

Royal Mencap Society County Road

Inspection report

99 County Road
Swindon
Wiltshire
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Date of inspection visit:
22 June 2016

Date of publication:
28 July 2016

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

The inspection took place on 22 June 2016 and was unannounced.

County Road is a care home providing care and support for up to seven people who have learning disabilities. There were five people living at the home at the time of our inspection. The service is located in Swindon and has easy access to the local town centre. People are accommodated on the three floors of the building.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe at the service. The registered manager knew how and under what circumstances they should share information with the local authority. Staff knew how to respond to incidents and what sorts of incidents needed to be reported. They also knew what abuse was and how to recognise its signs. This meant there were systems in place to protect people from the risk of abuse.

Sufficient numbers of suitably competent staff were deployed in the home to meet the needs of the people who lived there. Staff received appropriate training and support and the registered manager ensured their skills and knowledge were kept up to date.

People's prescribed medicines were safely managed by staff. Relevant systems and protocols in place ensured people received their medicines as prescribed. Staff's competence was reviewed regularly to ensure medicines were administered safely at all times.

The legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had completed the required training and was aware of their responsibilities. We found the provider to be meeting the requirements of the DoLS.

Staff had been provided with relevant training and showed an understanding of safeguarding adults from abuse, according to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The provider made arrangements for people to use advocacy services where required.

People were provided with sufficient amounts of food and drink, with all recommendations from health care professionals being followed. People had access to healthcare professionals should this be necessary. Care plans contained details of people's specific conditions and guidance on how to identify any problems each condition entailed. Appropriate health services were contacted when necessary to help people maintain

their health.

Care plans were developed with people being involved to identify how people wished to be supported and which outcomes they wanted to achieve. These care plans were regularly reviewed and updated if necessary. Support delivered to people promoted their dignity by ensuring people were valued and treated with kindness and respect.

Activities were arranged for people who use the service and were planned specifically to meet their preferences and interests. People were supported to meet their social care needs.

The service had a complaints procedure in place. Complaint letters were available in an 'easy-to-read' version to help people understand how to raise any concerns they might have.

There was an open culture in the home; relatives and staff told us that they were encouraged to speak freely with the registered manager if they had a concern. People were involved in sharing their views on how the service was run and there were systems in place to monitor and improve the quality of the service 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 was safe.

Staff had received training in safeguarding and knew their responsibilities for reporting any concerns regarding any possible abuse.

Risks were identified and appropriate steps taken by staff to keep people safe and mitigate the hazards they might face. The registered manager consistently monitored incidents and accidents to make sure people received safe care.

People were given their prescribed medicines at times they needed them and these medicines were stored and administered safely.

Is the service effective?

Good 

The service was effective.

Staff were effectively trained to care for and support people. Staff were supervised regularly to ensure they had up-to-date information and knowledge necessary to perform their roles.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The registered manager and staff understood their responsibilities in relation to mental capacity and consent issues.

People were supported to access healthcare services. The provider sought appropriate support and guidance from healthcare professionals when required.

Is the service caring?

Good 

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

Staff supported people to maintain and develop their independent living skills.

Staff and management had a good understanding of people's needs and wishes and responded accordingly.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their assessments and in the development of their support plans. Staff had the necessary information to promote people's well-being.

People were supported to pursue their interests and hobbies.

There were systems in place to deal with complaints. People felt comfortable talking to the acting manager or other staff if they had a concern and were confident it would be addressed timely and appropriately.

Is the service well-led?

Good ●

The service was well-led.

Staff felt they received a good level of support and direction from the registered manager. They also felt their contributions to the running of the home were valued and respected.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other documentation such as current codes of conduct were reviewed regularly to ensure staff were provided with up-to-date information.

County Road

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 was carried out by one inspector on 22 June 2016 and was unannounced.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR). 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. We also reviewed any statutory notifications that the provider had sent us. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people who lived at the service and two people's relatives, three members of care staff and the registered manager. We observed the care and support provided to people in communal areas. We looked at the care records for four people who use the service and four staff files. We also examined a range of records relating to the running of the service which included audits carried out by the registered manager and the provider.

Is the service safe?

Our findings

We asked people if they felt safe at the care home. One person stated, "I feel safe here." Another person said, "They are all very nice to me." A person's relative told us they were confident that staff were effective in promoting people's safety and well-being. The relative told us the person they were related to was safe and that "[person] classes County Road totally as his home and 'family'".

There were whistle blowing and safeguarding policies and procedures in place. The registered manager and the staff team demonstrated a clear knowledge of what actions to take in the event of any safeguarding concerns. Staff members confirmed they had received training to acquire the necessary skills and knowledge to recognise abusive practice. Staff were clear that any suspicions of abuse should be reported immediately. A member of staff told us, "If I suspected anything like that, I would have no hesitation to report it". Another member of staff said, "You need to make sure the abuser is not in further contact with service user and report it straight away to the manager".

The service identified and managed risks appropriately. We saw the care plans included a comprehensive set of personalised risk assessments that identified hazards that individuals might face. These included any risks associated with people's individual personal, social and health care needs, such as accessing the community, preparing food and drink, and managing their own money. Staff told us the care plans provided them with detailed guidance about how they should be supporting people to manage these identified risks of harm. There were also assessments specific to a person's condition or disease: for example, there were risk assessments in place for people with diabetes and coeliac disease.

People's accidents and incidents were recorded and these were monitored so that reoccurring themes and triggers could be identified. This helped staff to take proper action to prevent further reoccurrences. For example, when a person had suffered a fall as a result of a dizzy spell, the incident had been investigated and the person had been immediately referred to a GP.

People were living in a safe, well-maintained environment. We saw there were systems in place to assess the safety of the whole service, with regard to such hazards as fire risk or the risk of legionella disease.

We looked at the storage and administration of medicines. We looked through the medication administration records (MARs) and it was clear all medicines had been administered and recorded correctly. We saw medicine administration competency checks were undertaken with staff, these were carried out regularly on a yearly basis.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. All the recruitment files inspected showed that appropriate checks had been carried out

before staff were employed. Clearances from the Disclosure and Barring Service (DBS) had been requested. A DBS request enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. References had also been sought from previous employers, particularly when past jobs had been within the health and social care sector. Employment histories had been requested and the reasons for any gaps had been explained at job interviews and appropriately recorded in staff files.

Is the service effective?

Our findings

People told us that they felt the staff were suitably qualified and experienced to care for them. One person told us, "All the staff are very good." Another person commented on staff's skills, "They know how to do their job". People's relatives were equally complimentary about staff and the comments we received from them included; "They all do a good job" and "It definitely takes a certain type of person to work full time with people with special needs, we couldn't wish for better for [person] and his housemates".

Training records showed all new staff had completed a thorough induction before they were allowed to work unsupervised with people using the service. This was confirmed by staff who also told us their induction had included a period of 'shadowing' experienced members of staff. Records showed us staff had completed the provider's mandatory training programme and had regular opportunities to refresh their existing knowledge and skills. Staff spoke positively about training opportunities offered by the provider. A member of staff told us, "They have been good looking for courses". Another member of staff said, "I just asked if I could do dementia course and the manager is looking for that course for me". Staff confirmed that the management encouraged them to complete nationally recognised qualifications.

All the members of staff were supported through regular three monthly supervision meetings with their line manager. This gave the member of care staff and the line manager the opportunity to discuss any problematic issues that may have arisen, as well as areas where the member of staff excelled in their work. Appraisals took place annually, these and supervisions were perceived as useful processes by management and staff. A member of staff told us, "If you have any issues bothering you, you are able to raise it during supervision. You can talk about the plans for future and it helps you to go extra mile for people we support".

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. Where 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. The service was meeting these requirements.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had been trained in the Mental Capacity Act (MCA) 2005 and received updated training. The provider and staff had a clear understanding of the MCA. They knew how to make sure people who did not have the mental capacity could have decisions made on their behalf and in their best interests legally. This helped ensure people's rights and interests were protected. Where people lacked capacity to understand certain decisions, best interest meetings were held to make decisions on their behalf to keep them safe. For example, one person had been assessed as lacking the capacity to make decisions relating to food and

drink. As a result, the person was supported by staff to choose healthy alternatives of food and encouraged to attend regular exercise activities. These meetings included the person concerned, the registered manager and a fitness practitioner.

People received the support they needed to ensure their diet was nutritious and well-balanced. Staff had a good understanding of each person's nutritional needs, which had been assessed and documented, and how these were supposed to be met. Staff were aware of people's dietary requirements and preferences and were able to provide specialist diets as needed, for example, a gluten-free or diabetic diet.

People were supported to access healthcare services when needed. We saw that support plans contained clear and thorough information about a person's medical history and any current conditions. This allowed staff to provide support that met people's identified medical and emotional needs. Records showed that staff obtained appropriate support and guidance from healthcare professionals when required.

Is the service caring?

Our findings

People told us that staff who supported them were kind and caring and relatives confirmed this. One person stated, "We do enjoy being here. They are all very nice." A relative told us, "The staff are very good and caring, they care for [person] really well."

Throughout our inspection we observed the interactions between staff and people who use the service. Staff responded to people's needs and requests in a sensitive and caring manner.

Staff were careful to maintain people's privacy and dignity during care delivery. People told us staff always respected their privacy. One person said, "They do treat me with respect and dignity." Another person remarked, "They always knock the door if they want to enter my room." During our inspection we saw people could decide if they wanted to lock their bedroom door from the inside when they wanted some privacy. They also could lock their door from the outside if they felt they needed to keep their belongings safe. We also observed staff always knocked on people's bedrooms doors and waited for the person to give their permission to enter before doing so. Staff told us they could not enter people's bedrooms unless people expressed their permission.

People were encouraged and supported to be as independent as possible. People told us staff helped them maintain their independent living skills as well as learn new ones. If they wished so, people were involved in ordinary day-to-day tasks, for example, shopping for food, assistance with cooking, clearing up or vacuuming. One person said, "I always help to prepare lunch or dinner". Another person commented, "I help [staff member] with the fire alarm test. He can't do it on his own". We saw staff actively encouraged and supported people to make hot drinks, prepare their lunch and wash up after they had eaten their meal. A relative told us, "We know the care and independence, as much as he can be allowed, has made [person] into a happier person for sure".

People were encouraged and supported to maintain and build relationships with their friends and family. There were no restrictions imposed on visitors to the home and people also went out to visit their relatives regularly. A relative told us, "We can call in at any time, day or evening, always finding [person] and his house mates well-cared for, clean, well fed and happy!"

People told us they were supported to attend meetings, which were undertaken on a regular basis. They told us they were encouraged to express their views about the quality of the service. These views were taken into account by the management and staff and therefore contributed to the improvement of the service. Records showed that topics of conversation included housekeeping, social activities and annual holidays. People were actively involved in the day- to-day running of the house and they told us that their opinion was always valued by the registered manager. One person said, "The manager always talks to us. She gets us involved".

People were supported to make choices and decisions about their care. Choices included ways of spending their day, places to go, times to go to bed and to get up. Staff told us and we saw that people were able to

have their friends visit them at the home. People informed us they met their key worker regularly to discuss things they wanted to do. People also discussed any health care appointments they wished to be included for planning their care. A key worker is a member of staff that works with and in agreement with the person who uses the service and acts on behalf of that person. The key worker has a responsibility to ensure that the person has maximum control over aspects of their life.

People's diversity was respected as part of the strong culture of individualised care. For example, the registered manager had offered one person their assistance to help them attend meetings at a local minority club.

We saw that records containing people's personal information were kept in the main office which was locked and no unauthorised person had access to the room. People knew where their information was and how to access it with the assistance of staff. Some personal information was stored within a password protected computer. These precautions ensured confidentiality and security of sensitive information were maintained.

Is the service responsive?

Our findings

Assessments were undertaken to identify people's care and support needs. Care plans were developed from the assessments specifying how these needs should be met.

The care files we looked at were person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person. Support plans provided comprehensive information about people's individual needs and preferences. They were individualised and described how people were to be supported within the home and within the community setting. The support plans were reviewed and updated on a regular basis to ensure people's changing needs and aspirations could be responded to in a timely manner. People told us they were encouraged to be involved in developing their support plans and said they regularly attended reviews of the plans with their key worker.

Staff were able to provide us with detailed information about what was important to people and how people liked to be supported. For example, one person needed to be given clear instructions before they went out alone which was confirmed by their care records. As described above, staff had knowledge to provide people with care that was centred on them as individuals.

Staff talked to people about people's wishes and expectations to identify what goals they would like to achieve over the year. Staff provided each individual with all relevant information to make a variety of informed choices. People told us they had already achieved some of their goals, such as going out shopping, playing ten pin bowling or going on holiday, for example to Scotland.

People told us they were encouraged to participate in a vast range of activities within the home and the broader community. For example, one person preferred art and craft while another liked to attend football matches of the local football club. Staff supported them and made relevant arrangements to enable them to pursue their hobbies. If a person's hobby entailed going out, staff were keen to offer their support and assistance outside the home. One person told us, "We have been to [holiday park] with my key worker last week". A relative praised staff saying, "When I managed to buy theatre tickets for him to see a favourite tribute band for his birthday, it was his care worker, off duty at the time, who took him. We can't thank [staff member] enough, along with the rest of the care team who seem to go beyond their duties".

People knew what to do if they had any concerns. We saw the evidence that people were reminded of the complaint procedure at every 'tenants' meeting. One person briefly explained the procedure to us, "You fill the red card and take it to the office". People and their relatives told us they would speak to staff or the registered manager if they had a problem or a concern. One relative said, "I would speak with [registered manager] if I had any concerns." We observed people were comfortable approaching and speaking with staff and the registered manager. There was a complaints procedure written in an 'easy-to-read' format to ensure people knew how to raise concerns.

The registered manager told us they had not received any complaints since the service had started to operate. However, staff were aware of the complaints procedure and told us they would feel confident in

following this and making the registered manager aware of any concerns raised.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager. A relative told us, "The place is managed really well and [the registered manager] seems to be pretty much on the ball." Another relative told us, "I think the home is well organised and things are run smoothly."

There was an open culture at the home. Staff told us they would not hesitate to raise concerns and felt that any concerns would be dealt with appropriately. Staff told us the home was well-managed. When asked to substantiate their opinion, they said the registered manager was approachable and they could contact them for advice at any time.

Staff were aware of their roles and responsibilities in relation to the people they supported and cared for. They spoke to us about the very open and inclusive culture. Staff we spoke with stated that the registered manager was available for advice. Staff also told us they were confident that problematic situations reported to the registered manager would be immediately resolved. One of the staff members said, "The manager would act on it if I had any concerns".

The registered manager had the authority to make decisions vital to the running of the service and used it to ensure the safety and comfort of the people who live in the home. Examples included: changing staffing levels in order to meet people's needs and ordering emergency repairs if necessary.

The service liaised with health and social care professionals to achieve the best possible care for the people they supported. People's needs were accurately reflected in the detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate.

We found people were encouraged to participate in a satisfaction survey so they could make comments about the quality of the service provision. The registered manager told us that the purpose of the survey was to glean information which would be analysed and form part of the organisation's future business development plans. For example, people were asked if they had enough freedom, information and right support to do things that were important to them.

The registered manager ensured staff meetings were undertaken on a regular basis to provide forums for staff to discuss their personal development needs and any issues relating to service provision. The process also encouraged staff to highlight good practice and discuss areas in which improvements could be made. For example, at one of the meetings staff had discussed issues related to the administration of medicines.

Staff told us they that their contributions within the consultation processes produced significant positive effects. They felt the registered manager valued and respected their opinions and felt the meetings were valuable as they enhanced communication throughout the service. A member of staff told us, "I have told previously about the changes that need to be reflected in care plans and they listened to me".

The registered manager demonstrated a good understanding and awareness of their role and

responsibilities, particularly with regards to CQC registration requirements. The manager adhered to their legal obligation to notify us about important events that affect the people using the service, for example, serious injuries, incidents involving the police, applications to deprive someone of their liberty and allegations of abuse. It was evident from CQC records we looked at that the service had notified us in a timely manner about all the incidents and events that had affected the health and welfare of people using the service.