







# Royal Mencap Society Penrith Drive

## Inspection report

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### Ratings

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

### Overall summary

The inspection took place on 30 September 2015 and was unannounced. The service is based in a residential area of Wellingborough, Northamptonshire and provides care for up to six people who have complex learning disabilities. At the time of the inspection six people were using the service.

The service had 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.

The staff had a good understanding of what constituted abuse and of the safeguarding procedures to follow should they need to report any abuse.

Risks were appropriately managed to ensure that people were supported to make choices and take risks.

# Summary of findings

Staff had been recruited following safe and robust procedures and there were sufficient numbers of suitable staff available to keep people safe and meet their needs.

Systems were in place to monitor accidents and incidents so that preventative action could be taken to reduce the number of occurrences.

Robust arrangements were in place for the safe administration and management of medicines.

Staff had the skills and knowledge needed to support people appropriately and had regular training updates to maintain their skills. A programme of staff supervision and annual appraisals enabled the staff to reflect on their work practice and plan their learning and development needs.

People's consent was sought before providing their care. People who lacked the capacity to make decisions were supported following the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People benefitted from having a balanced and varied diet. Their dietary needs were monitored and advice was sought from appropriate health professionals when needed.

People had regular access to healthcare professionals and were supported to attend health appointments.

The staff treated people with kindness and compassion, dignity and respect.

People had individualised and detailed care plans in place, which reflected their needs and choices on how they wanted their care and support to be provided.

Social, leisure and purposeful activities were provided for people to meet their individual needs and aspirations.

People and their representatives were encouraged to provide feedback on the service; complaints were taken seriously and responded to immediately.

We received positive feedback from health and social care professionals involved in monitoring people's care at the service.

The service was led by a registered manager who continually strived to provide a good quality service. The vision and values were person-centred. People and their representatives were supported to be involved and in control of their care.

Effective management systems were in place to continually monitor the quality of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow to report abuse.

Risk management plans promoted and protect people's safety.

People received the right level of support to meet their specific needs.

Safe and effective recruitment procedures were followed in practice.

People were supported by staff to take their medicines safely.

Good



### Is the service effective?

This service was effective

Staff had the knowledge and skills required to meet people's individual needs.

The staff were skilled in communicating effectively with people who had limited verbal communication.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.)

People were supported to follow a healthy diet and to eat and drink sufficient amounts to meet their needs.

People were referred to healthcare professionals promptly when needed.

Good



### Is the service caring?

The service was caring.

The staff cared for people with kindness and compassion and treated them with dignity and respect.

The staff supported people to maintain regular contact with friends and family.

The staff supported people to be involved and make day to day decisions about their care.

Good



### Is the service responsive?

This service was responsive

The care plans were person centred and reflective of people's needs and preferences.

Social, recreational and occupational activities met people's individual needs and enhanced their sense of wellbeing.

The service sought feedback from people and their representatives about the overall quality of the care provided.

Concerns and complaints were listened to and dealt with in line with the provider's complaints policy.

Good



# Summary of findings

## Is the service well-led?

This service was well-led.

There was an open and positive culture at the service, which focussed on meeting people's individual needs.

The registered manager operated an 'open door' policy and welcomed suggestions made from people and staff on improvements to the service delivery.

**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.

The inspection visit took place on 30 September 2015; it was unannounced and carried out by two inspectors.

Before the inspection, the provider completed 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 also looked at information from previous inspection reports and statutory notifications (notifications inform us about important events that providers are legally required to notify us by law). We also sought feedback from commissioners involved in reviewing the care of people using the service.

People using the service had complex learning disabilities that affected their ability to verbally communicate. We therefore relied on observations of interaction between people and the staff and discussions with the registered manager, four care staff and three relatives to form our judgements.

We reviewed the care records for three people living at the service. We also looked at three staff recruitment files and records relating to the management of the service.

# Is the service safe?

## Our findings

A relative said, “They [staff] know how to look after people, it’s a great place”. We also received similar positive opinions from the other relatives we spoke with. We observed that people looked comfortable and relaxed with the staff and with each other.

The staff had a good understanding of how to keep people safe and they were able to identify different types of potential abuse that people could experience. One staff member said “I would go straight to my manager or above if I had concerns of abuse. If that didn’t work, I would contact the Care Quality Commission (CQC), the council or police if I had to”. The staff training records also evidenced that all staff had received safeguarding training, which was updated annually.

There were clear systems in place to help assess and manage risks to people in the home and when out in the community. We saw they were regularly reviewed and updated as and when people’s needs changed. One staff member said, “We all follow the risk assessments and care plans. We review them monthly and make changes according to people’s needs”. The staff said the information in the risk assessments helped them to positively support people and keep them safe.

Environmental risk assessments had been carried out and some areas of the home had restricted access, for example, the laundry room was kept locked when staff were not using it. Otherwise people could safely move around the home and had access to outside space in the enclosed garden as they pleased.

We saw that fire safety equipment was regularly checked and that fire drill procedures and evacuation plans were present and up to date and emergency contingency plans were in place in the event of the service requiring to be evacuated.

The staff were knowledgeable of their responsibility to report and record all accidents and incidents. Records of accidents and incidents evidenced that staff responded appropriately to accidents and incidents and quickly arranged for emergency and non-emergency medical

assistance as required. We saw they were recorded in line with the provider’s policies and were regularly monitored by the manager to identify any trends in incidents, so that measures could be put in place to minimise the risk of repeat incidents.

There were sufficient numbers of staff available to meet people’s needs. The staff said they felt the staffing levels were consistent, safe and good. A relative said, ‘The staffing levels are fine, there are plenty about and they are a friendly bunch’. The manager informed us that three staff on shift was the standard and required amount. They explained that ‘bank staff’ within the organisation provided covered for permanent staff absences and that no external agency staff were used.

Records seen and observations during the inspection confirmed that staffing levels were consistent to meet the needs of the people using the service.

Discussions with the staff confirmed that the provider carried out appropriate checks on their suitability to work at the home and references had been obtained before starting work. We saw that the recruitment process was designed to check that applicants were suitable for the role through the application and interview process. The files had records of employment histories, written references from previous employers and checks had been carried out through the government body Disclosure and Barring Service (DBS).

The staff were knowledgeable about each person’s prescribed medicines and the individual support plans for giving people their medicines. One staff member said, “We make sure people have their medicines reviewed by the doctor. Sometimes people can be on medicines for a long time, so you need to make sure that they still need it”.

Established systems were in place for the obtaining, storing, administration and disposal of medicines. Close monitoring was followed when administering medicines prescribed to be taken as required. (PRN) to ensure they were only given when necessary. We saw the medicines were stored appropriately and the Medicines Administration Records (MAR) charts were completed appropriately.

# Is the service effective?

## Our findings

People received care from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. One member of staff said, “When I first started working here, I had two weeks of ‘shadowing’, working alongside an experienced member of staff. It’s really handy to pick up on all the little things that you need to do”. Another member of staff said that when they started working at the service, they had asked for an extension to the shadow shifts, as they felt they needed more time, before going onto shift. They said they had an additional four days, which they said helped build their confidence.

The staff training records showed that they were provided with induction training that covered areas such as, fire awareness, moving and handling and food hygiene and medicines training. We also saw that specific training was provided to meet the needs of people using the service, such as, caring for people with a learning disability, advanced communication, low level behaviour and equality and diversity. The manager told us that each month they were informed by head office which staff were scheduled to undertake refresher training, so this could be arranged. We saw that each staff file had evidence of certificates obtained from attending training courses.

Discussions with the staff confirmed they knew the people living at the service very well. One member of staff said, “Most of the people living here are ‘non-verbal’, but we all know the different ways they communicate to us”. A relative told us “The staff seem very well trained; they know how to look after people and what to look out for”. During the inspection we observed the staff and people using the service interacted well, the staff responded promptly to people’s different ways of communicating, such as gestures and sounds.

We observed the afternoon staff handover, they communicated the events of the day for each person summarising their general wellbeing, and any upcoming appointments for the rest of the day. One staff member made the other staff aware of changes in a person’s care needs after attending a health appointment that morning.

People’s needs were met by staff that were effectively supervised. One member of staff said, “The balance is just perfect, everyone has their own gift. If I ever need advice

there is always somebody I can speak to”. All of the staff we spoke with confirmed the manager was very supportive and approachable and offered support, advice and practical help whenever needed. A programme of staff supervision and appraisal was in place and dates for staff supervision meetings were planned between each member of staff and the manager. In addition regular staff meetings took place and records of meetings confirmed that discussions focussed on reflective care practice, staff training needs, best practice and meeting high standards of care.

Staff understood the Mental Capacity Act 2005 (MCA). One member of staff said “We support people to make decisions, some people can make choices, for example, we present options of food, and the person can point or touch the one they want”.

Staff told us they had received training on the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. We saw that mental capacity assessments had been carried out that identified where people lacked capacity to make some decisions in their lives. For example, the ability to self-administer medicines and when staff support was required to ensure that medicines were taken as prescribed. We heard staff ask people for their consent before providing them with any assistance.

We saw within people’s care files evidence that best interest meetings had taken place, which had reached decisions when individuals did not have capacity to make their own informed decisions. We saw correspondence that evidenced the manager had followed the legal process when applying for DoLS authorisations to place restrictions on people’s liberty, for example, people who needed to be escorted by staff when out in the community to ensure their safety and were awaiting confirmation from the local authority.

Each person was supported to eat a varied, balanced diet that met their preferences and promoted healthy eating. A relative said, “The food is good, the staff know about the dietary needs of people and support them well”. We observed a person being supported to eat lunch. The staff member supported the individual in a respectful way, communicating with them to make it a positive enjoyable, experience for the individual.

## Is the service effective?

The staff had a good understanding of each person's dietary needs and during the staff handover they communicated to the next shift what people had eaten and drank so far during the day. We saw records within people's care files that demonstrated people were supported to see their GP or dietician when needed.

People had access to advice and support from health and social care professionals. A member of staff said, "We would have a good idea from body language and changes in a person's behaviour, if they were not feeling well, I would ring for a doctor's appointment, let the manager know, and take them to see the doctor as soon as possible".

Suitable arrangements were in place to deal with foreseeable emergencies. We saw that each person had a 'grab sheet' with important information about them in the event of an urgent admission into hospital. We saw that there was clear information about how people communicated and expressed any pain and any allergies they may have.

We also saw within the care records that people had regular appointments to see health professionals, such as their GP, dentist, podiatrist, optician, speech and language therapist and dietician.

# Is the service caring?

## Our findings

People received care from staff that treated them with kindness, respect and dignity. One member of staff said, “I am a people person, I have got to know the people living here very well, I have learnt a lot from them, especially the importance of patience and kindness”. All the staff spoke warmly about people and had a detailed knowledge of each person living at the service.

We heard staff speak to people in a respectful way and responded to gestures that indicated people may have need assistance.

People were supported to maintain relationships with people that mattered to them. For example, a person had recently moved into the service from another home managed by The Royal Mencap Society. The manager and staff told us that when they first moved in the staff from their previous care home had worked alongside the staff from Penrith Drive for the first week to provide familiarity and continuity of care. They said they thought this had helped the person to adjust to their new surroundings and build trust with the new staff providing their care.

Families were encouraged to be involved as much as possible in their relatives care. They were welcome to visit as often as they were able to and in turn people were also supported to visit their families and friends on a mutually agreed basis. The relatives we spoke with all confirmed that they were very much involved in decisions about their relatives care; they also confirmed they were invited and

attended care review meetings. We saw that advocacy services were made available for people; although at the time of the inspection the manager informed us that no people were currently using an advocate.

We observed that the staff were very skilled in communicating with people who had complex learning disabilities. They had a good understanding of the way each person communicated, reading body language and non-verbal signs that enabled them to understand people. For example, we observed one member of staff used gentle touch and a soft tone of voice to provide reassurance for a person. From the exchanges that took place it was evident that the person responded well to the approach, smiling back at the member of staff, looking relaxed sitting close beside them.

The staff interactions with people demonstrated that they actively listened to and involved people in making day to day decisions. For example, we heard staff asking people how they felt, whether they wanted to go out or stay at home, what they wanted to eat and drink. We also observed the staff treated people with dignity and respect and personal care was attended to discreetly.

We saw that personal information about people was stored securely. We sat in on the midday handover between the morning and evening staff we observed that personal information was shared between the staff, sensitively and confidentiality was maintained. The staff confirmed that during their induction training the importance of keeping confidentiality was stressed as a fundamental right of all people living at the home.

# Is the service responsive?

## Our findings

People using the service were unable to tell us their views about their care and support due to having limited verbal communication and complex needs. They communicated through sounds, body language and gestures. We therefore observed and listened to how the staff supported people and looked at what information was available within the care plans on how they preferred to have their care needs met.

We saw the care plans had detailed information that included how individuals made their needs known to staff. For example, how to know whether the person was happy or unhappy about something. The staff kept daily notes for each person that fed into the care plan reviews and the care plans were updated as and when people's needs changed.

The staff recognised the importance of people having social contact and companionship and they were supported to engage in purposeful and recreational activities. The care plans had a section entitled 'about me' that gave information on the person's likes, dislikes and preferences. Each person had also identified their individual 'circle of support' such as close family, friends, peers, staff and health care professional.

One of the care plans we looked at was entitled 'me and my shed' there was detailed information available on how the person loved to spend time in their shed, listening to music and drinking tea. It was evident that spending time

in the shed was an important aspect of their life. The staff said they helped the person to decorate the shed at different times of the year, to mark different celebrations for example, Christmas and Halloween. They also said they had helped the person write a blog on the Royal Mencap website, telling people about their shed and what spending time in the shed meant to them.

Staff told us that each person who used the service had their own way of accepting or refusing support. The descriptions given by the staff indicated that they took time to understand what people's wishes were. They understood the importance offering people choices and did not make assumptions when providing their care and support.

People had the opportunity to take part in activities of their choosing. On a day to day basis some people regularly attended day centre provision and some people stayed at home, visited their family, or went out with staff shopping or going for walks. Social events, were also organised, for example, one person had been on holiday to Skegness, whilst others went on days out to visit local attractions.

The service listened to people's experiences, concerns and complaints and they were responded to appropriately. The staff said they had confidence that the manager would respond to any complaints professionally. The service had only received one complaint over the past 12 months and we saw it had been responded to in accordance with the provider's complaints policy.

# Is the service well-led?

## Our findings

The staff we spoke with told us the vision and values of the Royal Mencap Society were explained to them during their induction training. We also saw the values of being inclusive, trustworthy, caring, challenging and positive were highlighted with staff during team meetings and formed the foundation for the care provided at Penrith Drive.

Comments from the staff were positive. One member of staff said, “I am quite new here, the manager and the staff are so supportive, if I am stuck on anything any time of the day, I only have to ask and they will help”. Another member of staff said, “Many of the staff have worked here for a number of years, Mencap is a very good organisation to work for, they really do care about the staff as well as the residents”. It was evident from the staffs comments they fully understood what was expected of them and they were experienced and knowledgeable about caring for people with complex learning disabilities.

The staff confirmed they received regular supervision and appraisal meetings. They also told us that they also had regular meetings and that these were useful ways of sharing information and ideas, We also saw that staff meetings took place regularly and minutes from the

meetings evidenced they were well attended. The meeting agendas covered health and safety matters, standards of care and identifying staff training needs. The training records showed they received appropriate training in order for them to continually develop within their roles. It was obvious that there was an open and transparent culture at the service.

All the staff we spoke with were aware of the safeguarding and whistleblowing procedure, as well as the need to raise any concerns regarding the practice of staff or management.

We saw that satisfaction surveys were carried out to provide feedback on the service and identify areas for development. We saw that the comments from the last survey were all positive and no areas for improvement were identified.

The registered manager told us that they and the area manager conducted a number of regular checks and audits to ensure the service was delivered to a high standard and to identify areas for development. We looked at the management records that were held electronically, they confirmed that the checks were carried out as scheduled, and areas identified for improvement had action plans in place and systems were in place to check on the action taken.