

Keynsham Mencap Family Home

Keynsham Mencap Family Home Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 16 January and was unannounced. When the service was last inspected in March 2014 there were no breaches of the legal requirements identified.

Keynsham Mencap Family Home is registered to provide care and accommodation for up to nine people with a learning disability. At the time of our inspection there were eight people living at the service.

A registered manager was in post at the time of 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 were not cared for in a safe, clean and hygienic environment. The system and practices in place for infection control within the service did not provide adequate protection for people.

People's rights were not being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw no information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had not been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty. The registered manager told us they were seeking advice from the local authority.

There were ineffective systems in place to assess, monitor and improve the quality and safety of the service. We have recommended that the provider reviews the effectiveness of their quality assurance and auditing processes.

Staff were supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. The staff supervision programme required up-dating.

People's nutrition and hydration needs were met. Specific dietary requirements such as diabetes were catered for. The food was served at the correct consistency, according to the person's needs. Where necessary appropriate professional advice had been sought regarding the consistency of food the person should consume. We did note that most of the food people ate for dinner were frozen ready meals.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment.

People were protected against the risks associated with medicines because there were appropriate

arrangements in place to manage medicines. Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

People had their physical and mental health needs monitored. All care records we viewed showed people had access to healthcare professionals according to their specific needs.

People were encouraged to maintain contact with their family and were therefore not isolated from those people closest to them.

People received effective care from the staff that supported them. Staff were caring towards people and there was a good relationship between people and staff. People and their representatives were involved in the planning of their care and support. Staff demonstrated an in-depth understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Supporting records highlighted personalised information about what was important to people and how to support them. People were involved in activities of their choice.

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 not consistently safe.

People were not cared for in a safe, clean and hygienic environment.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People's rights were not being upheld in line with the Mental Capacity Act 2005.

Staff did not receive appropriate support through a regular supervision programme.

People's healthcare needs were met and the service had obtained support and guidance where required.

People's nutrition and hydration needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were caring towards people and there was a good relationship between people and staff.

Staff were very knowledgeable about people's different behaviours and specific needs.

Good ●

Is the service responsive?

The service was responsive to people's needs.

Good ●

People received good care that was personal to them and staff assisted them with the things they made the choices to do.

Each person's care plan included personal profiles which included what was important to the person and how best to support them.

Is the service well-led?

The service was not well-led.

Staff did not feel well supported by the registered manager.

There were inadequate processes in place to assess, monitor and improve quality and safety of the service.

People and their representatives were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of their activities and their future goals.

Requires Improvement 

Keynsham Mencap Family Home Limited

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 in January 2016 and was unannounced. The last inspection of this service was in May 2014 and we had not identified any breaches of the legal requirements at that time. This inspection was carried out by one inspector.

On the day of the inspection we spoke with three members of staff, the deputy manager and the managing director. We also spoke with two relatives. The following week we also spoke with the registered manager.

We spoke with five people who used the service and observed interactions between staff in communal areas.

We looked at four people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Is the service safe?

Our findings

People were not cared for in a safe, clean and hygienic environment. The system and practices in place for infection control within the service did not provide adequate protection for people. The service did not adhere to the Department of Health 'Code of Practice on the prevention and control of infections and related guidance 2010' (code of practice) or their own internal infection control policy.

Hand hygiene is widely acknowledged to be the single most important activity that reduces the spread of infection. Disposable paper towels were not available and people shared cotton hand towels. This increased the risk of cross infection. There were inadequate facilities and materials available to prevent cross-infection in the service

The bathrooms were not clean. The downstairs bathroom had black mould on the ceiling and there was limited ventilation. The upstairs bathroom had an unused rusty shower chair attached to the wall. The flooring and shower curtains were heavily stained and part of the wall covering was loose exposing the wall. Cleaning fluids were not stored in a safe and secure manner. We found two bottles of floor bleach on the window ledge. These were removed on request. When a member of staff was asked what they thought about the cleanliness of the upstairs bathroom in particular they acknowledged that it was not of a high standard and would benefit from modernisation or a refurbishment. The Service incorporates daily and weekly cleaning schedules which are incorporated into a daily duties board. We were unable to find evidence of the allocation or record of completed duties.

There were inadequate systems to manage and monitor the prevention and control of infection, such as infection control audits. This meant there was no system in place to consider how susceptible people are to the potential risks of cross infection. We were told by the managing director that the identified issues would be taken forward in their proposed refurbishment programme which is due to be undertaken in the first part of the year. He told us; "We know the place is getting shabby but it's all in hand."

The registered manager told us they utilised the Clifton nursing scale guidelines to determine the current staffing levels. The tool stipulated that two staff should be on duty when the service was fully occupied. We viewed staffing rotas and they demonstrated that staffing levels were maintained at this level. Two people were spending the weekend with their family and there were two staff on duty. Although staffed at the level determined by the guidelines all the staff we spoke with did not feel the staffing level was adequate. They provided examples of when people required one to one assistance for personal care or when people required attention when expressing challenging behaviour. We were told by one member of staff; "The ideal level of staffing would be three as one person at times requires two to one assistance." One member of staff told us they were frightened when dealing with challenging behaviour and did not feel adequately supported. The staff member commented; "I do not think the staffing level is adequate. It's mentioned quite a lot." Another member of staff told us; "Every shift I feel like I'm walking on eggshells. There is no support." They also told us; "If we wanted to take people out we would need three people. We feel they could do with more one-to-one time. There are times we could do with an extra person so we can take people out in the evening."

On the day of our inspection we did not observe unsafe practice and people received support when needed, such as meal times and when medication was required. We witnessed no adverse incidents or challenging behaviour. The registered manager advised that the service has appropriate policies, levels of staffing, and the use of support aids when managing personal care and challenging behaviour. They told us there is no allocation of one-to-one funding outside of the individuals identified needs. The opportunity to take people out on a one-to-one basis without prior agreement is limited due to the format of residential living and shared support time. The level of support has been agreed by multi-disciplinary panels and funding authorities.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. Staff told us they felt confident to speak directly with a senior member of staff and that they would be listened to. All members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission.

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. Staff personnel files contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the home and were recorded appropriately.

People's medicines were managed and they received by people safely. People received their medicines in line with their prescriptions. Staff had received training in medicines. Staff administering the medicines were knowledgeable about the medicines they gave and knew people's medical needs well. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately.

PRN medication plans were in place. PRN medication is commonly used to signify a medication that is taken only when needed. Care plans identified the medication and the reason why this may be needed at certain times for the individual. Care plans confirmed how people preferred to take their medicines.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as nutrition, road safety, moving and handling requirement and accessing the home alone. Assessments were reviewed regularly and updated, when required. Within the person's records, appropriate support and guidance for staff was recorded. Examples included of how to keep a person safe when going out independently. Potential risks were identified and actions to achieve the activity were provided such as the provision of personal safety awareness, bus and phone training.

Incidents and accident forms were completed when necessary and reviewed. This was completed by staff

with the aim of reducing the risk of the incident or accident happening. The records showed a description of the incident, the location of the incident and the action taken. The recorded incidents and accidents were reviewed by the registered manager. They reviewed the incidents and accidents and identify any emerging themes and lessons learnt. This analysis enabled them to implement strategies to reduce the risk of the incident occurring again.

Is the service effective?

Our findings

People's rights were not being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw no information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). The registered manager wrote to us confirming that DoLS applications had yet to be applied for. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. The registered manager told us they are seeking advice from the local authority.

In December 2014 staff completed Mental Capacity Act 2005 (MCA) training. Although DoLS applications had yet to be processed by the service staff understood the importance of promoting choice and empowerment to people when supporting them. Where possible the service enabled people to make their own decisions and assist the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices. One member of staff commented; "I give people choices with personal care, food and drink choices and clothing. I give prompts. With [person's name] personal care we do it together and [person's name] always have a go herself. I just assist where they need help"

We observed people were offered choices during the inspection. For example food and drink choices were offered. Support plans advised staff how to assist a person to make day-to-day decisions. Depending on the specific issues such as medication reviews decision making agreements involved the appropriate health professionals, staff and family members. We found that the service would communicate with the family about incidents or decisions that affected their relative.

The provider ensured that new staff completed an induction training programme which prepared them for their role. The induction training period was over 12 weeks and included training specific to the new staff members role and to the people they would be supporting. The induction included essential training such as first aid, health and safety, person centred planning and food hygiene. A new induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. To enhance their understanding of a person's needs new members of staff also shadowed more experienced members of staff.

Staff were supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in manual handling, medication and risk assessments had been completed. Additional training specific to the needs of people who used the service had been provided for staff, such as autism awareness had been undertaken by staff. Although staff members had received positive behavioural management training some staff we spoke with did not feel confident dealing with challenging behaviour. The registered manager was advised of this concern and they agreed to review the training needs of staff members.

Staff were not consistently supported through a supervision programme. Senior managers did not meet with staff regularly to discuss their performance and work. Conducting regular supervisions would ensure that staff competence levels were maintained to the expected standard and training needs were acted upon, such as positive management training needs. They failed to adhere to their supervision policy which states; "Every employee will be invited to a supervision session with their manager or supervisor at least four times each year."

People's nutrition and hydration needs were met. Specific dietary requirements such as diabetes were catered for. The food was served at the correct consistency, according to the person's needs. Where necessary appropriate professional advice had been sought regarding the consistency of food the person should consume. Staff guidance included food textures and actions required to minimise risks of choking. We observed that staff provided the appropriate support in accordance with these guidelines. Staff members told us that the main menu choices were frozen meals. We viewed the menu planner and the items for tea time included frozen chicken pies, pizza, chicken curry and cottage pie. We were told by staff members they did not have time to prepare food from scratch. They expressed concerns about the nutritional value of the food. This information was fed back to the registered manager and they agreed to assess the current position.

Is the service caring?

Our findings

We observed that good relationships had been established between staff and the people they provided care for. We observed positive interactions during our time at the service. Staff spoke with people in a meaningful way, taking a vested interest in what people were doing, suggesting plans for the day and asking how people were feeling. Staff continually offered support to people with their daily plans. The environment was friendly and relaxed. The hub of the service appeared to be the kitchen and the communal lounge. People were helping in the kitchen and making drinks for each other. There was lots of laughter and people were at ease with staff members. One relative told us; "The staff are all committed and all appear happy to work here."

Support plans contained detailed, personal information about people's communication needs. This ensured staff could meet people's basic communication needs in a caring way. For example, one person's plan advised that the person had a good verbal understanding and staff should speak to the person slowly and clearly and inform them of boundaries when going out into the community. The plan enhanced staff understanding of the person's needs. Staff we observed were patient and fully engaged with the people they were caring for.

People's privacy and dignity was maintained. Staff told us they always considered the person's privacy. A staff member described what action they took to ensure they upheld people's privacy and dignity. They provided examples of how people preferred their personal care routine and giving people their own space to get showered and dressed.

People had private space if they wished to spend time alone. We observed that people used their rooms when they wished and person had their own television and home entertainment facilities. Staff demonstrated respect by knocking on bedroom doors before they entered.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. The level of detail provided by staff members was reflected in the person's care plans. When they spoke about the people they cared for they expressed warmth and dedication towards the people they cared for.

The staff members enabled the people who used the service to be independent, as far as possible. People were provided with activities and a lifestyle that respected their choices and preferences. Activities included volunteering, theatre visits, going to the library attending evening clubs the local day centre. People kept their own personal belongings where they wished to and had their rooms furnished to their own individual taste. The staff ensured they provided a homely environment throughout the service.

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the service and they received the support they required.

A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed regularly and a formal review was held once a year and if people's care needs changed. Reviews included comments on the support plan, how to keep the person healthy and safe, social and leisure activities and "what must happen in my life and the support I need to make this happen." Staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary. Where required we found that the service accessed speech and language therapists, district nurses, physiotherapists and the dementia well-being team.

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines were identified. People and their relatives had input and choice in the care and support they received. People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how best to support them. For one person they liked going out clothes shopping, wearing nice jewellery and having their hair looking nice. We spoke with the person and they told us about their clothes shopping trips and how much they enjoyed them.

One person's records contained statements regarding their behaviour which was challenging. There were behavioural monitoring ABC type charts in place. An ABC chart is an observational tool that allows a service to record information about a particular behaviour. The aim of using an ABC chart is to better understand what the behaviour is communicating and incorporate strategies on how best to deal with challenging behaviour. Staff told us that they had received training for supporting people with challenging behaviours and provided examples of strategies used to deal with the person's behaviour. However, the majority of staff we spoke with did not feel confident in dealing with challenging behaviour. The registered manager confirmed that this position and training needs will be reviewed.

People undertook activities personal to them. There was a planner that showed the different social and leisure activities people liked to do and the days and times people were scheduled to do them. People in the service were supported in what they wanted to do. The service knew people well and were responsive to their needs. One member of staff told us that one person did not like going to a particular day centre and they now go to another day centre where they're happy and engage in the activities of their choice. The social activities recorded varied for people according to their chosen preferences. This demonstrated that the service gave personalised care.

People were also encouraged to maintain contact with their family and were therefore not isolated from those people closest to them. Two people were spending the weekend with their family. One person told us;

"I'm very happy here. I've been out today and my parents are coming to see me. We're going out to eat."

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things are important to the person such as how to communicate with them and their likes and dislikes.

People had the support of an independent advocacy service. The service come into the home and 'chair' monthly regular residents house meetings without staff presence to ensure there were no influences from the organisation or its staff team. Actions were raised as a result of these meetings, such as the choice of décor, holidays and activities. The provider had systems in place to receive and monitor any complaints that were made. During 2015 the service had not received any formal complaints.

Is the service well-led?

Our findings

Staff felt well-supported by the deputy manager and considered her to be the first point of contact. One member of staff told us; "The deputy manager is approachable. She's come over in her pyjamas to help before." Another member of staff described the deputy manager as "brilliant." There were mixed comments regarding the registered manager. Some staff did not feel listened to and provided examples of staffing levels and irregular supervisions. One member of staff told us; "There are not enough members of staff to cover shifts. Supervisions are sporadic and [registered manager's name] doesn't really act on issues." Despite their criticism of the management all staff members firmly believed they did a good job and people were well-cared for. One member of staff told us; "I take care of the residents, keep them safe and support them as much as I can. I think they have a very good standard of life." We observed positive interactions throughout the day and people's needs were met.

Regular staff meetings were held but did not follow the set agenda. We viewed minutes of the previous staff meetings and the main issues discussed surrounded the people who lived at the service. There was no record of any other issues relating to the operation of the service being discussed. In some cases the minutes were handwritten on scrappy pieces of paper and would be difficult to follow if you did not attend the meeting.

The registered manager conducted quality monitoring audits. They reviewed issues such as administration, the building, care and service to the residents, staffing, and 'how do we measure the quality of care and service?' We reviewed the 2015 audit and the document was not completed adequately. Many of the comments segments were incomplete. Where actions were identified there were no clear timelines of when actions should be completed and by whom. The systems had failed to identify the shortfalls found at this inspection such as the concerns surrounding the supervisions and infection control.

The service is managed by a board of trustees. The trustees are responsible for the management and administration of the service. They meet regularly to discuss the operation of the service and identify actions that need to be taken forward. The previous minutes of the meeting identified that the redecoration of the service is needed and staffing levels are low. We noted that the trustees have put forward an action plan to address these issues.

Systems were in place to ensure that the staff team communicated effectively throughout their shifts. Communication books were in place for the staff team as well as one for each of the individuals they support. We saw that staff detailed the necessary information such as appointments and activities. This meant that staff had all the appropriate information at staff handover. Staff were required to attend the handovers as well as reading the communications book for the service and the individuals.

Through regular care plan and best interest meetings people and their representatives were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. The meetings provided an opportunity for people and their representatives to discuss issues that were important to them and proposed actions. People and their representatives were encouraged to provide their views and were

actively involved in the decision-making process, such as the choice of their activities and their future goals. The regular house advocacy meetings also provided an independent voice to the people to express their views. We found that issues identified by the people had been taken forward by the service.

Systems to reduce the risk of harm were in operation and regular maintenance was completed. A housing and weekly health and safety check ensured the suitability of equipment was monitored. Fire alarm, water checks and equipment tests were also completed.

We would recommend that the provider reviews the effectiveness of their quality assurance and auditing processes.