

Royal Mencap Society

Penrith Drive

Inspection report

55 Penrith Drive
Queensway
Wellingborough
Northamptonshire
NN8 3XL

Tel: 01933678681
Website: www.mencap.org.uk

Date of inspection visit:
26 October 2017

Date of publication:
27 November 2017

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 inspection took place on 26 October 2017 and was unannounced.

Penrith Drive provides accommodation and personal care to up to six people with learning disabilities.

At the time of our inspection the provider confirmed they were providing personal care to 6 people

At the last inspection in September 2015, the service was rated Good. At this inspection we found that the service remained Good.

There was a registered manager in post. 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.

People continued to receive safe care. Staff were recruited appropriately and there were enough staff at the home to meet the needs of the people living at the service. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff were well supported by the management team with supervision, training and on-going professional development that they required to work effectively in their roles. People were able to choose what they wanted to eat, and received the support they required within this area. People had access to healthcare professionals as required.

People were well cared for and were treated with dignity and respect. We saw that care plans had been written in a personalised manner and enabled staff to provide consistent care and support in line with people's personal preferences. People's relatives knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

The service was well run and had an open culture. Staff told us that they had confidence in the management team and their ability to provide quality managerial oversight and leadership to the home.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Penrith Drive

Detailed findings

Background to this inspection

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

This inspection took place on 26 October and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We met four of the people who used the service, but they were not able to verbally communicate with us. We were able to observe the interactions between staff and people using the service. We spoke with one person's family member, two support workers, and the registered manager. We reviewed three people's care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service.

Is the service safe?

Our findings

People received safe care from a dedicated team of staff who were confident in managing people's needs. A relative of a person told us, "I think [person's name] is supported in a very safe manner. We are very comfortable that we can go away, and know that they are being supported really well and are safe."

There were enough staff to meet people's needs. We saw that the service had a consistent amount of staff on shift as well as the registered manager who could also provide care. Rota's showed us that staffing was consistent and planned, and staff told us that any shifts that needed covering were done so within the team.

We saw that the service carried out safe and robust recruitment procedures to ensure that all staff were suitable to be working at the service. All staff provided adequate references and received a disclosure and barring service check (DBS) which confirmed their suitability to work with vulnerable adults.

People had risk assessments in place that were relevant to their needs, and were understood and followed by staff confidently. Every aspect of each individual's life was assessed for risk to ensure they were safely supported. Risk assessments we saw recognised the need for people to retain independence wherever they could, and were positive in their approach to keeping people safe.

Medicines were stored safely and securely. On the day of our inspection, we saw that some medicines errors had taken place during the morning. Audit records showed us that medicines errors had not happened before, and the registered manager was able to identify how and why the errors had taken place. Systems were in place to recognise any errors and address them. We saw that prompt and appropriate actions followed to minimise any impact on people, and staff were supervised accordingly. Staff were trained to administer medicines, and retraining took place when required.

Is the service effective?

Our findings

Staff received appropriate training and were knowledgeable about the people they were supporting. One relative told us, "The staff and the manager there are excellent. They know exactly how to support [Person's name] and have got to know them really well." One staff member told us, "The training is very good and enables us to support people well. The staff team is very stable and we know our residents very well." We saw certificates of completed training within files and also future dates for people to have refresher training. All training was being tracked on an electronic system which alerted management when training was due.

Staff received supervision to enable them to speak about their performance and gain support from the registered manager. One staff member said, "I have regular supervisions, every couple of months." All the staff we spoke with felt that supervisions were valuable and that they received the support they required to effectively do their jobs.

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 less restrictive as possible. 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 they were .

People were supported to maintain a healthy and balanced diet and had full choice over the food they ate. People were assessed for any risks around food intake and dietary requirements. Staff showed us that people were shown pictures of different food options that they liked, and were able to select what to have. We saw that this system enabled people with communication difficulties to make their own choices. Staff monitored food and fluid intake when required, and were aware of any special dietary requirements that people had .

People were supported to access health care professionals as they needed. During our inspection, we saw that one person had bruised their hand, and were taken by staff to seek medical attention to make sure that no serious damage had taken place. Records showed us that people's health needs were documented and appointments regularly attended with support.

Is the service caring?

Our findings

People were well cared for and were treated with respect and dignity. A relative told us, "The staff are wonderful, [person's name] is very well cared for. They give us a warm welcome whenever we go round, and I can see on [person's name] face that they are happy." During our inspection, we saw that staff and the registered manager interacted with people in a warm and caring manner, and people were clearly happy in the presence of all the staff that supported them.

People had detailed care plans in place that were centred around their needs and preferences. The plans provided staff with the specific details of how each person liked to be supported, and what their likes and dislikes were. This enable staff to understand each persons' skills and positive attributes and how best to support them.

People had personalised plans of activity that reflected their choices and interests. People could go out with staff and access the community as they wanted to. Photo journals were compiled to show the different activities that people had been doing, and documented to staff what people's likes and dislikes were.

People's privacy and dignity was respected at all times. We saw that staff knocked on people's doors before entering, and were mindful of people's privacy. Care plans documented the best way to support people and maintain their dignity and privacy wherever possible. All the staff we spoke with felt that the people using the service were completely respected by everyone that supported them.

Is the service responsive?

Our findings

People received care that was specific to their individual needs and requirements. People were involved in their day to day care wherever they could be, and family members or advocates were also involved when people were not able to make decisions for themselves. One relative told us, "The service always informs us of any important information. We are regularly involved with [person's name] life and the service respects that."

All the staff and the registered manager had a good knowledge of people's personal history, background and preferences. Staff were able to explain how people were supported to make sure their needs were met and they were able to be as independent as they could be. Staff could clearly demonstrate how each person's care was different, and personalised to them. We saw that each person's routines were different and they were supported to do things at their own pace.

People were supported to follow their interests and take part in social activities. We saw that some people attended day services to enable them to take part in activities they enjoyed and build social connections. We saw that people had their own rooms that were personalised to reflect the things they liked and the interests they had.

The service had a complaints policy and procedure in place. No recent complaints had been made. A relative told us, "Yes I am aware of how to make a complaint. I haven't had to, but I would have no problem doing so."

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. 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.

During our inspection we saw that the service had a positive atmosphere, and the staff were all enthusiastic about their roles and the support they gave people. One staff member said, "I have worked here for many years, and the current registered manager is the best one I have had." Another staff member said, "The management is very good. The registered manager is always around and gets stuck in." The registered manager was knowledgeable about all of the people using the service and understood clearly how best to support each person, and therefore able to support the staff team in their work.

All the staff we spoke with felt able to contribute to the service development and said their voices were heard by the management. We saw that team meetings occurred which enabled a forum for discussion and development of the service.

Quality assurance systems were in place to help drive improvements. We saw that audits took place across various areas of the service to check that standards were kept high and that information was accurate. We saw that when any errors were identified, that actions were created to drive improvement in that area.

A quality questionnaire was being sent out to people and their families, to enable people to feedback on all areas of the service and the care that they received.