Royal Mencap Society

Pye Green Road

Inspection report

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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

At our last inspection in June 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Pye Green Road is a Residential Care Home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Pye Green Road accommodates up to seven people in one adapted building, where people had access to communal areas along with their own individual flats. At the time of the inspection there were seven people using the service.

Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was meeting the principles of this policy.

There was a registered manager in post at the time of our 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 safeguarded from abuse and risks were assessed and planned for. There were sufficient staff to support people. Medicines were administered as prescribed. People were protected from the risk of cross infection. The provider learned when things went wrong.

People had their needs assessed and plans put in place to meet them. Staff received training and had support in their role. People received consistent support in an environment that met their needs. People were supported to eat and drink safely and have their health needs met.

People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People were supported by staff that were caring. People had control over their lives and were supported to make choices and maintain their independence. People were supported with their communication and had their privacy and dignity protected by staff.

People received person centred care and had their needs and preferences understood by staff. There was a policy in place to respond to complaints about the service. Nobody was receiving end of life care so this was

not considered.

The registered manager submitted notifications as required and understood their responsibilities. The rating from the last inspection was on display as required. Quality audits were in place which were used to drive improvement.

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 continued to be good.	**Good**
Is the service effective? The service continued to be good.	**Good**
Is the service caring? The service continued to be good.	**Good**
Is the service responsive? The service continued to be good.	**Good**
Is the service well-led? The service continued to be good.	**Good**

Pye Green Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection visit took place on 7 January 2019. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people who used the service and two relatives. We also spoke with the registered manager, the assistant manager and four staff.

We observed the delivery of care and support provided to people living at the service and their interactions with staff. We reviewed the care records of four people. We looked at other records relating to the management of the service including, accident reports, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

At our last inspection on 21 June 2016 we rated Safe as Good. At this inspection we found Safe continues to be rated as Good.

People were safeguarded from abuse. People told us they felt safe living at the service. One person said, "I do feel safe. I like it here I would talk to staff if I didn't feel safe." Staff could recognise abuse and describe the procedures for reporting any safeguarding incidents. The registered manager could describe how incidents had been investigated and there was a system in place to review incidents. Where concerns had been raised, these had been investigated and reported to the local safeguarding authority as required.

People were protected from risks to their safety. Risks had been assessed and plans were in place to guide staff on how to mitigate risks. For example, one person was at risk of harm when they displayed behaviour that challenged. Plans were in place to guide staff on how to support the person and ensure their safety. Staff could describe how they used the plans to keep people safe. We saw staff following the plans during the inspection.

People were supported by enough staff. People and relatives told us they thought there were enough staff. One relative told us, "'If [person's name] needs help they get it." One person needed to have one to one support for some parts of the day. Staff told us this was always in place and records confirmed this. The registered manager told us there were systems in place to ensure there were enough staff to meet people's needs. We saw staff were available to support people when they needed it. At the last inspection we found staff were recruited safely, the registered manager confirmed the systems to safely recruit staff safely had not changed since the last inspection.

Medicines were administered safely. One person told us, "I am on tablets in the morning I take them with water and staff give them me. They keep them in the cupboard." Needs had been assessed and some people administered their own medicines which relatives confirmed worked well. Staff received training in safe medicine management and their competency was checked. Staff were observed following the medicines administration policy. Medicines were stored safely and stock checks were carried to ensure people had an adequate supply of their medicines. Guidance was in place for staff where people had medicines which needed to be taken on an 'as required' basis. For example, for pain management or to help them reduce anxieties. Medicine administration record (MAR) charts were in place and were completed accurately by staff.

People were protected from the risk of cross infection. One relative told us, "It's quite clean there. I do visit regularly and I've had no cause for concern." Staff used protective clothing when supporting people and confirmed they had received training in how to minimise the risk of cross infection. We found the home was clean and checks were in place to ensure the home remained clean and well maintained and free from the risk of infection.

There was a system in place to learn when things went wrong. The registered manager told us when

incidents had occurred they were reviewed by the registered manager to ensure any changes needed were made and any learning from the incident was shared with staff. For example, a learning process was in place for when people displayed behaviours that challenged and where there had been accidents or incidents to reduce the risk of further occurrences.

Good

Is the service effective?

Our findings

At our last inspection on 21 June 2016 we rated Effective as Good. At this inspection we found Effective continues to be rated as Good.

People had their needs assessed and plans put in place to meet them. The provider told us in the PIR assessment that care plans were led by the person to decide what they wanted to achieve, with reviews in place to see what worked and what could be improved. Our checks confirmed people, relatives and other professionals were involved in assessments and care plans and there were regular reviews. We found other professionals provided guidance on managing specific health concerns for people.

People received consistent care. The registered manager told us staff were matched to people to ensure they received consistent support. There was a key worker system in place and this was used to ensure consistency. For example, the staff member would attend all health appointments. Staff told us and records confirmed there were systems in place which ensured information was shared with staff about how people had been during the day and any changes to their care plans.

People had access to support with their health and wellbeing. One relative told us the staff had arranged a hospital referral following a fall, this had resulted in the person having no further falls. The registered manager told us referrals were carried out for health professionals to be involved when needed. Staff confirmed they understood the person's health needs and supported them to attend appointments. We saw people were supported to understand their health needs and referrals were made to other health professionals as needed.

The provider told us in the PIR staff were provided with training. The provider gave the example of speech and language therapy training for staff to help them identify people's communication needs and how they can best to support them. The registered manager confirmed this had enabled staff to better understand how to interact with people and understand their preferences. We saw staff communicated effectively with individuals. Staff confirmed they received an induction and had access to ongoing training. One staff member told us they had received training in how to support people with their sexuality and how this was going to be cascaded to other staff.

People had a choice of meals and drinks and plans were in place to guide staff on how to meet people's nutritional needs. One person told us, "Staff are good at cooking. I'm having soup and bread today, not chicken or sausages. For lunch I choose what I want, I go to the cupboard and I have lots of drinks." One person required support to reduce the risk of choking. The Speech and Language Therapy (SALT) team had been involved in providing guidance and the risk assessment and care plan for the person showed this had been followed. Staff were observed using the information to support the person safely. People made choices about their meals and were involved in shopping and preparing the meals.

The environment had been adapted to meet people's needs. One person had sensory needs and a sensory light and wet room had been put in place to support them. Another person needed support with access due

to needing a wheelchair when going out so a portable ramp had been put in place.

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.

Individual capacity assessments had been carried out when people lacked capacity to make a decision and discussions were held about how to make the decision in the person's best interest. For example, the person had a best interest discussion about going out on their own.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA, and found they were making appropriate DoLS referrals. The registered manager ensured there were plans in place to meet the requirements of the DoLS.

Good

Is the service caring?

Our findings

At our last inspection on 21 June 2016 we rated Caring as Good. At this inspection Caring remains rated as Good.

People were supported by caring staff. One person told us, "All of the staff are kind." Another person said, "We [people and staff] are all friends." A relative told us, "I think staff are kind and caring. [Person's name] would tell me if they were unhappy." People were observed joking with staff and appeared comfortable when approaching staff for help throughout the inspection. Staff told us they had developed good relationships with people and knew them well, our observations supported this. We saw one person speaking with staff about an appointment they had that day whilst another talked with staff about going to work.

People were supported to make choices and to maintain their independence. One person told us how they cleaned their own room and helped keep communal areas clean. Another described how they were involved in preparing their own meals. Guidance was in place for staff about the support people needed with making choices and decisions. The guidance described how to support people such as what objects of reference they may need and the best time to ask people to make decisions. Staff confirmed this was helpful. We saw people were supported to make their own meals, go shopping, clean areas of the home and wash up. Some people were supported to be in paid employment and had volunteering roles to increase their independence. We saw staff ensured people had choices throughout the day and were encouraged to do things for themselves.

People had their communication needs assessed. Care plans guided staff on how to communicate with people effectively. For example, one person used objects to let staff know when they wanted to go outside. Our observations confirmed staff understood people's individual communication needs and adjusted their approach to support people based on their care plans.

People had their privacy and dignity maintained. We saw staff spoke to people in a respectful way and checked with people they were ok with us being in their home and asking questions. Staff were respectful when speaking to people and when they spoke about people during the inspection. Staff could describe how they ensured people received support in a way that maintained their dignity. Staff told us they supported people with ensuring they could spend time with people that mattered to them. Doors were knocked on before entering and staff made sure people were comfortable with inspectors being in their home by introducing people to the inspection team.

Good

Is the service responsive?

Our findings

At our last inspection on 21 June 2016, we rated Responsive as Good. At this inspection Responsive remains rated as Good.

People received support which was responsive to their individual needs and preferences. In the PIR the provider told us people had support to complete a care plan which reflected their choices and the lifestyle that they wanted to live with support to meet individual religious, cultural or sexual needs and preferences. Staff could describe people's individual preferences and these were documented in care plans. We saw staff using this information to understand individual needs and provide people with person centred support. We saw assessments and care plans considered people's protected characteristics and how staff needed to support people to meet these needs. Care plans identified what people wanted to achieve. We saw staff worked with people to identify how they would achieve things and offered them support, with regular reviews in place to check on progress.

People were supported to do things they enjoyed and have access to the community. One person told us, "I enjoy going to work." Another person told us, "I go to my relatives and we're going on a trip." Whilst another told us about a planned shopping trip. Relatives confirmed people were asked about what they wanted to do. People told us about going out to work and local discos and on shopping trips with the staff. We saw people had identified the things they enjoyed doing outside of the home such as bowling, visiting restaurants, going to places for trips and holidays. Staff told us people at the home loved to socialise and they were supported to identify what they wanted to do and plan for when they would do it. For example, one person wanted to go on holiday and there were goals in place to support the person with achieving this.

There was a system in place to investigate and respond to complaints. The registered manger told us there had not been any complaints since the last inspection. However, they could demonstrate there was a system in place to manage complaints should they be received. There was information available for people on how to make a complaint and the registered manager could share examples of how people had been supported to complain previously.

There was no one receiving end of life care at the time of the inspection. The registered manager told us they had recently began to have some conversations with people about planning for people's future wishes.

Good

Is the service well-led?

Our findings

At our last inspection on 21 June 2016, we rated Well Led as Good. At this inspection Well Led remains rated as Good.

The registered manager told us providers aim was to ensure people recognised the home as their own and people could lead how things were done. They told us there was an ethos of empowerment and people were supported to maximise their independence. Staff confirmed the homes values put people at the centre of everything. Our observations showed people were involved in all types of decisions, for example, planning menus, activities and staff recruitment decisions. The registered manager told us the values of choice and control were reflected in all they and the staff did, our conversations with people, relatives and staff along with observations supported this.

The provider had systems in place to check the quality of the service. For example, there were checks on people's health needs, safeguarding, complaints, incidents and medicines management. We saw the audits were identifying where things needed to improve. The registered manager told us improvement action plans were in place and they were driven by people's experiences to make any changes needed. External checks were also completed to monitor the home and these also generated actions which were monitored for completion.

The registered manager sought ways to continuously improve the service and gain feedback about the service which was used to drive improvements. For example, monthly meetings took placed where people were encouraged to talk about all aspects of the service. Discussions took place about whether people were happy and what new activities or outings they would like to try. We found people were supported to voice their opinions and where needed changes were made following their suggestions. Relatives confirmed they could approach staff and were aware of who the manager was. The registered manger confirmed where other professionals gave feedback this was used to refine the service.

The provider worked in partnership with other agencies. The registered manager told us they worked closely with individual health professionals involved in people's care. Records we saw supported this. One health professional had supported with staff training around communication and this had led to staff having greater knowledge on how to support people to communicate about their needs, preferences and make choices for themselves.

The registered manager understood their responsibilities. We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the home. These may include incidents such as alleged abuse and serious injuries. A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate.