Royal Mencap Society

Royal Mencap Society - 1-2 St Albans Close

Inspection report

St Albans Close
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 15 January 2016 and was unannounced.

The home provides care and support for people with learning and physical disabilities who had limited communication. At the time of our inspection there were 4 people living there.

At the time of the inspection there was no registered manager. 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. There was a manager in post who was in the process of applying to become the registered manager.

The risk assessments in place to help mitigate any risks to people were not all as person-centered as they needed to be and needed to be more regularly updated to meet the changing needs of people that used the service. Although people's needs were assessed prior to coming to the home, more account needed to be taken of the environment to ensure that any specialist equipment needed to support people could be more effectively used.

There were appropriate recruitment processes in place. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns. There was enough staff deployed to support the individual needs of people.

Staff were supported through regular supervisions and undertook training which focussed on helping them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People received support and care from staff that were friendly, kind and respected them as individuals. Staff had taken time to understand peoples likes, dislikes and enabled people to participate in activities either on an individual basis or within groups. This was evident in the way staff spoke to people and the activities they encouraged and supported individuals with. Relatives spoke positively about the care and support their relative was receiving and felt that they could approach management and staff to discuss any issues or concerns they had.

The manager was approachable and open to feedback; actively enabling staff to look at ways to improve and develop the service. There were a variety of audits in place to ensure people were receiving a good service and action was taken to address any shortfalls.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments in place needed to be more person - centered and reviewed more regularly as and when people's needs changed.

There were sufficient staff deployed to meet the needs of the people but staff were stretched to maintain this.

People were happy and relaxed around staff and their families said they felt their relatives were safe.

Staff understood their roles and responsibilities to safeguard people and were supported by appropriate guidance and policies.

There were safe systems in place for the administration of medicines.

Is the service effective?

Good

The service was effective.

People received care from staff that had received training and had the skills, knowledge and experience to meet their needs.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care and sought consent from people to support them.

People's health care needs were regularly monitored.

Is the service caring?

Good

The service was caring.

People received their support from staff who were friendly, kind and who respected them as individuals.

People were encouraged to express their views and to make choices.

Family and friends were welcome to visit anytime.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were assessed prior to coming to the home to ensure their needs could be met; however, more account needed to be taken of the environment to be able to effectively use the specialist equipment required.

Staff spent time with people and understood people's individual needs.

There was written information provided on how to make a complaint and people were given the opportunity to raise any complaints at weekly house meetings.

Is the service well-led?

Requires Improvement

The service was not always well-led.

At the time of the inspection there was no registered manager; a manager had been appointed and was currently going through the process to become the registered manager.

People using the service, their relatives and other services which the people accessed were encouraged to provide feedback about their experience of care and about how the service could be improved.

There was culture of openness and a desire to continually improve to provide the best possible person centred support and experience for people.

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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 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 15 January 2016 and was unannounced. The inspection team comprised of one inspector.

We looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also looked at the information the provider had sent following completion of the 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 contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service.

We observed and spoke to three people who used the service, and spoke with four members of support staff and the registered manager. We were also able to speak to a relative who was visiting at the time of the inspection and two relatives who agreed to be contacted.

We looked at three records for people living in the home, three staff recruitment files, training records, duty rosters and quality audits.

Requires Improvement

Is the service safe?

Our findings

There were a range of risk assessments in place which identified areas where people may need additional support and help to keep safe. For example, people who needed help to transfer from their wheelchair to a bed or chair had a risk assessment in place. However some risk assessments needed to be more person-centered to meet individual needs and to give staff more direction as to what they needed to do to mitigate any risks for the individual person. Some risk assessments needed to be reviewed more regularly to ensure they accurately reflected the person's current needs. The staff we spoke to understand the risks for the individuals concerned but for new or less experienced staff there was a potential people could be put at risk if the staff relied purely on the risk assessments. We spoke to the manager about this; they acknowledged the potential risk and had already begun a review of all risk assessments to ensure they were more person-centered.

There was a tool in place to work out the ratio of staff required to meet the needs of the people which also took account of any forthcoming appointments or events for individuals which would require additional staff to support them. Records showed that staffing levels were always in line with the assessed needs and that where needed relief staff were used to ensure that the levels of staff remained consistent. However, the staff we spoke to said that there currently was not enough staff as a whole to support the service and that although they always ensured that shifts were covered they felt under pressure to work additional hours which potentially impacted on their own health and well-being. We spoke to the manager about this who explained that currently they did have some staff vacancies and they were in the process of recruiting more staff to join the team. Relatives we spoke to felt there was normally enough staff on duty but there were occasions that they felt the staff were stretched. Taking into account the information available to us and observing the people living in the home there were sufficient staff to meet their needs.

People looked happy and appeared calm and relaxed around staff. One person we spoke to said "I am safe here." Relatives we spoke to said they felt their relative was safe and they had no concerns. One relative said "I would not leave [name of relative] here if I did not think they were safe." Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern if they needed to do so. Staff told us that they felt able to raise any concerns around people's safety to the manager and outside agencies if they needed to. There was information available as to who to contact and an up to date policy to support them. All the staff had undertaken safeguarding training and this was regularly updated. Notifications in relation to safeguarding issues had been sent to the local Authority and Care Quality Commission.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at three staff files; appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants' identity.

Health and Safety audits where in place and appropriate action taken to address any shortfall; for example plans were in place to adapt a bathroom to make it safer and easier to access the bathing facilities for

people who had mobility difficulties. Each person had a personal evacuation plan in place; there was also information about each person held within an emergency folder which detailed how each person liked to be communicated with and what things may upset them which would be shared with relevant people in the event of an emergency. Fire alarms were tested each week which meant that procedures were in place to keep people safe.

We observed staff administering medication as they did they spoke to the person receiving it explaining what they were doing and knew how the person preferred to take it. Medication Administration Sheets (MARS) had been completed and all medicines were kept in a locked cabinet. Staff received training before taking on the responsibility to administer medicines and their competencies had been assessed. Yearly observational competency reviews were undertaken by the manager which was recorded on staff training records. One member of staff told us that they only undertook the responsibility to administer medicines when they felt fully confident. We were satisfied staff were able to provide people's medicines safely and there were adequate systems in place to support this.

Good

Is the service effective?

Our findings

People received support from staff that had the skills, knowledge and experience to meet their needs. All new staff undertook an intensive and detailed induction programme which comprised of seven days classroom based training and four to six opportunities to shadow more experienced staff before working on a shift. New staff completed an induction handbook which involved undertaking competency based training and observations. The staff we spoke to had worked at the home for a number of years but felt that the induction programme for new staff was good and anyone new could shadow as much as they liked to ensure they were confident to work alone.

All staff had 'Shape your future' supervision sessions with the manager. These were a combination of supervision and on- going appraisal and personal development meetings and were held every twelve weeks. One member of staff told us "These are a good opportunity to say what you think." In between the sessions staff were able to have informal supervisions. Staff said that these sessions were valuable and that they felt able to speak to the manager at any time if they needed to. The staff training program was focused on ensuring they understood people's needs and how to safely meet these. All staff had completed the training they needed and there was regular updated training available to help refresh and enhance their learning. The staff had recently undertaken refresher training in manual handling and moving people. The staff told us this was really helpful as it had updated them on techniques they could use and had helped them to identify what equipment they needed within the home to help them more easily support people. As a result of the training specialised equipment had been requested. One relative we spoke to told us that they felt all the staff were well trained and knew how to support their relative particularly when their needs had changed.

People were involved in decisions about the way their support was delivered; for example we observed staff asking people where they wished to sit to eat and asking them what they wanted to do. We could hear staff speak to people in their own rooms asking them how they could help and listening to what needed to be done to make them more comfortable. People's care was regularly reviewed with them and their families where appropriate. One family told us that they were always involved in any important meetings about their relative; another family told us that when they felt there was a need to meet with professionals about their relatives care the staff arranged a meeting for them as soon as they could. We observed when relatives were visiting there was an open dialogue between staff and relatives. One relative said "The staff are lovely, I am confident they know what to do."

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals.

People were supported to eat a healthy balanced diet. Each week the people living in the home planned together a weekly menu. The staff knew people's likes and dislikes and had spoken to family members to ensure that people were getting a varied diet. One staff member said "[name of person] always likes a brunch after they have had a lay in." We observed the person enjoying eggs, bacon and beans. Staff were aware of individual dietary needs and supported people to make healthier choices. Each person had a daily diary which included what they had eaten during the day and this enabled staff to be aware of any shortfalls or excesses in people's diets. The staff had sought advice from a Speech and Language Therapist to advise them on how the food needed to be presented to people who had difficulties with their swallowing.

People's health care needs were regularly monitored and yearly health checks were undertaken by a GP. We saw from people's support plans that they had accessed other professionals such as a physiotherapist, dentist and chiropodist when needed. There was a system in place which identified when routine health checks were due which enabled the manager to ensure there were enough staff to support an individual to attend appointments. Information was available to share with professionals explaining how an individual liked to be approached and how they may show whether they were happy or not. During the inspection one person was unwell; the staff had called the GP out to visit and supported them when they needed to go to hospital. We spoke to the GP about the service who commented "The staff are always able to tell what is going on, they are aware of subtle changes in people."

Good

Is the service caring?

Our findings

People received their support from staff who were kind, friendly and showed empathy to their needs. People's individuality was respected and people were supported to express themselves through their own choices such as what they chose to wear. The staff took time to interact with people and were patient in trying to understand what a person needed. The people in the home had different ways of communicating their needs and we could see that staff knew how to respond to people's individual communication methods. People looked happy and contented; staff interacted well with them and there was a lot of smiles and communication between everyone.

Staff and people had worked together to personalise their environment to make them feel at home and comfortable. One person showed us their room and pointed out the pictures of their family and friends. Another person had their own armchair in the lounge which they had brought from their family home. We were also introduced to one person's two pet birds. A relative commented "This is a family home."

Staff were mindful and considerate of people's wishes when asking if they could enter their rooms. People's individuality was respected by staff; responding to people by their chosen name and talking to people about the things they had been doing that day. It was clear from the interactions we witnessed that the staff knew people very well and were able to respond to people when they were unhappy or anxious. Staff spent time with people to help them understand and process what events had happened recently. Comments relatives made when we spoke with them included "The staff are very caring." "The staff are fantastic, they are very caring and will go that extra mile to ensure people are happy." "The staff are superb we are absolutely delighted with the care our relative receives."

People were encouraged to express their views and to make choices. Care plans included detailed information about people's preferences, their likes and dislikes, how they liked to be treated and gave comprehensive accounts about individuals to enable all staff and any professionals working with a person to gain as much knowledge and understanding of the person's individual abilities and goals. The staff were able to explain to the inspector how they needed to approach someone to communicate with them; following their guidance the inspector was able to hold a conversation with the person.

There was information available about an advocacy service. The staff and manager said they knew they could contact the advocacy service if they needed to and that an advocate had been involved with one person but currently no one needed the support of an advocate.

Family and friends were welcome to visit anytime. One relative told us "I pop in when I need to, always feel welcome." We observed a nice friendly conversation between staff and relatives who visited during the inspection.

Requires Improvement

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met. Equipment which was needed to support a person with their physical needs had been brought with them but more account needed to have been taken of the environment this equipment was to be used in. Staff told us that although more equipment had now been requested to support the person it would have assisted both them and the person to have had it in place as they moved in. The manager was aware of this and was liaising with the appropriate professionals to address this as quickly as possible.

Care and support plans contained all the relevant information that was needed to enable people to be as independent as possible and achieve their goals. There were risk assessments in place covering all aspects of the person's life such as personal care, oral hygiene, finances and mobility; however some risk assessments needed to be more person-centered and kept more regularly up to date as people's needs changed.

Staff demonstrated a good understanding of each person in the service and clearly understood their care and support needs. One relative told us "The staff know what they are doing with [name of relative] and know what to watch out for." Staff interacted confidently with people and they were responsive to individual needs; for example when a person picked up a particular object the staff knew instinctively that the person needed to talk about a loved one who had passed away, the staff then took time to chat with the person about their loved one. A health professional who was visiting the home at the time of the inspection told us "The staff know the people very well and will call us if they see any changes in people; they support the people very well."

Everyone who lived in the home had a full programme of activities which included attending a local day service, voluntary work and one person had a cleaning job they went to most days. People were encouraged to follow their interests; for example one person liked football and was supported to attend the local football team matches. Another person liked to socialise and was supported to attend a number of local social clubs in an evening. A number of people had chosen to go to the theatre so plans were in place to support them to do this.

The manager and staff liaised with other agencies to enable people to access the activities they needed which would enable them to live a fulfilled life. Support plans were reviewed on a regular basis and all staff were asked to sign them to ensure they understood the support needs of each individual and provide the necessary consistent approach required. Each person had their own key worker who took lead responsibility of reviewing the support plan with the individual person.

Staff spent time with people and responded quickly if people needed any support. As people came back from their daily activities they were welcomed back by the staff who spoke to them about their day. One staff member asked a person "Had a good day?" People appeared contented to spend time in their own rooms listening to music or watching the television, whilst others relaxed in the lounge looking at magazines.

There was information provided on how to make a complaint which was also available in easy read versions with pictures to ensure that everyone had access to the information. We saw from the information about the weekly house meetings that people had the opportunity to opportunity to express whether they were happy or not with the service. Relatives said that the manager was approachable and that if they had any concerns they would also be happy to talk to any of the staff team. The manager told us that they would try to resolve any concerns as quickly as possible. There had been no complaints made in the last twelve months.

Requires Improvement

Is the service well-led?

Our findings

The manager had been in post since September 2015 and was in the process of applying to be registered with the Care Quality Commission to become the registered manager. It was clear when we inspected and spoke with the manager they had begun to recognise areas of the service which needed to be improved and developed. They had identified that the risk assessments needed to be strengthened and also felt that the support plans could be improved. The staff team responded well to the manager, one member of staff commented that the manager took time to listen to the team and gave them the opportunity to share their ideas. We could see that both the people living in the home and the staff reacted positively towards the manager. One relative told us "[Name of new manager] is fantastic and had bent over backwards to help and support us." The manager also covered shifts regularly to ensure they gained a better understanding of the people who lived there and what pressures there may be on staff at times.

Staff worked well together; one member of staff told us "The more experienced staff are very good at supporting new people to help them get to know the people." Team meetings took place and notes of these were held within the staff communication book. This ensured all staff could read and comment on them especially if they were unable to attend the meeting. The meetings enabled staff to give feedback on current practices in the home and gave an opportunity to share good practice. Staff told us that they felt the manager gave everyone the opportunity to put their suggestions forward and listened to them. There was culture of openness and a desire to continually improve to provide the best possible person centred support and experience for people. We could see from the way staff spoke and encouraged people that they were determined to support people to have as much control of their own lives as possible and decide things for themselves.

Communication between people, their families and the service was encouraged in an open way. We observed the manager contacting a relative to keep them informed about their relative who was unwell and needed to go into hospital, throughout the day the manager kept the family informed of what was happening. Relatives told us that they felt involved in the care of their relative and always felt welcome at the home. There was a nice relaxed and warm atmosphere about the home. Regular house meetings were held which enabled people to express what they would like to do and whether they were happy or not with the support they received. People told us they were happy and the staff were good. A relative told us "[name] was very happy at the home."

People using the service, their relatives and other services which the people accessed were encouraged to provide feedback about their experience of care and about how the service could be improved. Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. A survey was currently being undertaken to seek people's views. The relatives we spoke to said they were happy with the service and that the felt new manager was visible and approachable.

Quality assurance audits were completed by the manager to help ensure quality standards were maintained and legislation was complied with. Where audits had identified shortfalls action had been carried out to address and resolve them. Regular audits were in place to ensure that all systems were being safely

managed. The area manager visited on a monthly basis to undertake an audit to ensure all procedures were being adhered to and any health and safety concerns were being effectively managed. We saw from a recent audit visit that one of the bathrooms was going to be altered to better meet the needs of the people living in the home.