Care Quality Commission

Royal Mencap Society

Royal Mencap Society - 1 Meadow View

Inspection report

The Lawns
Bempton Lane
Bridlington
Humberside
YO166FQ
Tel: 01262 400985
Website: www.mencap.org.uk

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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 22 and 24 January 2015 and was unannounced. The service was last inspected on 12 November 2013 and was fully compliant with the regulations reviewed.

Royal Mencap – 1 Meadow View is registered to provide care and accommodation for up to four people. The home specialises in care for people who have a learning disability.

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

Summary of findings

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.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of the Mental Capacity Act (MCA) 2005 legislation, which is in place for people who are unable to make decisions for them. The legislation is designed to make sure any decisions are made in the person's best interest. The service was currently developing systems in the home to support people with the MCA.

Staff were aware of and had been trained in the systems for handling any allegations of abuse or harm. We found the manager and staff knowledgeable about the needs of people living in the home. They treated people with respect and were able to help with any concerns they raised.

Adequate numbers of staff supported people. Staff recruitment included checks to help make sure potential staff were suitable to work with vulnerable people. Staff undertook training to help make sure they had the necessary skills to support people.

People were able to live their lives as they chose. Risks to their welfare were identified and actions put in place to reduce these. This included any health or nutritional risks, for example if people were at risk of choking. Staff had received training in supporting people with their medication. The manager observed staff practice regarding medication to help make sure they were competent with this.

Systems were in place to help make sure there were well-trained staff who were supported by their manager. This helped to make sure an effective staff team supported people living in the home.

People's personal preferences and choices were known by the staff team. People told us they had choices in their lives, for example with their food. We observed people going out in the community throughout our visit. People's care plans recorded they had undertaken a variety of activities, including if they had attended church. Additionally staff supported people to maintain important relationships.

People living in the home did not raise any concerns about the staff. Staff were knowledgeable about people's personal preferences and choices. We saw staff were respectful with people and offered good support.

The manager was knowledgeable both about the needs of the people who lived in the home and the staff team. Staff felt the manager was approachable and that they could raise any concerns with them.

There were quality assurance systems in place to gain the views of people who lived in the home and to help make sure there was effective management of the home.

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.

Systems were in place to help make sure people were protected from harm.

Adequate numbers of staff supported people. Staff recruitment checks were in place to help make sure potential staff were suitable to work with vulnerable people.

Systems were in place to help make sure people's medication needs were safely met.

Good

Is the service effective?
The service was effective.

People were supported by a well trained staff team. Systems were being developed to help make sure people's rights were consistently upheld.

People's nutritional needs and choices were met in the home. Support was in place to help make sure people's health needs were identified and met.

Good

Is the service caring?
The service was caring.

People were supported by caring staff who treated them with respect.

Staff knew about people's needs and involved them in decisions.

Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People were supported by care planning systems, which clearly identified their needs. These were kept up to date to help make sure staff were aware of and able to respond to people's needs.

People were supported by staff when they raised concerns

Good

Is the service well-led?
The service was well led.

The manager was approachable and consulted both people who lived in the home and the staff team.

Quality assurance systems were in place to help make sure the service was effective.

Good

Royal Mencap Society - 1 Meadow View

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 20 and 22 January 2015 and was unannounced.

The inspection team comprised of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance, their area of practice was learning disability services.

Prior to this inspection, we looked at information we held for the service. This included notifications and a Provider Information Return (PIR) received from the provider. The PIR 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.

During the visit we spent time talking to people using the service, interviewing staff, observing daily life and completing a review of records. Not everyone who lived in the home was able to verbally communicate with us or they were out undertaking activities at the time of the visits.

We spoke with two people who lived in the home. We consulted with the local authority commissioning and safeguarding teams, consulted with three professionals, reviewed two files for people who lived in the home, two staff files and other documents in relation to the management of the home.

Good

Is the service safe?

Our findings

When we asked one person living in the home about feeling safe and they shared some information with us about a concern were they did not feel safe. We raised this with the manager who investigated this and assured the person.

People were supported by the systems in the home to be protected from harm. Staff had received training in safeguarding people from harm and had access to a policy on safeguarding vulnerable people. This provided them with information on the actions to take to help keep people safe. When we spoke with staff they confirmed they had attended training and had a good understanding of the systems in place to help protect people from harm. This included reporting any concerns to the local authority who would handle and investigate these. This helped to make sure people were supported should any allegation of harm be raised.

People had risk assessments in their care files. Risk assessments identified the risk to the person and the actions in place or instructions to staff to reduce any risk. This included for example, the risk of how to support someone with their personal care, use of the hoist or help with their money. We saw these were regularly reviewed and up to date. This helped people live their lives as they chose whilst minimising any risk to them.

Staff files included documents which evidenced there was a robust recruitment process in place. Potential staff completed an application form which included details of their previous experience and skills. Additionally references were undertaken. This information would assist the provider to assess the person's suitability for the role. Disclosure and Barring Service (DBS) checks were also completed. These would identify if the person held a criminal conviction, which would prevent them from working with vulnerable people.

We observed the staffing levels and reviewed the duty rotas. Staffing levels fluctuated throughout the day to help support people in activities of their choice. Staff told us they felt there were enough staff to support people. In addition to the staff employed in the home outreach workers supported people to attend leisure activities. Outreach workers are additional staff provided by the local authority. When we looked at duty rotas, we saw these staffing levels included support at night, which varied between a sleeping in member of staff and a waking member of staff. The cover was shared with the service next door. On a weekly basis the two services shared the night staff and sleep in staff roles. Firstly, one service would provide the sleep in staff and the other the wake in staff, this then swapped the following week. This system meant there was a flexible approach to staffing whilst ensuring people received the correct support.

People were supported to receive their medication. Staff told us they had completed training in the safe handling of medication and training files recorded they had been observed by the manager to assess their competency with this. This helped to make sure staff competent when they supported people with their medication.

People had care plans for their medication, which included what medication they were taking, why they were taking this and any possible side effects. This information helped staff to be aware of the person's needs in relation to their medication, to support them with this and to monitor their medication usage.

People had individual medication administration records (MAR) which included a photo of them to help make sure the right person received the right medication. We saw records were kept of medicines received into the home, administered and disposed of. Medication was stored securely in a locked cupboard.

There was medication in use in the home, which was required to be kept cool. However, there was no separate fridge for the storage of these medicines.

Good

Is the service effective?

Our findings

One person who lived in the home told us they felt staff were good at their jobs. They said they liked all of the carers and went out for walks with staff.

One person we spoke with told us about the food in the home. They said 'It's alright.' They told us that if they did not like the meal prepared then staff would support them to choose something different.

Another person told us they liked the food and that they did the cooking. They told us they had enough to eat and how they would ask staff to buy things for them.

The manager told us about best practice within the organisation. They told us there was a team based at their head office who were reviewing the services offered to people. The teams main role was to ensure the provider and service were aware of people's preferences regarding their care. This work was entitled "What matters most" to people.

People were supported by a trained staff team. Staff records included evidence of an induction course and additional training to assist them with their role. Courses included for example, first aid and food hygiene. Staff confirmed they had attended training and this included supporting people with their mental health and behaviour. This was alongside of more routine courses such as fire training. Staff told us how the manager supported them with their role through supervisions.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of the Mental Capacity Act (MCA) 2005 legislation which is in place for people who are unable to make decisions for them. The legislation is designed to make sure any decisions are made in the person's best interest.

The manager told us how systems and forms were currently being put in place in relation to DOLs. They told us how all staff had completed training in relation to MCA with staff also confirming this to us. They told us these had not been stand-alone courses and the information had been included as part of other training. Although staff were aware of DoLS, they had only limited knowledge of this.

Staff told us people were involved in 'everything'. They told us people had capacity to make suggestions and that people would tell staff how they wanted their support provided.

People's files included details of any support people required with their diet, this included identifying any risks, for example with choking. It also recorded the support from staff and people's personal preferences. For example, one person did not like onions or green vegetables. People told us about the different choices they made with their meals and this included the option of take away food.

We observed one person being supported with a drink. The staff member made sure the person's cup was secure by adding a mat for it to rest on. They made sure the drink was in easy reach for the person. We observed the staff member undertook this in a respectful manner.

We also saw people's weight and diet or fluid intake was monitored and recorded in their individual file. This was regularly reviewed to help make sure any changes could be addressed and the person's nutritional needs continued to be met.

We saw evidence in people's files of support to maintain their health. This included records of visits to their GP and records for the monitoring of any health condition. We saw people were supported with routine health checks for example, with oral and visual needs. The manager told us everyone received support from their GP to meet their health needs. In addition, they told us there were no other health professionals currently supporting people who lived in the home.

People also had patient passports. These are documents, which include the persons medical and support needs. They are used as a quick method of sharing information with other professionals should the person be admitted to hospital. They help to ensure continuity of care and to reduce some of the anxiety people may feel at the time of admission.

Good

Is the service caring?

Our findings

When we talked with people who lived in the home they did not raise any concerns about staff.

We observed interactions between staff and people who lived in the home. On one occasion a person was supported with a drink and this was completed in a caring and respectful manner. On another occasion a person raised a concern. It was clear from the staff responses they knew the person well. The person was able to express their needs to the staff member with the staff member offering respectful support to help the person.

Staff were very knowledgeable about the individual needs of the people supported in the home. They told us about people's preferences with their personal support and choices regarding social activity.

Staff told us they supported people with privacy and dignity. They told us how they made sure people's personal information was stored securely. They also told us how personal care support was only completed with the person's consent; they said, "When people are happy for this to take place."

Good

Is the service responsive?

Our findings

One person told us about living in the home. They said, "I go for walks and do puzzles", also that they liked reading. They told us about undertaking activities both alone and with others and felt they had friends in the home.

When we spoke with staff they had a good knowledge and understanding of each individual's needs, hopes and wishes. They described the support people required to live their lives, their daily routines and peoples support preferences. We observed staff to have a good rapport with people who lived in the home. They were polite and caring showing a mutual respect for people.

People's needs were clearly known and recorded in their care files. These included the details of key people in their life, people's strengths, their preferred routines and how they were supported with different activities, for example personal care, personal preferences and diet.

The plans were written with the person at the centre and reflected their individual personalities. We saw that information in files had been regularly reviewed and updated. This helped to make sure staff were aware of people's latest needs. There were regular keyworker reviews of people's needs and formal reviews held with the local authority. Again, these helped to make sure peoples latest needs were known and recorded so that they could receive the right support.

There were details of how people maintained contact with important people in their lives. In discussion staff were knowledgeable on how to support the person with these relationships.

People received support to attend a variety of activities and this included going to church, a social club and going on holiday. Other information recorded included how people liked to spend their day, their birthday and Christmas.

Daily diary notes were kept for each person who lived in the home. These recorded the persons day which included how the person felt, what they did, for example going to church, the times they got up or went to bed and any requests, for example not to have bath on a particular occasion . This information helped staff to be aware of any changes with the person. The information enabled staff to review and identify if a change in support was required.

We saw minutes of clients meetings held in the home. These provided an opportunity for people to raise any concerns and discuss issues in the home. One person told us they had an advocate. An advocate is someone who will speak up on behalf of another person to help make sure their views and preferences are known.

Good

Is the service well-led?

Our findings

There was a registered manager in post in the home. Staff told us they felt the manager was approachable and that there was a good culture in the home. They said, "This is a happy home, we all get on and the clients are happy." Staff also told us they were aware of the whistleblowing policy in the home, they told us they would approach the manager and let them know if they were unhappy with anything.

We observed one person who lived in the home readily approach the manager, they were confident when they did this and it appeared a relaxed interaction.

Staff told us how staff meetings kept them informed about any changes in the home. They told us meetings included discussion about the running of the home and staff training needs. They confirmed they felt listened to and they were aware of the complaints policies in place to support them should they need to raise any concerns. The manager also told us how staff were given scenarios about the home to discuss and learn from as a team. We saw that minutes were taken of these meetings.

The manager showed us the quality assurance systems used within the home. This included a system for gathering the opinion of people who visited the service and for people who lived in the service. This information was collated into an overall report for the organisation to assist in its development. There was no system for feeding back the results of the consultation from individual service users.

We saw there was a computerised system for recording the current staffing within the home and their training needs. The manager showed us the system and could easily explain how this worked in practice.

The manager also told us about their quality assurance in the PIR we received from the provider. The PIR stated, 'We have a system called the Compliance Conformation Tool (CCT). This helps provide reassurance to both managers of each individual service and the organisation as a whole that compliance is being maintained. The CCT takes the answers to questions about the support, the team, the systems, and the environment, and cross-references this information against the CQC standards and shows at-a-glance any areas of noncompliance. The information on compliance at each service is aggregated into area, regional and national reports to provide reassurance that compliance continues to be maintained.'

We saw there were health and safety files and records kept in the home. These included monthly checks of equipment in the home to help make sure these remained safe to use. Weekly fire alarm checks were undertaken and 6 monthly fire evacuations were completed. These helped to make sure people remained safe from the risk of fire. Additionally checks were undertaken of the gas equipment and any specialist equipment, for example, baths, to help make sure these remained in safe working order and people remained safe.

The manager told us that as the home was rented the landlord completed some of the maintenance checks. This included portable appliance testing and we saw this was now overdue.

The manager also showed us the system for recording accidents and incidents. Staff would record these on the computer and the manager would then review these to identify if any further actions or changes to practice were required.

The manager told us there had been no complaints raised with the home.