

Royal Mencap Society

Royal Mencap Society - 1-2 St Albans Close

Inspection report

St Albans Close
Northampton
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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

Royal Mencap Society - 1-2 St Albans Close is a care home service without nursing. The home provides accommodation for persons who require nursing or personal care. The home can accommodate up to seven older adults with learning disabilities in one adapted building. At the time of the inspection six people were receiving care at the home.

Not everyone using the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The home has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported by staff that knew how to keep them safe and knew how to raise any concerns regarding people's safety with the provider, the relevant safeguarding body and the Care Quality Commission (CQC).

People were supported to stay healthy. Staff encouraged people to live healthier lives, encouraged healthy eating and supported people to attend all medical appointments. Staff were committed to enabling people to socialise and develop and maintain relationships

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's care plans included assessments of risks associated with their care. Staff followed the risk assessments to ensure that people received safe care. Staff knew how to respond to and report any concerns about people's safety and well-being.

People were supported by sufficient numbers of staff that were safely recruited to meet their needs. Staff

supported people to take their prescribed medicines safely. Staff followed good practice infection control guidelines to help prevent the spread of infection.

People were supported by staff who had the right skills and knowledge to provide care that met people's assessed needs. Staff were alert and responsive to changes in people's needs. They liaised with relatives and health professionals in a timely manner which helped to support people's health and well-being.

The registered manager and the provider closely monitored the quality of care and support people experienced and acted on people's feedback to drive continual improvements in the service.

Policies, procedures and other relevant information was made available to people in formats that met their communication needs, such as easy read and picture styles.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 09/02/2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Royal Mencap Society - 1-2 St Albans Close

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Royal Mencap Society - 1-2 St Albans Close is a '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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the home short notice of the inspection. This was because the home is small, and people are often out, and we wanted to be sure there would be people and staff at the home to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We also contacted health and social care commissioners who monitor the care and support that people receive. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service, one relative, three staff, the area manager and the registered manager. We reviewed a range of records that included three people's care records two staff recruitment files, records relating to staff training and supervision and the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and spoke with two relatives who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to keep people safe from avoidable harm and abuse. Everyone we spoke with told us they felt safe and family members told us their relatives received safe care.
- Staff were aware of the signs of abuse and knew how to report safeguarding concerns.
- The manager was aware of their responsibilities for reporting any safeguarding concerns to the local safeguarding authority and to the Care Quality Commission (CQC). Staff told us they were confident the registered manager would address any concerns and make the required safeguarding referrals to the local authority. Safeguarding records also confirmed this.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm.
- Risk assessments were in place for individual risks identified. For example, accessing the community independently, falls, skin damage, nutrition and hydration, behaviours that challenge, and specific health related risks.
- Safe moving and handling practices were observed when staff supported people to change position and mobilise.
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the home safely in the event of an emergency. They were up to date and reflective of people's current communication and mobility needs.
- Equipment to manage people's health needs was regularly serviced in line with the manufacturer's guidance.
- Environmental checks were routinely completed to ensure the home was safely maintained. Areas identified for repair / refurbishment were promptly addressed.

Staffing and recruitment

- People received support from staff that met their assessed needs. We observed staff responded to people's needs promptly.
- Safe recruitment checks were undertaken. Staff confirmed they were unable to provide care for people until all the necessary recruitment checks had been completed.
- Staff recruitment records demonstrated the provider carried out robust pre-employment checks that included obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Using medicines safely

- People received the right support to take their medicines as prescribed.
- Staff received training to administer medicines, which included having their competency to follow the medicines administration policy observed and assessed.
- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training around medicines and assessed as competent to support people with their medicines.

Preventing and controlling infection

- The environment was clean and well maintained. People and their relatives told us the service was always clean and pleasant.
- Staff used personal protective equipment (PPE) such as disposable gloves and aprons when providing personal care and handling food.

Learning lessons when things go wrong

- Accident and incident forms were completed by staff and reviewed by the registered manager to identify trends, patterns and any learning from incidents. These were also reviewed at an organisational level and any learning was shared throughout the organisation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed, and their care was delivered in line with legislation, standards and evidence-based guidance, to achieve effective outcomes.
- Information from the pre-admission assessments was used to develop individualised care plans.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and initially worked alongside experienced members of staff, to allow time to get to know people using the service. One member of staff said, "The induction training is very thorough, I had time to read the care plans and really familiarise myself with the needs of the people." Another said, "The induction training is not rushed, if you feel you need more time this is arranged. It is time well spent, I have never had an induction as good as what I have received here."
- Staff told us they felt supported by the registered manager, they could approach them at any time and received regular feedback and training updates.
- Staff had regular opportunities to formally discuss their development, and any support needs during one to one supervision meetings. Staff said outside of these meetings informal support discussions were always available.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in choosing groceries towards the meal provision. Staff used picture cards to facilitate food choices.
- People were supported to eat and drink independently.
- People identified at risk of not receiving sufficient levels of nutrition and hydration had their food and fluid intake closely monitored. People were offered specially prepared drinks, fortified meals and snacks to assist with weight gain, and dietary health advice was sought if people continued to lose weight. Staff knew the people that needed extra support with eating and drinking and this was provided.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service worked alongside health and social community services to support people to maintain their physical and emotional health and wellbeing. A relative said, "A onetime [Name] was really poorly, if it wasn't for the fantastic care they receive things could have been much different. The staff responded very quickly and they got the medical attention needed. They made sure the medicines were given at the right time, consequently [Name] made a full recovery and is much better now."
- Staff knew people well and recognised when people needed additional healthcare support. They had

raised concerns about people's health and wellbeing to the appropriate healthcare professionals and supported people to attend appointments as required.

Adapting service, design, decoration to meet people's needs

- People were involved in choosing the décor of the home and had been supported to bring in personal belongings to personalise their bedrooms.
- Bedrooms were personalised reflecting people's individuality
- The garden provided an accessible outdoor seating area for people to use.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service met the requirements of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood and worked within the principles of the MCA. People told us staff always offered them choices and we observed this in practice.
- When people no longer had the capacity to make decisions about certain aspects of their lives, staff consulted with people's representatives to ensure care was always provided in their best interests'.
- DoLS applications had been made to the local authority to ensure people were not unlawfully deprived of their liberty. Where DoLS conditions were in place, staff supported people according to the conditions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and staff had caring relationships and we observed a relaxed, and warm atmosphere throughout the home. A relative said, "As soon as I set foot in the home, it just felt right, it's like a home from home."
- Relatives complimented the caring attitudes of staff. One relative said, "The staff's priority is to ensure [Name] is happy."
- Staff knew about people's lives, hobbies and interests and took time to sit and chat with people. A relative said, "The staff know [Name] very well, the staff know their ways, [Name] goes to lots of clubs and loves socialising."
- People's diversity was respected and embedded in practice. Staff were respectful to people of all faiths and beliefs.

Supporting people to express their views and be involved in making decisions about their care

- The staff were skilled in communicating with people and took time to support people communicate their wishes and make decisions.
- Regular groups and one to one? meetings took place, to enable people to be involved in sharing feedback to develop the service. A relative said, "[Name] is consulted about everything, they are very involved in decisions about their care."

Respecting and promoting people's privacy, dignity and independence

- Staff were always mindful of respecting people's privacy and dignity. We observed doors to be closed when people were being supported with their personal care. Staff knocked on people's doors to seek permission to enter.
- Staff encouraged independence, to maintain people's skills and well-being. We observed staff were kind in their approach to supporting people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were very detailed and were regularly reviewed with the involvement of people and their relatives.
- Staff understood the importance of providing care that was centred around people's individuality, and this was embedded in day to day practice.
- People and the staff team had built positive relationships and enjoyed spending time together. Staff took the time to find out about people's backgrounds and what was important to them.
- People remained in control of their lives as much as possible.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their care plans, and staff knew how to communicate effectively with people.
- Information was made available for people in easy read formats. Some people used sign language and the provider had supported people to learn sign simple language to assist with communicating with each other.
- Staff were observant of people's body language and identified when communication was initiated through non-verbal means.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests. They attend day centres and community clubs that were socially and culturally relevant and appropriate to them.
- Staff spent time with people supporting them to enjoy their choice of activities.
- We saw photos of a variety of activities people had been engaged in.
- Each person had a daily activity programme and pictorial activity timetables were visible on notice boards throughout the home.
- Staff respected people's cultural, religious and spiritual beliefs. People were supported to attend their preferred place of worship. One relative said, "[Name] attends church with me every Sunday."

Improving care quality in response to complaints or concerns

- Information was available for people and relatives on the complaints policy and procedure.

- People were supported to make a complaint, through having time with their keyworker to discuss in private any concerns they may have.

- The registered manager confirmed that no complaints had been received over the last 12 months. Relatives told us, should they have any concerns they would not hesitate to raise these with the registered manager and felt sure they would be dealt with appropriately.

End of life care and support

At the time of the inspection, the registered manager was exploring ways of obtaining information on people's wishes, preferences and choices in relation to how they would want their end of life care provided. To support people to remain at home at the end of their life if this was their wish.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were at the centre of everything the service did. The registered manager and the whole of the staff team ensured people were fully involved in all decisions about their care. One staff member said, "The registered manager is very hands on, they really know the people living at the home very well, they spend time with people to gain their trust."
- Staff commented the staff morale was good, that they took pride in working at the home and it was nice environment to work in. This ensured all staff were fully involved in providing a high standard of care for the people living at the home. All relatives spoken with were very complimentary of the open and transparent attitude of all the staff team.

How the provider understands and acts on the duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us, the management team were very open and honest in all communications with them.
- When any problems were identified in meeting people's needs the service worked collaboratively with learning disability specialists and other healthcare professionals to ensure people received high-quality care, centred around their needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Records showed that statutory notifications had been submitted to the Care Quality Commission (CQC) and the rating from the previous CQC inspection was on display, both within the home and on the provider website.
- The service received regular support and advice from the organisations quality assurance team to continually monitor the quality and standard of the service.
- All the people, relatives and staff gave positive feedback regarding the management of the service.
- Staff said they felt valued and involved in driving improvement of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives and staff said they would recommend the service to others.
- Group and one to one meetings took place to seek feedback from people to continually drive improvement of the service.

- The service had strong links with the local community and established community learning disability services. People were supported to maintain contact with friends and relatives and live fulfilling lives.
Working in partnership with others
- The registered manager worked closely with commissioners and other health and social care professionals, to enhance the health and well-being of all people using the service.