

Royal Mencap Society

Royal Mencap Society - Ashingdon Road

Inspection report

296 Ashingdon Road
Rochford
Essex
SS4 1TR

Website: www.mencap.org.uk

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12 April 2017
19 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

296 Ashingdon Road provides accommodation and support for up to six people with learning difficulties. At the time of our inspection there were four people living at the service. The service does not provide nursing care.

At the last inspection in October 2015 the service was rated Good. At this inspection we found the service remained Good.

A manager was in post and was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with 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.

The service was safe. The registered provider's recruitment procedures ensured that only suitable staff were employed. There were enough staff to help keep people safe, meet their needs and protect them from harm and abuse. Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. There were safe systems in place for receiving, administering and disposing of medicines.

The service was effective. Staff received training to ensure they had the necessary skills and knowledge to care for and support people living at the service. The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to eat and drink enough and maintain a balanced diet and to access health and social care services when required.

The service was caring. Staff knew people well and were kind and sensitive to their needs. People's privacy and dignity was respected and maintained. People were supported by staff to be as independent as possible.

The service was responsive. People were involved in the planning and review of their care and support needs. Care plans were person centred and were regularly reviewed. People were actively encouraged and supported by staff to pursue their interests and hobbies; activities were tailored around people's likes, choices and abilities.

The service was well-led. Staff and relatives spoke positively about the manager who was committed to providing an excellent person centred service, ensuring people had a good quality of life. There were systems in place to regularly assess and monitor the quality of the service provided and people living and working in the service had the opportunity to say how they felt about the home and the service it 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 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.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a scheduled comprehensive inspection.

The inspection took place on the 12 and 19 April 2017 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

Some people living at the service were not verbally able, or choose not to, communicate with us so we used observation as our main tool to gain insight of their experiences. We spoke with two members of staff, manager and the area operations manager. We also spoke with one relative by telephone on the 19 April 2017.

During our inspection we reviewed a range of records. This included two people's care and medicines records and records relating to four members of staff. We also looked at the arrangements in place for supporting staff, managing complaints and monitoring and assessing the quality of the service provided.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse and harm and risks to people's safety as at the previous inspection and the rating continues to be Good.

Staff we spoke with knew what action to take if they had any concerns about people's safety and felt confident that if they needed to raise any concerns that the manager would take appropriate action to protect people and keep them safe. Furthermore, staff knew they could also contact outside authorities such as the Care Quality Commission (CQC) and social services. One member of staff told us, "If I suspected anything I would contact my manager and if necessary contact the person's social worker, Police or CQC." 'Ask Sal' posters were displayed within the communal areas of the service. Ask Sal is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns.

People's care plans identified individual risks to people both within the service and when accessing the local community and contained information to mitigate any identified risks. Although staff intuitively had an understanding of people's risks and how to manage them whilst allowing people as much independence as possible, we noted that one person's risk assessment documentation was not as detailed as others. We discussed this with the manager and the area operations manager who informed us they would take immediate action to ensure the risk assessments were updated appropriately.

Systems were in place to record and monitor incidents and accidents and these were monitored by the manager and the registered provider. This ensured that if any trends were identified prompt action would be taken to prevent reoccurrence. Records showed that staff were trained in first aid and fire awareness and how to respond to emergencies. Staff were able to tell us what action they should take in the event of an emergency.

There were thorough recruitment procedures and checks in place to ensure staff were of good character and suitable for their role before they commenced employment. Staffing levels were sufficient to meet people's individual care and support needs safely. The manager told us that rotas were flexible and planned to ensure there were enough staff at all times according to the number of people at the service and their activity schedules. Staff told us that they felt there were always enough members of staff on each shift. This view was also shared by a relative who told us, "I visit regularly and there's always enough staff. [Name of person] is very safe living there." During our inspection we observed staff supporting people in a timely way and sufficient staffing levels to meet people's individual care and support needs.

There were systems in place for the safe management of medicines. Medicines were stored safely in a locked cabinet in people's bedrooms and were administered by staff who were appropriately trained and had their competency to administer medicines checked regularly. Medicines administration records (MARs) that we looked at were completed correctly with no gaps or anomalies.

Is the service effective?

Our findings

At this inspection we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were supported, where appropriate, with their health and dietary needs. The rating continues to be Good.

Staff had completed an induction programme when they started work at the service and were supported to obtain the knowledge and skills they needed to provide good care. Training records confirmed staff had completed the registered provider's mandatory training.

Staff received regular supervision and annual appraisals. Supervisions and appraisals are important as they are a two-way feedback tool for the managers and staff to discuss work related issues and training needs. Staff told us they felt well supported by the manager who was always accessible if they needed any support or guidance. This demonstrated that staff had a structured opportunity to discuss their practice and development.

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). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether staff were working within the principles of the MCA. Staff understood the importance of consent and explained to us how they gained people's consent to their care and helped people to make choices on a day to day basis. Records showed that people's mental capacity had been assessed and any decisions were made in their best interests in the least restrictive way in line with legislation. The manager and staff understood their responsibilities and the key principles of the MCA and DoLS.

People were supported to eat and drink enough and maintain a balanced healthy diet. They were involved in choosing the food and drink that they were provided with and, where appropriate, were supported by staff to be involved with the preparation of meals.

People were supported to access healthcare services as required such as GPs, opticians and dentists to maintain their health and well-being. The outcome of health appointments were recorded within people's care plans so that staff knew what action to take. Care records showed that the service worked effectively with health and social care services to help ensure people's care needs were met.

Is the service caring?

Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

Staff provided a caring and supportive environment for people who lived at the service. A relative told us, "All the staff are caring, [names of staff] are excellent, absolutely marvellous and get on really well with [person]." During our inspection we observed warm interactions between people and staff and it was clear that staff knew people well. Staff were not rushed in their interactions with people.

People were involved in making decisions about their care and support. Care plans were person centred and contained information about people's likes, dislikes and preferences in regard to all areas of their care including cultural and religious beliefs; all the staff we spoke with were able to demonstrate a good knowledge of how people wished to be supported.

Staff demonstrated a good understanding of privacy and dignity and described how they protected and respected people's dignity such as knocking on people's doors before entering their rooms, ensuring curtains and doors were closed when supporting people with personal care and helping people to maintain their personal appearance so as to ensure their self-esteem and self-worth. A relative told us, "[Name] always looks smart, you can guarantee that."

People were supported to maintain their independence and staff recognised the limitations of each person and empowered them to be as independent as possible. One member of staff explained that it was important for people to do as much as they could for themselves such as wash or dress themselves and carry out household chores. They went on to say, "We try and give as much independence as we can so they have a fulfilled and happy life."

The service had information on local advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. Records showed that an advocate regularly visited the service to support the people who lived there.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Each person had a care plan that was tailored to meet their individual needs such as personal care preferences and any cultural or spiritual needs and wants. The care plans we looked at had been signed by people to show that they had been involved in the planning and review of their care. Care plans were reviewed every six months or sooner if people's needs changed. The manager and area operations manager informed us that they had identified that improvements were required to ensure people's care plans were much more person centred and meaningful to people living at the service. They showed us the new documentation that they were in the process of implementing following a successful roll out in one of the other registered provider's services.

Staff actively encouraged and supported people to follow their interests and hobbies and to access their links with the local community. The manager told us that the service was flexible to enable people to do the things they wanted when they wished, for example going out for a day trip or to access an evening activity. Throughout our inspection we observed people engaging in the activities they wanted to do including accessing the local community.

The service had a policy in place for dealing with complaints and this was clearly displayed at the service and was accessible in easy read format. The service had received one formal complaint in the last 12 months and this had been dealt with appropriately in line with the registered provider's policy.

We saw one compliment had been received from a relative of a person who had passed away last year. Records showed that their relative had contacted the registered provider to express they could not praise the staff team enough during the 25 years their relative had lived at the service.

Is the service well-led?

Our findings

At this inspection we found the service was as well-led as we had found during the previous inspection. The rating continues to be Good.

The service had a positive culture that was open and honest. Throughout our inspection management and staff were keen to demonstrate their practices and provided the information and documents that we asked for.

Staff told us they felt supported and valued and enjoyed working at the service. They said that they felt the service was well-led and that the manager was very approachable and was always available for support and guidance. The manager's vision and values were fully embraced by staff who were committed to ensuring people had the best quality of life.

Regular staff meetings were held and topics such as updates on people living at the service, training, activities and the day to day running of the service were discussed. Staff told us that they were able to openly discuss any concerns and suggestions for improvements to the service. For example staff had discussed about supporting people to go to the local supermarket for the service's food shopping rather than ordering on line. The manager had been open to this idea and agreed to implement it. This showed us that staff had the opportunity to be involved in how the service was run.

There were effective systems in place to ensure staff had the information they needed to provide a good service. Clear and effective communication systems were in place, including handover at each shift. A communication book was also used for staff to communicate important information. This meant that staff were able to quickly access any important information they needed to provide people with safe care and support.

The registered provider actively sought the views of people who used the service. This was done in a number of ways such as daily interactions with people and questionnaires. People's feedback was taken into account to improve the quality of the service.

There were systems in place to monitor the quality and safety of the service. The manager was committed to delivering a high standard of care to people and ensured regular checks and audits were completed such as health and safety and the fire system. The area operations manager also visited the service regularly to undertake quality assurance checks. Where any actions were identified actions plans were developed to address any identified areas of improvement. This demonstrated that the registered provider had a quality assurance programme in place which was effectively monitored.