

Royal Mencap Society

Mellor House

Inspection report

80 Station Road
Westcliff On Sea
Essex
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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 ● |

Summary of findings

Overall summary

This inspection took place on the 17 December 2015 and was unannounced.

Mellor House provides accommodation and support for up to eight people with a learning disability. On the day of our inspection the service did not have any vacancies. The home does not provide nursing care.

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 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 provided good care and support to people enabling them to live fulfilled and meaningful lives. People were treated with kindness, dignity and respect by staff who knew them well. The registered manager ensured that staff had an understanding of people's support needs and had the skills and knowledge to meet them.

People were cared for by staff that had been recruited and employed after appropriate checks had been made. Newly recruited staff received an induction. There were sufficient numbers of staff available to meet people's needs.

People were protected against potential abuse as staff had received training and understood their responsibilities to keep people safe.

There were policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were aware of what these meant and the implications for people living at the service. Where people had been deprived of their liberty, applications had been submitted to the local authority for a DoLS authorisation.

Medicines were stored and administered in a safe way.

The registered manager had a number of ways for gathering people's views. These included surveys, staff meetings and talking with relatives.

There were quality assurance systems in place which assessed and monitored the quality of the service. These included audits on medication management, incidents and accidents and care files.

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.

There were sufficient staffing levels to meet people's needs.
Staff had received safeguarding training and knew how to keep people safe.

The service had robust recruitment practices in place.

Is the service effective?

Good ●

The service was effective.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Suitable arrangements were in place that ensured people received good nutrition and hydration.

People were supported to maintain good health and had access to appropriate services.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and had a good understanding of people's care and support needs.

People were supported to communicate their needs and preferences.

Staff interactions with people were positive and the atmosphere in the home was relaxed and calm.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred and contained all

relevant information needed to meet people's needs.

There was a clear complaints system in place.

Is the service well-led?

Good ●

The service was well led.

Feedback from relatives and staff was positive.

Staff were fully supportive of the vision and values of the service.

Staff and relatives said they could raise any issues with the registered manager and that they would be listened to.

There were effective systems in place to monitor the quality of the service people received.

Mellor House

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.

The inspection took place on 17 December 2015 and was unannounced.

The inspection team consisted of one inspector.

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

People who lived at the service had complex needs and were unable to verbally talk to us so we used observation to gain insight of their experiences. We spoke with two relatives, four members of staff and the registered manager.

We looked at three people's care plans, risk assessments and daily records of care and support provided to people. We also looked at records which showed how the service was managed, reviewed staffing records including staff training records, quality assurance information and minutes from staff and relatives meetings. We also reviewed people's medical administration record (MAR) sheets.

Is the service safe?

Our findings

People were protected from the risks of harm and abuse. Staff had received training in safeguarding and the service had a clear policy and procedure for safeguarding vulnerable adults from harm and abuse. These documents were easily accessible to staff and gave information about preventing abuse, recognising the signs of abuse and how to report it. Staff we spoke with were able to identify the different types of abuse and told us what they would do if they witnessed or suspected abuse. One staff member told us, "I would report to the manager and record everything. If it wasn't looked at I would talk to head office or the local safeguarding team." Another staff member said, "My job is to make sure the people we support are safe and not coming to any harm, abused, or taken advantage of in any way." The service had a whistleblowing policy and staff knew they could contact outside authorities such as the local safeguarding team or the Care Quality Commission. The manager had reported safeguarding concerns appropriately to the local authority and to the Care Quality Commission.

Risks to people were well managed. The support plans we reviewed contained individual risk assessments. They identified the risk to the person for example accessing the local community and the actions in place for staff to follow to mitigate any risk. Risk assessments were reviewed regularly and had been signed to confirm they had been reviewed. This ensured staff knew how to manage risk and to support people safely. A relative told us, "Risks are well managed they always do risk assessments."

People were cared for in a safe environment. Systems were in place for monitoring health and safety to ensure the safety of people, visitors and staff. We saw records of weekly fire alarm tests and evidence that equipment such as hoists were serviced and maintained. Accidents and incidents were monitored by the registered manager and by the provider's senior management. This ensured any trends were identified and actions put in place to prevent reoccurrence.

The service had an emergency contingency box. An emergency contingency box contains important information such as the provider's business continuity plan, information on people's support needs and medication requirements and phone numbers for staff, next of kin and healthcare professionals which aids safe evacuation from premises in an event of an emergency. Each person also had a Personal Emergency Evacuation Plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely evacuate a building themselves. In the event of an emergency staff had access to a list of contact numbers to call which included the provider's on call management team; these numbers were also contained in the emergency contingency box.

The registered manager told us that staffing levels were organised according to the needs of people. This ensured there were sufficient staffing levels to support people at all times and to enable them to access community activities. The registered manager informed us that there were several members of staff on maternity leave and that they were in the process of recruiting additional staff. In the meantime they were using agency staff. Some staff told us that they didn't feel there were enough staff but acknowledged this was being addressed by management. One staff member told us, "Maternity leave has impacted on the team but I will come in if they're short staffed" and another staff member told us, "Staff pull together." Our

observations confirmed that there were enough staff to meet the needs of the people using the service.

People received their medication safely and as prescribed. People had care plans for their medication which included details on what medication they were taking, why they were taking the medication and possible side effects. People had individual medication administration records (MAR) which included a photograph of the individual. We observed part of a medication round and saw staff check the MAR before they administered medication. This ensured the person received the right medication. The home had 'as and when required' (PRN) medicines protocols in place which provided information on the purpose of the medicine and when and how it was to be administered. Training records confirmed staff had received appropriate medication training. Annual checks were undertaken by the provider to check staff's competence to administer medication safely. There were appropriate arrangements in place for the ordering, storage and disposal of medication. Regular audits of medicine practices were undertaken by the registered manager.

An effective system was in place for staff recruitment to ensure people were safe to work at the service. This included carrying out Disclosure and Barring Checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. The recruitment procedure included processing applications and conducting employment interviews, checking a person's proof of identity and obtaining references. We looked at the recruitment record for one member of staff who had recently been recruited to the service. We saw that all appropriate checks had been undertaken.

Is the service effective?

Our findings

People who lived at the home received effective care and support from staff. Our observations showed that staff and the registered manager knew people well and were able to explain people's care needs and individual personalities.

Staff were supported to gain the knowledge and skills required to support them in their role. Staff told us they had received a good induction. New staff completed comprehensive induction training. One member of staff told us, "I spent the first two weeks shadowing and getting to know people and their support needs. I asked other staff about people's needs, observed, and took part in helping and getting more responsibility. The manager is very supportive." A relative said, "[name of manager] ensures all new staff go through training before supporting people on their own. This is really important as everyone living at the home have very complex needs."

People were cared for by staff who were supported to continually develop their skills to provide good care. Staff completed a range of training included courses such as safeguarding, medication including buccal midazolam (buccal midazolam medication is used to stop seizures), epilepsy, dementia, fire safety, and moving and handling. One staff member told us, "We get regular training and there's also extra training we can do if we're interested." Staff told us, and records confirmed, they received regular supervision and had an appraisal in place. One staff member said, "I get regular supervision but I can see the manager any time I want to as they're always here." Relatives told us, "Staff have the skills they need and new staff learn from the other staff too."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). 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.

Staff received training on MCA and had an understanding of the key principles of the MCA and DoLS. We spoke with the registered manager who was aware of their responsibilities with regard to DoLS. The records showed assessments had been undertaken of people's capacity to make decisions. Where people had been deprived of their liberty, appropriate applications had been submitted to the local authority for a DoLS authorisation.

People were supported to access healthcare when required and to attend appointments. Records showed that support and guidance had been sought from healthcare professionals; where appropriate referrals had been made for example to GPs, the tissue viability nursing team and the speech and language team. People had healthcare action passports. These are documents which include the person's medical and support needs. They are used as a quick reference for sharing information with other healthcare professionals. This

ensured continuity of care and reduced people's anxiety. A response from a relative in a recent survey said, "All [name of person] healthcare needs are well attended to." This showed that staff worked with other healthcare professionals to ensure people's health care needs were responded to promptly.

People had enough to eat and drink and were supported to have a balanced healthy diet. Staff had a good understanding of people's nutritional needs and how these were to be met. People were supported to make choices in a variety of ways, such as, the use of pictorial menus and being offered different options to choose from. During our visit we observed one person being offered a range of sandwich fillings to enable them to pick what they wanted. Staff told us because people could not communicate verbally it was important to find out people's likes and dislikes. One staff member told us, "It's important not to just say 'they don't like that'. [name of person] didn't like curry but we found they did like curry if it's a korma curry." People had the choice of eating in the kitchen, dining room or their own room. Staff told us that the environment can be noisy and unsettling and that some people preferred to eat their meals in a quiet location.

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived at the home. Relatives we spoke with were very positive about the caring attitude of staff and the registered manager.

During our visit we observed warm interactions between staff and people and the atmosphere within the home was calm and pleasant. We observed people being treated with kindness, compassion and respect. Staff were very knowledgeable about the individual needs of people and communicated with them effectively. Each person had a named keyworker who helped them to maintain their support plan, liaise with relatives and supported the person to participate in activities which interested them. A relative told us, "[name of family member] is treated with kindness the carers are very caring." Staff took time to talk to people and ensured that they were included in what was going on; it was evident that they knew people well and had built up a caring relationship with them.

Staff treated people with dignity and respect. During our visit we observed staff calling people by their preferred names and talking discreetly when speaking about people's personal care needs. Staff told us how they would support someone's privacy by knocking on people's doors before entering and ensuring bedroom and bathroom doors were closed when delivering personal care. Independence of people was also promoted by staff. We saw one person being supported and encouraged by staff when they mobilised. One staff member told us "It's important to use encouragement to help the person remain as independent as possible."

People were appropriately dressed and supported to choose what they wanted to wear. This showed that staff had taken the time to support people with their personal care which promoted their dignity. A response from a relative in a recent survey was, "[name of person] is always dressed in nice clothes which they choose themselves which we feel is really important."

Staff were skilled at communicating with people. Staff were able to give examples of how people made decisions, for example, what clothes they wanted to wear and when they wanted to get up from bed. For some people this meant using sign language to aid communication, using gestures or using a pictorial book. For other people it meant staff had to observe and understand people's body and facial expressions. A relative told us, "They encourage [name of person] to communicate and help her with her sign language. They are trying to teach [name of person] more Makaton." On the day of our visit we saw a notice board with a 'Makaton Christmas word of the day' which was used by staff to encourage and aid communication.

People were supported and encouraged to maintain relationships with their families. This included supporting one person to use an internet video chat program to keep in touch with their family. There were no restrictions on people visiting the service. A relative told us, "There's no restriction on visiting we can visit anytime."

Staff told us that they accessed an advocacy service for those people who do not have a Relevant Person Representative. An advocate supports a person to have an independent voice and express their views when

they are unable to do so themselves. Records confirmed advocacy was being accessed for one person currently living at the service.

Is the service responsive?

Our findings

The service was responsive to people's needs. People were supported as individuals which included looking after their social interests and wellbeing.

Staff knew people well and were able to describe their individual needs and preferences. Assessments of people's needs were completed before they came to live at the service. Support plans included detailed information specific to the individual; such as information about the person's health, medication, preferences and the outcomes the service was assisting them to achieve. Daily records showed staff had been supporting people with their care and support as written in their support plans. If an individual's needs changed these were discussed at daily handover meetings, at monthly team meetings and recorded on the person's daily notes. People's care needs were reviewed regularly and relatives confirmed they were involved in the review process. One relative told us, "We are totally involved in everything including reviews."

People received person centred care from staff that understood what this meant for them. One staff member told us, "Look around, look at people's rooms, we treat them as individuals, ensure they have things they like around them. No one is the same here, they are individuals, they have choice."

On the day of our visit people were getting ready to go out to a local day centre. Music was being played and staff told us one person was visually impaired and they played music so that the person knew they were going to the day centre. This helped to reduce any anxiety or distress for that person. Staff also told us that they used scents to support the person to understand what is happening around them, for example vanilla scent indicated staff were about to support them with eating. Staff told us they had undertaken training where they were blindfolded to gain an insight of that person's experience.

The registered manager told us staff worked flexibly to ensure people were supported to access community activities. Staff told us people were encouraged to access community activities as much as possible and that activities were based around people's interests such as horse riding, a trip to Disneyland Paris and going out for car rides. A relative told us, "[name of family member] is always out doing different things. They [staff] do so much and [name of family member] is very happy".

The provider had a complaints policy in place for receiving and dealing with complaints and concerns. Staff knew about the complaints policy and told us they would notify the registered manager if anyone had a concern or complaint. A relative told us, "I had a minor concern and spoke with [name of manager]. It was all sorted out straightaway. I can always approach the manager if I have any concerns."

Is the service well-led?

Our findings

The service had a registered manager in post who had a good knowledge about the people they were caring for. They were very visible within the service.

People we spoke with told us that the registered manager was approachable and supportive. Staff told us, "I feel supported by the manager I can approach her about anything I enjoy working here", "This is a lovely place to work and [name of manager] is doing a really good job" and a relative said, "[name of manager] has turned this place around since they've been here."

People benefitted from a staff team that felt empowered and there was an open value based culture. Staff demonstrated they had an understanding of the provider's vision and values and described how they provide the best possible care they could for people.

Staff had regular supervision and team meetings. We saw minutes of team meetings which confirmed these were held every month. At these meetings staff discussed any issues or concerns or changes to people's support plans and/or risk assessments. Staff told us they were able to put forward ideas for improving the service as well as providing their views on any proposed changes to the service. Staff told us they felt listened to and felt valued by the registered manager. They also said they could seek guidance and advice from them at any time.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people, for example, regular audits were undertaken on medication management and accidents and incidents. The registered manager told us the medication system had recently been changed to minimise the risk of medication errors. A staff member told us, "The new system is much better, easier to use when out [in the community] with people and there's less chance of error." The provider had an on line Contingency Compliance Tool (CCT) which was used to ensure audits had been undertaken and which identified any areas which were non-compliant, for example outstanding staff training or support plans not reviewed within timescales. The CCT generated an improvement plan with appropriate actions for the registered manager to take. The improvement plan was monitored by the provider's senior management who also visited the service on a regular basis. This showed that the home had a quality assurance programme in place which was effectively monitored .

The service sought the views from people about its quality and effectiveness of the service and how they can continually improve the service for them. The registered manager gathered people's views on the service through meetings, talking to people on a day to day basis and through surveys. We were shown a copy of the recent stakeholder survey. The return rate was low however the feedback received was positive. Comments included, "Staff could not do anymore our [family member] gets excellent support" and, "All my [name of family member] health care needs are well attended to." Relatives told us they confirmed they were encouraged to give feedback about the quality of the service.

There were staff incentives in place for example the provider's 'You Rock' scheme which recognised and

rewarded staff. Staff were aware of the scheme. This demonstrated staff were encouraged to improve the quality of care and support people received.