Royal Mencap Society

Royal Mencap Society - 29 Firgrove Hill

Inspection report

29 Firgrove Hill
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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 was carried out on 9 February 2016 and was unannounced. Royal Mencap Society – 29 Firgrove Hill is a service for up to five people living with learning disabilities. Accommodation is a house with three floors. On the day of our visit three people lived at the service.

On the day of our visit there was a registered manager in post. 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.

People's needs were met because there were enough staff at the service. Accidents and incidents with people were recorded on the service computer with a written copy kept in a file. Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff had undergone recruitment checks before they started work.

People's medicines were administered and stored safely. One member of staff told us that they had been trained to support people with their medicines.

Risks had been assessed and managed appropriately to keep people safe which included the environment. The risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

People's human rights were protected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were followed. There was evidence of mental capacity assessments specific to particular decisions that needed to be made.

People were supported by staff that were knowledgeable and supported in their role. Staff had received all the appropriate training for their role and their competencies were regularly assessed.

People were supported to maintain healthy lifestyles. Where people needed effective systems were in place to monitor their nutrition and hydration. Staff were regularly weighing people.

People had access to a range of health care professionals, such as the consultants, dietician and GP. It was clear to them that staff understood people's conditions.

Staff interacted with people in a kind and respectful way. One member of staff said "I enjoy it here very much, I like that I'm needed and that I can help people."

People were involved in planning their care. We saw that care plans had detail around people's backgrounds and personal history and included people's views on what they wanted. Staff knew and understood what was important to the person and supported them to maintain their interests.

People were supported by staff who understood their needs. Where it had been identified that a person's needs had changed staff were providing the most up to date care. People were able to take part in activities which they enjoyed and were supported to live as independently as they could.

There was a complaints procedure in place for people to access if they needed to and this was in a pictorial format for people to understand. People were reminded at every meeting how they could raise a concern if they had one.

Staff said that they felt supported and valued. Systems were in place to monitor the quality of the service that people received. This included audits, surveys and meetings with people and staff.

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 staff deployed to meet the needs of people.

Medicines were being managed appropriately and people were receiving the medicines when they should. Medicines were stored and disposed of safely.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff.

Staff understood and recognised what abuse was and knew how to report it if this was required. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Is the service effective?

Good

The service was effective.

Mental Capacity Assessments had been completed for people. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had received appropriate up to date training. They had regular supervision meetings with their manager.

Staff understood people's nutritional needs and provided them with appropriate assistance. People's weight, food and fluid intakes had been monitored and effectively managed.

People's health needs were monitored and had access to external healthcare professionals when they needed it.

Is the service caring?

Good

People were treated with care, dignity and respect and had their

privacy protected.

Staff interacted with people in a respectful or positive way.

Staff were caring and we observed that people were consulted about their care and their daily life in the service.

Is the service responsive?

Good

The service was responsive.

Staff we spoke with knew the needs of people they were supporting. We saw there were activities and events which people took part in. People were supported to live independent lives.

There was a complaints policy and people understood what they needed to do if they were not happy about something.

Is the service well-led?

Good

The service was well-led.

People felt comfortable with the manager and approached them when they wanted.

There were effective procedures in place to monitor the quality of the service. Where issues were identified and actions plans were in place these had been addressed.

Staff said that they felt supported, listened to and valued at the service. Staff understood the ethos of the service.

Royal Mencap Society - 29 Firgrove Hill

Detailed findings

Background to this inspection

Start this section with the following sentence:

'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.'

Say when the inspection took place and be very clear about whether the inspection was announced or unannounced, for example by saying:

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 was an unannounced inspection which took place on 9 February 2016. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the information we had about the service. This included notifications, complaints or safeguardings. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We reviewed information on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit, we spoke with two people who used the service who were able to engage in some

conversations, the registered manager and two members of staff. We spent time observing care and support in communal areas.

We looked at a sample of two care records of people who used the service, medicine administration records, two recruitment files for staff, supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection of this service was on 10 December 2013 where we found our standards were being met and no concerns were identified.

Good

Is the service safe?

Our findings

People's needs were met because there were enough staff at the service. We were told by the registered manager that staffing levels depended on what people's activities were on each day. On the day of the inspection two people were going in and out of the service whilst another person was at the day centre. Whenever a person returned to the service there was a member of staff at the service to support them. Additional staff were brought in to cover any appointments that people needed to be taken. One member of staff told us "With only three people living here there are enough staff, extra staff are brought if needed." Another member of staff said "We have enough staff; if appointments are scheduled then extra staff are provided."

People were protected from the risk of abuse. We saw from resident meetings and care reviews that people were reminded about how to protect themselves when strangers approached them. Information was displayed around the service in easy read format reminding people what they needed to do if they did not feel safe. Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. One member of staff said "I would report my concerns to the manager or go above if I needed to." Another member of staff said "I've recently undertaken the training, I would record and report any concerns, if it was a serious concern I would consider contacting the police." There was a Safeguarding Adults policy and staff had received training regarding this which we confirmed from the training records. There was additional information available to staff in the office if they needed to refer any concerns about abuse.

People's medicines were administered and stored safely. Each person had their own medicine cupboard in their room which was locked. We looked at the Medicines Administration Records (MARs) charts for people and found that administered medicine had been signed for. All medicine was stored and disposed of safely. There were photographs of people and a 'profile' in the front of each chart to identity who the medicine had been prescribed to. Other 'over the counter' medicines were also kept in people's medicine cabinets. Medicines to be used "As required", had guidance relating to their administration. One member of staff said I'm trained to give medicines but for one person we just support them to take their own." Competancy assessments with staff were also carried out.

Risks to people had been assessed and managed appropriately to keep people safe. People were supported to go out independently if they wanted to and there were detailed risk assessments around this. This included how they crossed the road and how to use public transport. One person went out on their own on the day of the inspection and was reminded by staff to take their mobile phone and to contact them if they needed anything. Staff were aware of risks to people. One member of staff told us that when one person went out, if they were not back within three hours then they would contact the manager and steps would be taken to find out where the person was. They did say however that this had never happened. Other risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm. This included management of finances, personal care, eating and drinking, fire safety and trips out.

Risk assessments were also in place for identified risks which included maintaining a safe environment and

action to be followed. One person was at risk of becoming unwell when eating certain foods and steps were taken to ensure that only suitable foods were available for the person in the service.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person in their care plans and in the hallway that were updated regularly. This provided information to staff on how to support people in the event of an emergency.

Peoples were safe because appropriate checks were carried out on staff to ensure they were suitable to support the people that lived at the service. Staff recruitment included records of any cautions or conviction, references, evidence of the person's identity and full employment history. Staff told us that before they started work at the service they went through a recruitment process.

Although there had been no accidents and incidents with people at the service staff knew how these needed to be recorded. There was an electronic copy of the incident form which would be printed off and placed on the person's care plan. The information on the form included detail of what happened, who was involved, who had been informed and what actions were taken. One member of staff said "If something did happen we would also inform the manager as well as fill out the online form."

Good

Is the service effective?

Our findings

People's human rights were protected because the requirements of the MCA and DoLS were being followed. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. One member of staff told us "People who live here have the capacity over most decisions that need to be made, I assume capacity, If someone refuses medicines then I would raise this with the manager." They explained that if people had capacity then they had the right to refuse medicines.

People consented to most of the care and treatment that they received. Where necessary mental capacity assessments were completed specific to particular decisions that needed to be made. Where a best interest decision had been recorded there was an appropriate assessment in relation to this decision. There was detail about why it was in someone's best interest to restrict them of their liberty where necessary. For example one person had lack of capacity around their finances. There were details around why it was in the person's best interest not to allow them to have access to their bank card. One member of staff said "Every now and again (the person) would try and use the bank card whilst out on their own even when there were not enough funds in their account." They told us that it was in their best interest now not have full access to their bank account but still ensured that the person had access to money.

People were supported by staff that were knowledgeable and supported in their role. We saw that staff's competencies were assessed regularly in one to one meetings with their manager. One member of staff told us "I have regular meetings with my manager; it's always good to have reflective and constructive criticism." Another member of staff told us "I have supervisions; they are a chance to talk to my manager in private and discuss any concerns and feedback." We saw that discussions included any additional training needs the member of staff had, career progression and the values of the organisation. Staff were kept up to date with the required service mandatory training which was centred on the needs of the people living at the service. Training included learning disability awareness, moving and handling, first aid and fire safety. One member of staff said "We have enough training, if there is something new that we need to learn then more training is provided."

People were supported to maintain a healthy and nutritious diet. Each week people at the service were asked what they wanted for their meals each day. Each person decided on a different day what they wanted from a range of meals. These were presented to them in pictorial format so that people understand what they were. One person told us what the evening meal was and told us that they enjoyed the food. We saw that there was plenty of fresh food available and saw one person making themselves lunch. Each person at the service was weighed regularly and where there was a change in someone's weight health care professionals were contacted for advice. One person was referred to a consultant as a result of a drop in their weight. It was established that they had a health condition where their diet needed to be monitored by staff more closely. One member of staff told us "(The person) can't eat a lot of things but we don't restrict

them completely, we help them to make choices that are better for them." People were supported to remain healthy and had access to a range of health care professionals, such as dietician, GP and consultants in relation to specific health care needs. Advice given by health care professionals about people's needs was followed by staff and recorded in their care plan.

Good

Is the service caring?

Our findings

When asked whether staff were caring. One person told us that the staff were caring. They said "Staff are nice". They told us that they have a key to their room so that they can come and go as they pleased. We could see from our observations that people were comfortable with staff and interactions were kind, caring and supportive. Whilst we were talking to the registered manager one person came into the room and wanted to talk to them. The registered manager spent time listening to the person and talking to them about things they liked doing. This demonstrated to us that the registered manager put the needs of the person first.

The service had a relaxed and friendly atmosphere. Staff interacted with people in a kind and respectful way. We saw staff speak to people in a way which suited their needs making sure they faced people who had difficulty hearing or understanding, speaking clearly to enable clear communication. We saw people and staff use basic hand signs to help each other to communicate. We heard conversations between staff and people that were age appropriate and respectful. We saw staff supported one person to clean their room and help another person choose their menu from the local café. One member of staff said "These are a good group of guys, I love it here, I do get attached to people, I feel I know people here." Another member of staff said "I enjoy it here very much, I like that I'm needed and that I can help people." When we asked staff how they would demonstrate that they were caring one said "Showing that I'm always here and showing up." We heard staff talk kindly and compassionately with one person when they were taking them to a health care appointment that was making them anxious.

It was clear from the care plans that people were involved in planning their care. The care plans reflected what was important to people. We saw that care plans had detail around people's backgrounds and personal history. Staff were able to explain the personalities of people they supported. They understood about people's life history and family. One member of staff said "(The person) has really flowered since being here; you have to understand the background of people to being able to care for people well."

People's bedrooms were personalised with photographs of family and decorated with personal items important to the individual. One person showed us their room and told us what was important to them and what their interests were. Staff knew and understood what was important to the person and supported them to maintain their interests. One person was encouraged to maintain a relationship with someone from another service. Staff had organised for the person to spend time with the person on Valentine's day. Staff understood that it was important for people to maintain relationships.

People's privacy and dignity was maintained. Where people were being supported with personal care the doors were always shut. One member of staff said "(One person) gets undressed with their door open; I always make sure I close the door for them. I make sure that I check that (the person) has rinsed their hair properly."

Where possible people were given the opportunity to be involved in the running of the service. The staff actively sought the views of people in a variety of ways. Residents meetings were held and the minutes

showed discussions around activities, changes to the menu and improvements to the service. The minutes were created using photos and pictures cards to remind people what was discussed. One member of staff said "We want their ideas, we have regular key worker meetings with people and we have a format of asking questions about what people want."

We were not made aware of any person being involved with an advocate, but staff knew how to access these on behalf of people, should they be required. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. All of the people at the service were supported by their families. People's families and friends were able to visit when they wanted to and this was encouraged by staff.

Good

Is the service responsive?

Our findings

People were supported by staff that were given appropriate information to enable them to respond to people effectively. Care plans were detailed and covered activities of daily living and had relevant information with personal preferences noted. Care plans also contained information on people's medical history, mobility, communication, and essential care needs including: sleep routines, continence, care in the mornings, and care at night, diet and nutrition, mobility and socialisation. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred. For example there were sections that detail 'My outcomes' and things that people achieved. One person wanted to go to the café on their own and they are now able to do this.

Staff had a handover between shifts with the team leaders. They discussed any particular concerns about people to ensure that the staff coming on duty had the most current information.
Daily records were written by staff throughout the day. Records included what people had eaten and drunk. They included detail about the support people received throughout the day. Care plans were reviewed regularly to help ensure they were kept up to date and reflected each individual's current needs. Where a change to someone's needs had been identified this was updated on the care plan as soon as possible and staff were informed of the changes. In addition staff discussed people's care in team meetings. We saw from the minutes that there were discussions around what each person's most recent needs were. On the day of the inspection a member of staff discussed the health care appointment of someone with the registered manager before they went off duty.

Where it had been identified that a person's needs had changed staff were providing the most up to date care. One person needed to monitor their meals to ensure that they didn't become unwell. Staff understood all about the health condition of this person and how best to support them.

One person we spoke with told us that they enjoyed going out and where they liked to go. They were able to tell us what they were doing that day and how much they enjoyed it. Each person at the service had they own individual activities based on what they wanted to do. Activities included pottery, art classes, day centres, shopping, going to the cinema and going out for a cooked breakfast. One person showed us that they enjoyed watching films in their room. One member of staff said "They (people) have a chance to meet other people when they are out; I think they have busy lives, they are always out and about."

There was a complaints procedure in place for people to access if they needed to and this was in a pictorial format for people to understand. The registered manager told us that there had not been any complaints received. We saw from regular residents meetings that people were supported to make a complaint if they were unhappy about any aspects of their care.

Good

Is the service well-led?

Our findings

The registered manager was present on the day of the inspection. We could see that people were comfortable around the registered manager and were able to speak to her when they wanted. One member of staff told us "They are a good manager, she cares, she is very approachable and easy to get along with." They told us "I feel supported by her, she is a good listener, she always wants to make the environment happy and she is fair." Another member of staff said "I feel the service is well managed, any contentious issues are dealt with fairly, she is on the ball."

Staff meetings took place regularly and there were discussions around any changes to the service, parties that were being planned and various outings for people that were taking place. When asked whether staff felt valued one told us "I do feel valued, I feel that I am wanted here, the manager says thank you." Another member of staff told us "I feel valued and needed; I'm told I am doing a good job and I get thanked."

Systems were in place to monitor the quality of the service that people received. The regional manager would visit the service to complete audits every other month. These audits looked at various aspects of the service including the environment, care plans, policies, paperwork, equipment and staffing. Where a concern had been identified there were measures in place to set out who was responsible to address them and when this needed to be done. For example it was identified that one person's care plan needed updated with information and we saw that this was done. In addition to this staff undertook internal audits which included water temperature checks, checks of the first aid kit and emergency lighting. Where a fault had been identified in the service by staff steps were taken to address this. We saw that the airing cupboard door had been fixed recently.

People were given an opportunity to make suggestions about things they would like to improve and change. Quality questionnaires for people and relatives were completed. These were being used to improve the service. One person had raised that they wanted more fresh fruit and we saw that two large bowls of fruit were available for people. One relative asked if a person could be supported more to use their mobile phone and we saw evidence that this was happening. There were several compliments about the quality of the service which included "(The person) is supported very well in everything they do."

Staff understood the ethos of the service. One member of staff said "It's about empowering people, improving their lives and health; we should always be looking to improve."

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. Events had been informed to the CQC which related to safeguarding concerns raised by the Local Authority had been resolved. Other notifications had been received by CQC in a timely manner.