

Royal Mencap Society

Mencap Flat 4 Aston Lodge Domiciliary Care Agency

Inspection report

Flat 4 Office, Aston Lodge
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Tel: 02082073854

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23 September 2016

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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

This inspection took place on the 20 and 23 September 2016 and was unannounced. This inspection was brought forward in response to concerning information received at the Care Quality Commission. The concerns suggested that people were not receiving appropriate care. There were concerns about how medicines were being managed and about people dignity. We last inspected the service on the 12 January 2016 and found that they were meeting the required standards at that time. At this inspection we found the service was continuing to meet these standards.

Mencap Flat 4 Aston Lodge Domiciliary Care Agency provides personal care to people in their own homes. In addition to the care provided at 4 Aston Lodge, care is also provided at two other local addresses Grove house and Winstre road. This inspection focused on concerns relating to 4 Aston Lodge. At the time of our inspection 9 people were receiving care at Grove and 3 people at Winstre road.

The home did not have a registered manager in post due to the departure of the registered manager four weeks before our inspection. However a new manager was in the process of registering with CQC. The outgoing registered manager had not yet deregistered with CQC. A registered manager is a person who has registered with the Care Quality Commission (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.

There were sufficient numbers of suitable staff available at all times to meet people's individual care and support needs. Safe and effective recruitment practices were followed to help ensure staff employed were suited to work in a care environment. Staff received training in how to protect people from abuse. Information from accidents and incidents was recorded and helped staff to reduce identified risks and help keep people safe. People received medicines by staff who had been trained and had their competency checked. There had been a number of medicines errors which had been identified and appropriate remedial action was taken to reduce the risk of a reoccurrence.

People were positive about the skills, experience and abilities of staff who worked at the home. Staff received induction and on-going training and refresher updates relevant to their roles as well as some specialist training relevant to the people they supported. Staff were well supported both through team meetings and one to one meetings with their line managers. People had regular access to a range health and social care professionals when necessary and were supported to eat a healthy balanced diet that met their individual requirements and choices.

We saw that staff obtained people's consent and agreement before supporting them. We saw that staff were kind and caring in the way they treated people and were mindful of people's dignity as well as preserving their privacy. We saw that staff had developed positive and caring relationships with the people they cared for. People could access advocacy services where appropriate which provided people with independent advice. People and their relatives were involved in the development and review of care when possible. People's information was securely maintained throughout the home.

People received personalised care and support that was responsive to their individual needs and took account of their preferences. Staff knew the people they looked after well and were knowledgeable about their background histories, preferences, routines and personal circumstances. People were supported to be involved and engaged with a range of activities and to pursue hobbies that were of interest to them.

Complaints, compliments and concerns were recorded and investigated thoroughly by the manager and these were used to support improvements and drive continual improvements.

People and staff were positive and complimentary about the management of the service and about how the home was run. There were systems and processes in place to monitor the quality of services provided. Where risks were identified appropriate actions were put in place to reduce and manage these effectively. Staff felt valued and enjoyed working at Grove House.

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.

People were supported to stay safe by staff who had been trained to recognise and respond effectively to the potential risks of abuse.

Safe and effective recruitment practices were followed to ensure that staff were suitable for the roles performed.

Sufficient numbers of staff were available to meet people's support needs at all times.

Where necessary, people were helped to take their medicines safely by trained staff.

Potential risks to people's health were identified and managed effectively.

Is the service effective?

Good ●

The service was effective.

Staff obtained people's agreement and consent before support was provided.

Staff were trained and supported which helped them meet people's needs effectively.

People were supported to maintain good health and access health and social care services when necessary.

Is the service caring?

Good ●

The service was caring.

Staff treated people in a kind and sensitive manner.

People's privacy and dignity was promoted by staff who was gentle in approach, knocked on people's doors and respected their individuality.

People who lived in the home were involved in the planning and reviewing of their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised support that met their needs and took account of their preferences and personal circumstances.

Guidance enabled staff to provide person centred care and support.

People were supported the opportunity to pursue social interests relevant to their needs.

People knew how to raise concerns and were confident these would be dealt with in a prompt and positive way.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

People who received support, relatives, staff and health care professionals were very positive about the managers and how the service was operated.

Staff understood their roles and responsibilities and were well supported by the management team.

Mencap Flat 4 Aston Lodge Domiciliary Care Agency

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 23 September 2016 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we looked at the previous inspection records, we also reviewed other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. A provider information return (PIR) had not been submitted to CQC.

During the inspection we spoke with the manager, three people who used the service, and four care staff. We also requested feedback from commissioners of the service from the local commissioners. We used SOFI our short observational framework for inspections to help us assess the standards of care people received for those people who were unable to give us feedback.

We observed care and support being provided throughout our inspection. We also reviewed care records for three people who used the service and three staff recruitment files. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

People were supported to take their medicines by staff who had been trained in the safe administration of medicines. However there had been a number of errors which related to the records completed. The manager had identified gaps on medicine administration records (MAR charts). The manager had checked the pods and found that the medicines were not in the pods and therefore concluded that the medicine had been administered but the staff administering the medicine had not completed the record. As result additional checks had been put in place including two staff double checking and initialling all medicines that were administered. Additional training and competency checks were put in place. The manager was undertaking additional medicines audits to help ensure that errors were identified and responded to in a timely way. Medicines were stored safely and there was a detailed protocol in place for PRN medicines and also how staff supported people who self- medicated with support.

People we spoke with told us they felt safe living at Grove house. One person told us, "I have lived here for years and I feel safe". They went on to say "The staff make sure we are kept safe, they are very kind and I have my own keyworker as well." Another person told us "When I go out the staff supports me so that I do not come to any harm or get lost." Staff were able to describe how risks were managed to help keep people safe, for example by completing individual risk assessments for both in the home and while people were out in the community for example when people went swimming.

Staff were able to describe how they identified possible signs of abuse. One staff member told us, "I always report any concerns and would not hesitate to do so. I would prefer to be wrong than to miss something and not report it". Staff were able to give us examples of different types of abuse for example physical or verbal abuse. Staff told us they had a clear procedure on how to report any concerns to senior staff. Information regarding safeguarding people from harm was displayed in the office, and staff were aware they could contact the local council or other organisations such as CQC if required to report their concerns. There was one safeguarding concern which was not concluded at the time of our inspection. We reviewed this to check that the provider had followed the correct procedure, and found that they had and the concern had been appropriately referred to the local safeguarding authority for investigation.

Training records demonstrated that all staff had received training in safeguarding adults with refresher updates due to be completed in the coming weeks to ensure staff knowledge was as up to date as possible. One staff member told us, "I always report any concerns and would not hesitate to do so. I would prefer to be wrong than to miss something and not report it". Staff were able to give us examples of different types of abuse for example physical or verbal abuse.

Accidents and incidents were recorded and kept under review to ensure staff learnt from previous experiences. Where incidents or concerns relating to a person safety were found, we saw these were reviewed and appropriate actions taken to reduce the risks.

Risks to people's health and wellbeing were identified and appropriately responded to. For example, people who went out in the community had risks assessed including various sporting activities, travel arrangements

and individual risks such as people's abilities. We saw that staff assessed and monitored people who required specialist equipment for example a hoist to transfer people safely or a special chair with pressure relieving cushion for people at risk of developing pressure ulcers. Where people were identified at being at risk of falls an up to date assessment had been completed so that appropriate equipment could be put in place.

People told us that there was sufficient numbers of staff to support them. We reviewed the rotas for the previous month and saw that there were sufficient staff on duty to care for people safely. We observed staff were present in communal areas at all times and when people needed assistance staff were readily on hand to assist people.

Staff were recruited following a robust recruitment process. People completed an application form, and were required to provide references either from previous employers or character references. They also had a criminal records check undertaken to help ensure people employed to work at the home were suited to work in a care setting.

Is the service effective?

Our findings

People told us the staff supported them appropriately and were able to tell us in detail the type of support people received. One person told us, "I Like going out with the staff and they take me where I want to go" they went on to say they helped the staff to prepare the meal when it was their turn and told us they were helping to make decorations on the day of our inspection for a staff party. Another person told us "I have a key worker and they know everything about me". People's assessed needs were documented in their care and support plans and reviewed six monthly or more frequently if there were any changes to people's abilities or condition. This helped to ensure that the care and support provided was effective in meeting people's needs and maintaining their health.

One staff member told us "I completed a detailed induction programme, when my employment commenced". They told us "during this time I received training relevant to my role, and had an opportunity to shadow more experienced staff until I was confident and competent to work on my own. Another member of staff told us "My line manager assessed if I was competent in all aspects of the role before I was able to work alone". Staff told us they had time during their induction to familiarise themselves with Mencap policies and procedures and also to get to know the people they supported by reading their care plans and spending time with the people they supported.

Staff were knowledgeable about people's health, welfare, and individual support needs and choices. One person told us, "I have a meeting with my key worker, they always ask me what I want to do and help me to choose what I want to wear and where I want to go".

People had been asked to give consent to the support they received and we saw this had been documented. Staff told us they always checked verbally before assisting people as sometimes people changed their mind, and when they did so staff respected people's wishes. We observed that where possible people were encouraged to retain their independence and to continue to do as much for themselves so that they did not become over reliant on staff to support them.

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 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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff told us they had received training about the MCA 2005 and DoLS and that they understood what it meant. All four staff we spoke with were able to describe how they supported people to make their own decisions as much as possible such as with their personal care and daily choices.

We saw that records of assessments of mental capacity and 'best interests' documentation were in place for people who lacked capacity to make their own decisions. We found that the manager demonstrated a good understanding of when MCA assessments and when they were necessary to apply to the local authority. At the time of the visit we found that applications had been made to the local authority in relation to people who lived at Grove house and were awaiting an outcome.

Staff were knowledgeable about people's nutritional requirements and helped people to choose healthy options from a variety of home cooked meals. One person told us, "My favourite meal is sausages and mash and when it's my day to choose I sometimes choose this." Another person told us their favourite meal was fish and chips but also told us what they did not like and if they did not want the meal of the day they told us they were given a choice. Staff told us that although they agreed a weekly menu in advance they often changed it in response to people's request for an alternative. Specialist diets such as soft, vegetarian or pureed were catered for and people's weights were monitored monthly. The systems in place helped to ensure that people received a nutritionally balanced diet suited to their individual requirements.

People were supported to access a range of health care professionals to ensure all aspects of their physical and mental health needs and their overall well-being was maintained. Staff told us that they accompanied people to appointments when required but also had visiting professionals to the home such as chiropodists, dentists or opticians.

Is the service caring?

Our findings

People were positive about the staff and the management team at Grove house. One person said "They are all so kind to me and I like them very much". Another person said, "I like living here and I have even made friends here". We observed the staff to be kind and caring in their approach, and we saw that staff knew people really well. We observed staff providing reassurance when one person became a little upset. We saw that the person responded well to the staff member and soon began to assist with a task other people were involved with.

People received support from a staff team that understood their individual needs. People's life histories, likes, dislike and preferences were all recorded in their care plans. Staff told us they reviewed peoples care plans and involved people as much as they could. For example, about having a conversation about what was going well when reviewing the persons support needs. We saw that care plans were person centred and written in a way that demonstrated the service was all about the person. One person told us, "Sometimes I don't want to talk about my support plan because we do it so often and nothing changes, so I don't have much to say". They went on to say "My keyworker is very nice and understands".

People were both supported and encouraged to make choices about how they wished to spend their time. Some people liked to go out often and others preferred to be at home. We saw that there was a relaxed and homely atmosphere with people wandering in and out of the open plan kitchen and dining area which was always a 'hub' of activity. People were chatting and laughing together and the interaction was positive between staff and people.

We observed that people were treated with respect and that staff maintained their dignity and privacy. One member of staff told us "I treat people in the way I would want to be treated myself or even my grandparents". Another member of staff member said "We promote people's dignity by maintaining their privacy when we are providing personal care for example. I always make sure the person is kept covered, I knock on the door and wait to be invited in". A staff member told us "It works well here because we work as a team and if someone wants something we assist them, they don't have to wait around".

People told us they had meetings to discuss topics about how the home was run. One person told us "I can be involved if I want to but sometimes I just listen". The three people we spoke to all knew who the manager and deputy manager was and knew they had a keyworker.

Staff told us that people could use independent advocacy services if they required and Information about was available. People's confidential information was held securely and we saw that staff ensured records were put away once we had finished reviewing them. Staff told us that people were supported and encouraged to maintain contact with family and friends and we saw that visitors were welcomed at all times.

One staff member told us that they encouraged people's family to be as involved as possible if this enhanced people's lives and was their choice. However some of the people had lived at the home for many

years and no longer had family to visit or else did not wish to have family contact and their wishes were respected. One person told us that the other people living at Grove house, "Are like my family, and they enjoyed doing things together." the service responsive?

Is the service responsive?

Our findings

The service was responsive to people's changing needs. We saw that staff made appropriate referrals to other professionals when people's needs changed. For example two of the people living at Grove house had resided there for many years. However due to a deterioration in their condition and abilities the manager had secured additional funding so that they could have one to one care to enable the staff to be able to respond to their needs while considering the longer term plans to meet their needs.

We saw people's care plans had been updated to reflect changes in their needs and routines. For example in the case of two people, two staff were assigned to meet their personal care needs to help make sure that the support also took into account people's preferences and choices. For example people were offered a choice of a bath or a shower or during a period when a person was not well their care was adapted to be supported with a full body wash. Likewise during our inspection one person was experiencing high levels of pain and was supported at their own pace and in a way that reduced any risk of causing additional discomfort.

We observed that staff communicated with people in a way they could understand. For example one person was observed to communicating via 'body language'. We saw the person stand up and take the care workers hand and lead them into the lounge where they wanted to sit on a more comfortable chair. On another occasion someone was having tea and the person again used body language to let the care worker know they wished to have some tea also.

People were supported and encouraged to participate in a range of stimulating activities and staff had individualised ways of 'engaging' with people. One staff member told us person was out every day because this is what they enjoyed. Another person told us "I love going to the local shops with the care worker, I like buying things in all the cheap shops". "I have loads of stuff in my bedroom that I have bought". We saw that staff actively engaged with people in a positive and friendly way.

Three people remained in the lounge and two were watching television while the third person was sleeping. We observed staff approach the person to see if they wanted to do anything. This demonstrated that staff were aware of the needs of all the people and they told us that they tried to engage everyone to reduce the risk of people becoming socially isolated as one or two people were quite vocal and always expressed what they wanted to do while others were less able to verbalise their preferences.

There were systems in place to obtain feedback from people who lived at Grove house. We saw the minutes from the last two resident meetings and saw that people could discuss anything that was important to them including outings, holidays food and up and coming events including a retirement party which was being organised at the time of our inspection. An annual survey was completed to obtain feedback and the current one was in the process of being finalised to send out to people. We saw that the one from the previous year had been completed, analysed and actions put in place to support continual improvements.

There was a complaints and comments policy and procedure in place. Although the manager told us they had no complaints since the last inspection as any 'grumbles or comments were addressed before they got

to a formal complaint stage. The three people we spoke with told us they knew how to raise a complaint and said had been given complaints booklet as part of their welcome pack.

Is the service well-led?

Our findings

People and staff were all complimentary about how Grove house was managed. We saw that people who lived at the home and staff interacted well with the management team during our inspection. Staff told us that they mostly worked well as a team. One staff member said there had been a bit of 'conflict' between one or two staff members recently but the managers and staff team were working towards a resolution. We found that the manager and staff were open and honest throughout our inspection and there was a shared ethos between them to 'put people first'.

We observed that the manager was available and had an open door policy. They spent much of their time out on the floor and knew the people very well. They were observed at various points to be engaged in conversations with people. Staff told us that they felt 'supported' by the manager and said that they were approachable. We saw from records that staff had regular meetings to discuss a variety of topics including training, working patterns, people they supported, and any issues relevant to the running of the home. The meetings also provided an opportunity for managers to update staff on any organisational updates or changes. Staff told us that they were encouraged to make any suggestions that they may have to improve the service, for example keeping food and activities under review.

There were quality assurance systems in place that monitored the quality of the service people received. We saw that audits and checks were in place which included areas such as medicines, health and safety, care plans and risk assessment audits. Where action had been identified these were followed up and recorded when completed to ensure people's safety, for example as with the medicines audits.

Staff development and training was kept under regular review to make sure their skills and abilities were updated regularly. Staff told us that the manager 'worked with staff and had a real 'hands on approach and staff told us they had clearly defined roles and responsibilities and knew what was expected of them.

Records were kept up to date and those we reviewed reflected people's preferences, choices and were current. Staff were able to describe in detail what people's needs were and told us they made time to read the care plans and the people they supported were constantly changing. This meant that staff were able to meet people's needs because they had access to clear documents and support.