

Royal Mencap Society

Royal Mencap Society - 30 Foster Court

Inspection report

30 Foster Court
Longton Hall Road, Blurton
Stoke On Trent
Staffordshire
ST3 2HF

Tel: 01782593467

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

We inspected 30 Foster Court on 22 February 2017, which was unannounced. At our last inspection on 23 October 2014. We found that the legal requirements were being met.

30 Foster Court is registered to provide accommodation and personal care for up to eight people. People who used the service predominately had a learning disability and/or a physically disability. At the time of our inspection there were seven people who used the service.

The service had 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 and associated Regulations about how the service is run.

Medicines were managed in a way that kept people safe.

People were kept safe because staff understood how to recognise possible signs of abuse and the actions they needed to take if people were at risk of harm.

People's risks were assessed in a way that kept them safe whilst promoting their independence.

We found that there were enough suitably qualified staff available to meet people's needs in a timely manner. The registered manager made changes to staffing levels when people's needs changed.

Staff were trained to carry out their role and the provider had safe recruitment procedures that ensured people were supported by suitable staff.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests where they are unable to do this for themselves.

People's capacity had been assessed and staff knew how to support people in a way that was in their best interests. We found that where people were able they consented to their care and treatment.

People were supported with their individual nutritional needs and were able to access other health services with support from staff.

People told us and we that saw staff were kind and compassionate. Staff treated people with respect, gave choices and listened to what people wanted.

People's preferences in care were recorded throughout the care plans and we saw that people were

supported to be involved in hobbies and interests that were important to them.

The provider had a complaints procedure that was available to people in a format that they understood.

Staff told us that the registered manager was approachable. Staff understood the values of the service and were enthusiastic about their role and what their support meant for people.

People and staff were encouraged to provide feedback on the service provided. The registered manager had systems in place to assess and monitor the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse, because staff had a good understanding of the various signs of abuse and knew their responsibilities to report any concerns.

People's risks were assessed, planned and managed. Staff supported people to be as independent as possible, whilst taking account of their risks.

There were enough staff available to meet people's needs. Staff were employed in line with the provider's safe recruitments procedures.

Medicines were managed in a way that protected people from the risk of harm.

Is the service effective?

Good ●

The service was effective.

Staff received training to carry out their role effectively. People were supported to make decisions about their care and staff understood their responsibilities under the Mental Capacity Act 2005. People were supported effectively with their nutritional needs and they were supported to access health services.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and showed patience and compassion when they supported people. Staff treated people with privacy, dignity and respect and gave people choices in their care.

Is the service responsive?

Good ●

The service was responsive.

People were supported to be involved in hobbies and interests that were important to them. People received individual care

that met their personal preferences and were involved in the planning and review of their care. There was a complaints procedure available in a format people understood and systems were in place to act on complaints received.

Is the service well-led?

The service was well led?

People and their relatives were encouraged to give feedback about the quality of the service. Staff had clear values and were committed to provide a good standard of care. Monitoring of the service was in place to ensure that people received care in line with their assessed needs.

Good ●

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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 checked whether the provider was 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 22 February 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection the provider completed a 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. We reviewed the information included in the PIR along with information we held about the home. This included notifications that we had received from the provider about events that had happened at the service, which the provider is required to send us by law. For example, serious injuries and safeguarding concerns.

We spoke with four people living at 30 Foster Court, two staff and the registered manager. We observed care and support in communal areas and also looked around the service. We viewed three records about people's care and records that showed how the home was managed. This included staff training and induction records for staff employed at the home and audits completed by the registered manager. We also viewed three people's medication records.

Is the service safe?

Our findings

People told us they felt safe and the staff treated them well. One person we spoke with told us they would tell staff or the registered manager if they felt unhappy with the care they received. They said, "I am very happy and staff are lovely with me. If I was unhappy I would tell staff or the manager". Staff explained what signs people may display if they were being abused such as; unexplained bruising or a change in a person's behaviour. Staff were aware of the procedures to follow if they suspected that a person was at risk of harm and they told us they could speak to the registered manager if they had any concerns. One staff member said, "I would report any concerns I had to the manager and make sure I documented the concerns. I know I can go straight to the local authority too". We saw that the provider had a safeguarding and whistleblowing policy available which contained guidance for staff to follow if they had concerns that people were at risk of abuse. The registered manager understood their responsibilities to report suspected abuse to the local authority and the actions they needed to take to keep people safe from harm.

People told us and we saw that people were encouraged to be as independent as possible, whilst taking account of people's risks. People were encouraged to make drinks themselves and were involved in the preparation and cooking of their meals where they were able. We saw that people had risk plans in place which contained details of their risks when preparing drinks, risks when they went out and how many staff were required to provide appropriate and safe support. We saw that people were supported with their mobility and equipment was available when needed; such as a bath seat and a non slip mat to keep one person safe, whilst enabling them to maintain their independence when bathing. Staff were able to describe the support this person needed to keep them safe, which matched the information in this person's support plans.

We saw that incidents at the service were monitored by the registered manager and actions had been recorded to lower the risk of further occurrences. For example; one person had become unsteady on their feet and their risk of falling had increased. We saw that risk assessments and care plans had been updated to give staff guidance on how to support this person to prevent their risk of falls. We saw that the incidents were inputted onto the provider's computer system and any trends were highlighted by the area operational manager, who ensured that the registered manager had taken appropriate action.

People told us and we saw there were enough staff available to meet people's needs. One person said, "Staff help me when I need them". Another person said, "I like to go out and there are always enough staff to go out with me when I want to". We saw staff had time to support people in a calm and relaxed way, talking and chatting to people whilst they provided support. Staff told us that there were enough staff available to meet people's needs and where there had been shortages due to sickness these had always been covered so people had the support they needed. We saw that the registered manager had a system in place that assessed the staffing levels that ensured there were enough staff available to meet people's needs. We saw that agency staff worked at the service when the permanent staff were unable to cover any gaps in the staffing requirements. This meant that there were enough staff available to support people and the provider had a system in place to ensure staffing levels were maintained.

We saw that the provider had a recruitment policy in place and checks were carried out on staff before they provided support to people. These checks included references from previous employers and criminal record checks which ensured staff were suitable to provide support to people who used the service. People told us that staff supported them to take their medicines. People were supported to take 'as required' medicines; such as medicine for pain and anxiety. We saw that there were protocols in place that gave staff guidance so they knew when to administer the medicine. Staff explained why 'as required' medicines would be needed and how they recognised when this medicine was required. Staff told us that they had been trained to help them administer medicines safely and we saw records that confirmed this had been completed. We found that the provider had effective systems in place that ensured medicines were administered, stored, recorded and managed safely.

Is the service effective?

Our findings

People we spoke with were very happy with the food. People told us that they were able to choose the meals they had and they discussed the food they wanted as a group at regular meetings. One person said, "The food is very good. We talk about what we want to eat in meetings and if I don't like the food I can have something else". People were given choices and where people wanted something different the staff ensured people were supported to have the food they wanted. We saw a member of staff sat with people and chatted with them giving encouragement and asked if they were okay. We saw people were happy and the mealtime experience was enjoyed by people.

Staff we spoke with understood people's nutritional needs and knew people's nutritional risk and how these needed to be managed. For example; one person was at risk of choking because they had difficulty swallowing food. We saw that support plans gave staff guidance on how to prepare food in a way that kept the person safe from harm. We observed people having their evening meal and saw that this person was supported in line with their assessed care. Another person was assisted to eat as they were unable to do this for themselves. We saw staff support this person to eat with patience and chatted to this person whilst they supported them. This meant people were supported with their nutritional needs to keep them healthy and well.

People were supported to access health care professionals. One person said, "Staff look after me when I'm not feeling well. I go to the doctors when I need to". We saw that people had health plans in place, which contained an assessment of all aspects of people's individual physical and emotional wellbeing and the support needed to keep them healthy. The records we viewed showed that people's health was assessed and monitored regularly. For example; we saw that people were weighed regularly and their emotional wellbeing was assessed and actions were in place to ensure that people's physical and emotional wellbeing was maintained.

Staff told us they had received an induction when they were first employed at the service. One staff member said, "I had a week long induction when I started and then I shadowed another staff member on shifts before I started. I felt ready to provide support and I've had lots of training that has been useful too". Staff also told us they received training, which was regularly refreshed and updated. The records we viewed confirmed this and we saw that competency assessments had been completed, which ensured staff had understood the training provided. Staff told us they received supervision on a regular basis, where they discussed any issues and their development. One member of staff said, "I find supervisions good. It's a chance for me to talk about my development and I can also make suggestions that may benefit people. The registered manager always takes these into account".

Staff told us how they supported people who displayed behaviour that challenged. Staff told us they were trained in managing aggression, and they understood how to support people in line with their assessed plans of care. One staff member, said, "I'm trained in managing behaviours that challenge and it's important we try to distract people to relieve any anxieties or behaviours. We find this works really well". We saw that the care plans contained guidance for staff to follow and any triggers to people's behaviours to help staff to

recognise when people may display behaviours that challenged. The care plans also gave guidance for staff on when people may need medicines to help relieve their anxieties. We saw that one person had not required their medicine to control their behaviours for a long period because staff had supported this person by using low level diversion and distraction techniques. This meant that the training staff had received ensured people were supported effectively where they displayed behaviours that challenged.

We observed staff gaining consent from people before they provided support and they spoke with people in a patient manner and in a way that met their understanding and enabled them to make decisions about their care. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The 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. Staff were aware of the actions they needed to take when a person lacked capacity to make decisions and we saw that mental capacity assessments had been completed for people who used the service, which ensured decisions were made in their best interests. For example; one person was unable to manage their finances as they did not understand the value of money. An assessment had been carried out that staff guidance on how they needed to support this person with their choices around their finances.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where it was felt a person's liberty was being restricted there had been a referral forwarded to the local authority to assess the restriction in place. For example; one person needed a belt on their wheelchair to prevent them from falling and staff we spoke with understood this was a restriction and why this restriction was needed to keep the person safe from harm. This meant where restrictions were needed action had been taken to ensure these were lawful and in people's best interests.

Is the service caring?

Our findings

People told us they were happy with how the staff treated them and the staff were kind and caring. One person said, "Staff are very nice and look after me well. Staff talk to me and help me when I feel upset. They always make me feel better". Another person said, "Staff are kind to me and help me a lot. I don't like it when they have to leave, but I see them the next day". We saw staff were caring and compassionate with people and showed patience when they provided care. People were comfortable with staff and spoke with staff easily, when they needed support, reassurance or just wanted a chat. For example; we observed staff talked with people throughout the day and asked people if they felt okay. Staff bent down when people were sitting so they spoke with people face to face. Staff we spoke with were positive about their role and told us they cared about the people they supported and how they made sure people felt comfortable.

We saw people were able to access their rooms whenever they wanted and if they wanted to have their own private time, they were supported to do this. One person said, "I like to come in my room and watch television. I like to be on my own sometimes". People also told us that staff respected their privacy when family and friends visited and they were able to have private time with their friends. Staff told us that they ensured they were sensitive to people's privacy and ensured that people felt comfortable when they provided personal support. One staff member said, "I always make sure personal care is carried out in private. It is important to talk to people when I help them and I never talk over people, that wouldn't be nice for them at all". We saw that staff talked with people in a way that made people feel that they mattered and in a respectful way. For example; when people approached staff and asked a question the staff member gave people time and responded to their questions in a relaxed and patient manner.

People told us that they were able to make choices about their care. One person said, "I choose lots of things. I've chosen what I'm wearing today, do you like it? Staff said I looked nice". Another person said, "I choose what I want to do and staff listen to what I want". We saw people were given time to speak and staff listened to people's wishes and acted upon them. For example; one person was asked if they wanted to go out but they were happy sitting in the lounge using their laptop. Staff respected this person's wishes and left them to continue to use their laptop. Staff we spoke with explained how they ensured people were given choices and they respected their wishes. One member of staff told us how they ensured people were given time to answer questions and they understood different people's way of communicating. One staff member said, "One person uses sign language to communicate and I understand what they want, they have their own way of communicating".

Is the service responsive?

Our findings

People told us they regularly went out and were supported to undertake hobbies and interests that were important to them. One person said, "I love going on holidays they are fun. I'm planning my next holiday. I like visiting my relative and I go once a week. I like helping around the home and keeping my room tidy too". Another person said, "I have been to college and learnt about artists and writers. I really enjoyed doing that and am looking at doing something else. I see my friends, which I like a lot". We saw that people were occupied with various interests throughout the day, which included a visit to a relative for one person, helping around the home, chatting with staff and some people were happy watching television in their rooms. Records we viewed contained details of people's interests and where people had been out such as, regular shopping trips, meeting friends and family and visiting local attractions and holidays.

We saw that people's preferences and interests were detailed throughout their support plans, which showed people's lifestyle history, current health and emotional wellbeing needs and what was important to people. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs, which included their likes and dislikes. People had also set goals with staff that showed what people wanted to achieve and these were recorded and showed details of how the person achieved their goals and if they enjoyed it. We saw staff supported people throughout the day in line with their preferences and staff we spoke with knew people well and explained how they supported people in a way that met their preferences and needs.

People and their relatives were involved in reviews of their care. People told us that they had meetings with the staff to discuss what they had achieved and what they wanted to do in the future, such as planning for trips out and college courses. We saw records of reviews that had been undertaken which showed involvement of people and contained details of any changes to their health and wellbeing. For example; one person's health had deteriorated and their care plans had been updated as a result of this. Specialist seating equipment had been sought to ensure that this person could be comfortable, whilst making sure that they remained safe. Staff we spoke with were aware of these changes and explained the support this person needed. This meant the staff were responsive to people's individual needs.

People told us that they knew how to complain and they would inform the deputy manager or the registered manager if they needed to. One person said, "I would tell [the registered manager] if I was unhappy with anything, but I'm really happy here. No problems". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to a pictorial version of the complaints procedure, which meant that the provider ensured that people understood what action to take if they were unhappy. We found there had been no formal complaints at the service since our last inspection, but there were systems in place to deal with any complaints that may be received.

Is the service well-led?

Our findings

People told us that the manager was approachable and they felt able to go to them if they needed to. One person said, "I like [registered manager's name], they help me if I need them and I could tell them anything". Staff also told us that the registered manager was approachable and supportive. One member of staff said, "I can go to the registered manager with anything, they always listen and if needed they act on issues I have raised". We observed both people who used the service and staff approach the registered manager during the inspection and they were comfortable asking questions or advice. We saw that the registered manager made time for people and gave them their time when people needed it.

People were encouraged to give feedback on the way they were supported through weekly meetings. One person said, "We have meetings to discuss what we want at meals so we all like what is decided. We also talk about other things like what we want to do and who we want to go out with". We saw that menus were created from the outcomes of the meetings and where particular outings had been suggested, people had been able to participate in these. This meant that people's feedback was taken into account to inform service delivery.

We saw that the registered manager had completed audits which showed how they monitored the quality of the service provided to people. Some of the audits we viewed such as the medicines audit and environmental audit contained details of the actions taken where issues had been identified. This showed that the audit had been effective in monitoring the service and the registered manager had used this to make improvements to the service provided. For example; where gaps in medicines had been identified the registered manager had raised this with the staff concerned. We saw and the registered manager told us that they checked a selection of people's care records on a weekly basis and regularly updated these when changes were needed to the way staff needed to support people. We viewed these audits and found that the registered manager did not record the actions taken from the audits to ensure people received appropriate care. However, they told us that this would be implemented with immediate effect to show how they monitored people's records effectively.

Staff were encouraged to give feedback and were able to suggest where improvements may be needed. Staff told us and we saw that they had attended team meetings. One staff member said, "Staff meetings are really helpful. It is good to get together as a team and talk about any concerns or changes that can be made to make improvements". We saw records of team meetings which included updates in care practice and discussions about the care standards expected from staff. This meant that staff were involved in the monitoring of the service and were encouraged to give feedback on the standards of care.

Staff we spoke with were positive about their role and had a clear understanding of the providers values in care. One staff member said, "It is very important to ensure that people are supported with care, dignity and respect and that staff are reliable and trustworthy, such as; following something through with a person when they have asked for help". We saw that a values tree was in place and a picture board was on the wall to show how staff at Foster Court had supported people in line with the provider's values. For example; we saw photos that showed staff enabled people to access the community and that showed people's wishes were

at the centre of the care provided.