very well and we saw they communicated confidently with those people who were unable to talk. Staff used pictures and symbols to help people communicate their choices and decisions. We saw that people's choices were taken into account in the way that care was offered and how they wanted to spend their day, what clothing they wore and what they had to eat. For example, the service had a visual meal planner to enable people to make meal choices, and create their own menu and shopping list. The pictures were then displayed in the kitchen as a visual aid.

Staff supported and encouraged people to be as independent as possible. For example, one person had assistive technology and this enabled them to go outside independently while having the ability to summon assistance from staff as needed. Specialist cutlery was provided for one person to enable them to eat independently without spilling their food. The registered manager told us this had increased their dexterity and given them their confidence and dignity back.

Suitable adaptations had been made to the premises to support people's independence. Examples included new flooring which supported one person with a cognitive impairment, assisted wheelchair users and enabled staff to use a hoist to move around easily.

The registered manager told us how they promoted equality and diversity. They told us about the importance of treating people as individuals and having good life opportunities. People were encouraged to maintain relationships that were important to them. For example, when we inspected, one person was

supported to visit a relative in hospital. Relatives told us they were often invited to tea parties and events celebrating festive occasions. One relative said, "We are always made welcome. The parties are great fun and everyone joins in."

We checked people's records to see how end of life care was planned. Care plans included a planning document titled, 'When I die'. This included specific information so staff knew about people's wishes and could ensure they were respected at this important time. People's records referred to planning with relatives and liaison with health care professionals for advice. One relative told us it was important to them to know their family member could be looked after in an environment where they felt comfortable and with staff who knew them. Another relative who told us about a family bereavement and said staff were supportive of their feelings and had helped them at this difficult time. They said, "Staff were there for me as well."

The registered manager had been nominated and received an award from the organisation for their understanding and compassion for the people they supported.

Good

Is the service responsive?

Our findings

We saw people received person-centred care. Since our last inspection, new care plans had been developed. The care plans were comprehensive and contained detail about people's health and wellbeing, support plans and risk assessments, finance, daily logs, and food and fluid requirements. Care plans were reviewed on a regular basis and when we spoke with relatives they confirmed that they had been involved in reviews. One relative said, "The staff always ring and ask for our input." This helped to ensure people received the care and support that met their care needs.

Pre-admission assessments were undertaken so the person could be confident that the service could meet their needs before they moved in. For one person, we saw they had moved in after many years residing at another service. One of their relative's told us that staff had made sure the person's bedroom was precisely the same as that in their previous home and the person liked it there. They said, "Everything came from their room so it looked the same as before; it was really great. [Name] settled straight in."

We observed that staff were proactive and records showed that they responded promptly to ensure people had the correct support to promote their wellbeing and meet their safety needs. For example, a new wheelchair had been ordered for one person to meet their specific requirements and help with their pain management and promote their independence. Other examples included ceiling tracking for a hoist installed in one of the bathrooms to enable ease of access whilst bathing and a metal shed installed in the garden to provide shelter for one person who smoked.

Each person had a member of staff who acted as their 'keyworker'. The keyworker carried out a monthly review, which was documented in the 'house diary'. These included details about the events and activities people had done. For example, for one person their monthly keyworker report stated, "I enjoyed a lovely day at the railway museum." Support plans and risk assessments were reviewed monthly or earlier if needed. The registered manager monitored the completion of these and the electronic compliance tool alerted them to any outstanding health needs, care plans or risk assessment reviews. This made sure that people's changing care needs were identified and met.

During our inspection, we observed staff engaged people in general conversation and we saw that staff were attentive. Records showed people were supported to access a range of activities in the community such as visits to cafés and workshops. A volunteer attended weekly to offer additional craft and music sessions.

The registered provider had a complaints policy that was also available in an easy read and picture format so that people could understand what they should do if they wanted to make a complaint. Although the complaints procedure was displayed, we discussed with the registered manager displaying it an accessible format in the service for people who lived there.

The staff we spoke with were confident that they would detect if someone was upset or worried and action would be taken immediately to resolve any emerging problems. Relatives told us that they had not needed to complain. They said they visited on a frequent basis and the registered manager acted to resolve any

issues before they had chance to escalate. One relative told us, "There is brilliant interaction and this prevents problems from arising."

Good

Is the service well-led?

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Staff recruitment was robust and we saw improvements in relation to the staffing arrangements. People could be confident that they would receive support from a flexible, consistent workforce to enable them to follow their individual interest and pursuits.

Medicine administration was managed and carried out appropriately and staff had received medicine training. In the main, the storage and administration of medicines was safe. We have made a recommendation in relation to the storage of controlled drugs.

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Overall, we found that the service demonstrated an open, transparent and person-centred culture. Effective management systems were in place to monitor the quality of the service and we saw these had resulted in significant improvements across all areas of the service provided.