

Royal Mencap Society

Royal Mencap Society - 9-10 Jutland Place

Inspection report

9-10 Jutland Place
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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

The inspection took place on 22 June 2018. The inspection was carried out by one inspector and was unannounced.

9-10 Jutland Place provides accommodation, care and support for a maximum of eight adults with learning disabilities. There were seven people living at the home at the time of our inspection.

9-10 Jutland Place 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post who was on leave 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 and associated Regulations about how the service is run.

At our last inspection in January 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.

Why the service is rated good:

There were always enough staff available to keep people safe and meet their needs. Staff understood their responsibilities regarding keeping people safe from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure that only suitable staff were employed.

Staff had assessed the risks people faced and implemented measures to keep them as safe as possible whilst living the life they chose. There were plans in place to ensure that people would continue to receive their care in the event of an emergency. Accidents and incidents were recorded and monitored. Medicines were stored, managed and administered safely. Staff kept the home clean and hygienic and maintained appropriate standards of infection control.

Staff had the training and support they needed to do their jobs. This meant they had the skills and knowledge to provide effective care. Staff had opportunities to discuss their professional development and

to achieve further, relevant qualifications.

People's needs had been assessed to ensure staff had the skills to provide their care. Staff supported people to stay healthy and to obtain treatment if they needed it. Information about people's needs had been recorded for medical staff should the person require admission to hospital. People's needs were met by the layout and design of the premises.

Restrictions were only imposed upon people where these were authorised and necessary to keep them safe. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. If a person lacked capacity to make a decision, relevant people had been involved in the decision-making process to ensure the outcome reflected the person's best interests.

People's nutritional needs had been assessed and any dietary needs recorded in their care plans. Risk assessments had been carried out to identify any risks related to eating and drinking. People were involved in choosing the menu. Staff struck an appropriate balance between enabling choice and promoting a balanced diet.

People received their care from kind and caring staff with whom they had established positive relationships. Staff treated people with respect and maintained their privacy and dignity. Confidential information was stored securely and only accessible to appropriate people. People were supported to maintain relationships with their friends and families. Staff encouraged people to be independent and to be involved in the day-to-day life of the home.

Care and support was personalised to meet people's individual needs. People's needs and wishes were reviewed regularly and relatives' contributions to reviews were encouraged and valued. People had opportunities to take part in activities and to be involved in their local community. There were appropriate procedures for managing complaints and people were confident any concerns they had would be taken seriously.

The registered manager provided good leadership for the service and led by example in their approach and practice. Staff valued the support provided by the registered manager and worked well as a team. There was an open culture at the home in which people, relatives and staff felt able to speak up and share their views.

Quality monitoring systems were effective in ensuring that people received safe, well-planned care. Key areas of the service were audited regularly and any actions needed to improve included in the home's continuous improvement plan. The registered manager and staff had developed effective relationships with professionals involved in people's care to ensure they received the care they needed.

Further information is in the detailed findings below.

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 remains Good.

Any risks people faced had been assessed and measures put in place to mitigate them.

There were enough staff available to meet people's needs at all times.

Staff understood their responsibilities to keep people safe and knew how to report any concerns they had.

The provider had developed plans to ensure people would continue to receive their care in the event of an emergency.

The provider had robust recruitment procedures which helped ensure that only suitable staff were employed.

Medicines were managed safely.

Staff maintained appropriate standards of infection control.

Is the service effective?

Good ●

The service remains Good.

Staff supported people to maintain good health and to obtain treatment when they needed it.

Staff were provided with the induction, training and support they needed to carry out their roles.

People's needs were assessed and kept under review.

People's care was provided in line with the Mental Capacity Act (2005).

People were encouraged to have a balanced diet and were involved in choosing what they ate.

Is the service caring?

Good ●

The service remains Good.

Staff were kind and caring.

People had developed positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff encouraged people to maximise their independence.

Is the service responsive?

Good ●

The service remains Good.

Care plans were personalised and reflected people's individual needs and wishes.

People had opportunities to take part in activities they enjoyed and to be involved in their local community.

People were supported maintain relationships with their friends and families.

There were appropriate procedures for managing complaints.

Is the service well-led?

Good ●

The service remains Good.

The registered manager provided good leadership for the service.

There was an open culture in which people, relatives and staff felt able to speak up.

Staff communicated effectively to ensure people received their care in a consistent way.

The provider's quality monitoring systems helped to ensure that people received safe and effective care.

Records were accurate, up to date and stored appropriately.

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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 was planned to check 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.

The inspection took place on 22 June 2018. The inspection was carried out by one inspector and was unannounced.

Before the inspection we reviewed the evidence we had about the service, including any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had 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.

During the inspection we spoke with three people who lived at the home and two care staff. We observed the support people received and their interactions with staff. We looked at three people's care records, including their assessments, risk assessments and care plans. We checked arrangements for the storage and recording of medicines and other records related to the health and safety of the home.

As the registered manager was on leave at the time of our inspection we were not able to access all the information we needed during our visit to the home. After the inspection the provider's area operations manager sent us the further information we requested, including support plans, risk assessments, staff training records and the home's continuous improvement plan.

After the inspection we spoke with two relatives by telephone to hear their views about the care their family members received.

Is the service safe?

Our findings

The people we spoke with told us they felt safe at the home and when staff provided their support. Relatives said staff knew how to provide their family member's care in a safe way. They told us their family members felt safe and secure at the home. One relative said of their family member, "She feels safe there."

Risks to people's safety and welfare had been assessed and measures put in place to mitigate any risk areas identified. For example risk assessments had been carried out in relation to abuse, choking, medical conditions and visual impairment. Where assessments had identified risks, the actions needed to protect people were recorded. The provider's policies and working practices supported people to take manageable risks to achieve things that were important to them. This meant risk assessments were used in a way that enabled people's choices rather than restricting them.

There were enough staff available to meet people's needs and keep them safe at all times. People told us that staff were available when they needed them and relatives confirmed that there were sufficient staff on duty when they visited. Staff were on duty at the home 24-hours a day and had access to management support when they needed it. The rota was planned according to people's needs and there were sufficient staff to support people to take part in activities and access their community. We observed during our inspection that staff had time to spend with people and were available to support people when required.

Staff attended safeguarding training and knew how to recognise and respond to any signs of abuse. There had been no concerns about abuse or poor practice at the home since our last inspection. Staff discussed safeguarding at team meetings and information about abuse had been produced in an accessible format for people who lived at the home.

The home was safe and well maintained. Staff carried out regular health and safety checks and the provider carried out periodic environmental audits. There were appropriate arrangements for fire safety. The home's fire detection system and fire-fighting equipment was checked and serviced regularly. There was a fire risk assessment in place and the support people would need to evacuate in an emergency had been assessed and recorded. Staff attended fire training in their induction and regular refresher training. The provider had developed a business contingency plan to ensure that people would continue to receive their care in the event of an emergency. Any accidents or incidents were recorded and reviewed to ensure that any measures necessary to prevent their recurrence had been put in place.

We were not able to check staff recruitment files when we visited the home as we arrived unannounced and staff did not have access to these records. However at our last inspection we found the provider's recruitment procedures were robust, which helped ensure only suitable staff were employed. Applicants were required to provide their employment history, proof of address and identification prior to interview. The provider also obtained references and a criminal record check before applicants were employed.

Medicines were managed safely. There was a medicines profile in place for each person which recorded

important information about their medicines and any allergies they had. Before being authorised to administer medicines, staff attended medicines management training and their competency was observed. Medicines administration records were clear, accurate and audited regularly. Medicines were stored securely and there were appropriate procedures for the ordering and disposal of medicines.

Staff maintained appropriate standards of hygiene and infection control. They kept the home clean and hygienic and wore personal protective equipment, such as gloves and aprons, when appropriate. Staff attended infection control training and understood the importance of good infection control practice in their day-to-day work. Standards of infection control were monitored through periodic audits, which demonstrated that people were protected from the risk of infection.

Is the service effective?

Our findings

People told us staff helped them to stay healthy and to see a doctor if they needed one. Relatives said staff monitored their family member's health and communicated effectively with families to ensure people's healthcare needs were met. One relative told us they were involved in their family member's healthcare and that they worked closely with staff regarding the management of an ongoing condition. The relative said, "We work together. If there are any issues at all, they let me know straightaway."

People's needs had been assessed before they moved into the home to ensure staff had the skills they needed to provide their care. Care plans demonstrated that people were supported to obtain treatment if they needed it. People who experienced long-term health conditions had regular input from appropriate healthcare professionals to manage these conditions. Staff had recorded information about people's needs and the care they would require if admitted to hospital. This meant that medical staff would have access to the information they needed to make sure the person received appropriate care whilst in hospital.

Staff had the induction, training and support they needed to carry out their roles. New staff attended an induction which introduced them to the provider's policies and procedures and working practices. The induction also included mandatory training in areas such as moving and handling, health and safety, fire safety and first aid. Refresher training in these areas was provided regularly.

Staff met regularly with the registered manager for one-to-one supervision, which gave them opportunities to discuss their training and development needs. The provider supported staff to achieve relevant qualifications, such as the Qualifications and Credit Framework (QCF) in health and social care. Staff were also expected to obtain the Care Certificate, a set of nationally-agreed standards that health and social care workers should demonstrate in their daily working lives.

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.

Staff promoted people's ability to make decisions about their care. People were encouraged to make decisions in their day-to-day lives and their choices were known and respected. Staff attended training in the MCA and understood how the principles of the legislation applied in their work. If people lacked capacity to make particular decisions, the provider had ensured that all relevant people had been involved in making a decision in the person's best interests.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that restrictions were only imposed upon people where these were authorised and necessary to keep them safe. For example one person wished to leave the home unaccompanied. Staff had carried out a risk assessment to establish whether the person was able to do this safely. Once staff had identified and implemented measures to mitigate the risks involved, the person was supported to leave the home independently as they wished. Applications for DoLS authorisations had been made to the local authority where people were subject to restrictions, such as constant supervision by staff or not being able to leave the home unaccompanied.

People were involved in choosing the food they ate and encouraged to maintain a balanced diet. Residents' meetings were used to seek people's views about food and these were incorporated into the menu by staff. People told us they enjoyed the food at the home and confirmed that they were able to contribute to the menu. Relatives said staff promoted their family member's food choices whilst encouraging them to eat healthily. One relative told us that staff had supported their family member in their efforts to reduce their weight. The relative said achieving this goal had resulted in many benefits for their family member, including an improvement in their mobility and general health. People's nutritional needs had been recorded during their initial assessment and were kept under review. Staff had carried out assessments to identify any risks to people related to eating and drinking.

People's needs were met by the layout and design of the premises. The home had a comfortable lounge, separate dining area and communal kitchen. People also had access to a well-maintained garden. People were able to personalise their bedrooms and to have time alone when they wanted it.

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us they liked the staff at the home and got on well with them. Relatives said staff worked hard to provide the care their family members needed. One relative told us, "The staff are very good. They really do their best for the people there." Another relative said, "I am quite happy with the care she receives. The care there is really good."

People received their care from consistent staff with whom they had established positive relationships. Relatives told us their family members enjoyed and benefited from the company of staff. They said staff were friendly and took an interest in their family member's lives. One relative told us, "They all seem to get along very well there. It's a very friendly home." Another relative said of their family member, "There is one [member of staff] that she gets on with particularly well but the others she gets along with as well."

People were supported to maintain relationships with their friends and families. Relatives said they could visit their family members whenever they wished and that they were made welcome when they visited. They told us there was a homely atmosphere at the service which their family members enjoyed and benefited from. One relative said of their family member, "She feels that it's home. She is really happy there, which for me is the ultimate test."

People's privacy and dignity was respected. People told us they could have time in private when they wanted it. They said staff respected their decision if they chose to spend time alone in their room. Relatives told us that staff treated their family members with respect and supported them to maintain their dignity. One relative said staff always took the time to help their family member look their best, which helped maintain their self-esteem. One relative said, "They help her to look nice, they make sure her hair is nicely cut and coloured."

Staff promoted people's independence. People were encouraged to take an active part in the daily life of the home, such as domestic routines, and to manage aspects of their own care where they were able to do so. Relatives told us that staff encouraged their family members to increase their independence. One relative said, "They do encourage her to do things for herself where she can." Where people had expressed a wish to become more independent, staff had supported them to achieve this. For example one person had told staff they wanted to travel independently to meet a friend each week. Staff had supported the person with travel training on public transport until they were confident enough to undertake the journey unaccompanied.

People's confidential personal information (CPI) was stored securely and staff ensured it was only accessible to appropriate people. Staff understood the importance of maintaining confidentiality and had received training in the management of CPI. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed.

Is the service responsive?

Our findings

People received care that was responsive to their needs. People's support plans were person-centred and contained guidance for staff about how people preferred their support to be provided. Relatives told us staff knew their family member's needs and preferences about their care. They said staff ensured that their family member's preferences were reflected in the support they received. One relative told us, "They know what she likes and what she doesn't." Another relative said, "The care is based on her needs and what is important to her."

Relatives told us that their family member's needs and the support they received were reviewed regularly. They said they were invited to reviews and their contributions were valued. Relatives said staff were observant of any changes in their family member's needs. One relative told us staff were "proactive" in ensuring their family member's needs were met as they anticipated any ways in which their needs may change. Relatives said staff always responded promptly if their family member's needs did change and communicated these changes to them. One relative told us, "If there are any issues they always let me know."

People had access to activities they enjoyed and were involved in their local community. Some people chose to attend resource centres, through which they accessed a variety of activities and outings. People also attended social clubs if they wished and made regular use of local shops, pubs and restaurants. During our inspection one person visited the local town centre for shopping and lunch with a member of staff and another person met a friend for lunch.

People were involved in deciding how the service was run. For example a 'house agreement' had been drawn up based on people's wishes about agreed rules and behaviours. The house agreement stated that people should not enter other people's rooms without permission and keep noise levels low after 10pm. People told us they felt able to talk to staff if they were unhappy with anything at the home. Residents' meeting minutes demonstrated that staff encouraged people to speak up if they were dissatisfied or had ideas for changes.

The provider had a written complaints procedure, which detailed how complaints would be managed and was available in an accessible format. Relatives said they would feel comfortable raising any concerns they had. They were confident that any issues they raised would be given due consideration. One relative said, "If I had any concerns I would be happy to raise them." The provider's area operations manager confirmed that there had been no complaints about the home since our last inspection.

Is the service well-led?

Our findings

The home was well-led by the registered manager. Relatives told us the registered manager provided good leadership for the home. They said the registered manager set a good example in their own behaviour and practice and was always willing to discuss their family member's care. One relative told us, "[Registered manager] is brilliant. She is so easy to talk to and she has been very responsive when we have wanted to discuss anything." Another relative said of the registered manager, "She is very, very good."

Staff told us they were well-supported by the registered manager and their colleagues. They said staff worked well together as a team to ensure people received the care and support they needed. Staff communicated information about people's needs effectively. Handovers took place at the beginning of each shift to ensure that staff were informed of any changes in people's care. There was a plan in place for each shift, which ensured individual responsibility for the completion of all tasks.

There was an open culture at the home in which people, relatives and staff were encouraged to speak up. Staff sought people's views about the home and the support they received and relatives were asked to give feedback about the service through regular satisfaction surveys. Staff told us they were encouraged to raise any concerns they had at team meetings. They said they would feel comfortable in speaking up and were confident that any concerns they raised would receive an appropriate response.

The provider's quality monitoring systems were effective in ensuring that people received a safe, well-planned service. Key aspects of the service were monitored regularly through a programme of checks and audits carried out by staff. The home was also subject to checks from the provider's quality team. Any areas identified for improvement were included in the home's continuous improvement plan. The continuous improvement plan sent to us by the provider's area operations manager after the inspection demonstrated that action plans included timescales for completion and identified which member of staff was responsible for each individual action. This accountability helped ensure that any improvements needed were achieved in good time. For example staff had identified that an audit of the home's medicines was needed and that annual health checks for two people were due. The improvement plan demonstrated that these actions had been carried out by the staff identified as responsible for them.

The registered manager and staff had developed effective relationships with other professionals involved in people's care, which ensured people received the support they needed. Care records demonstrated that staff liaised closely with professionals including GPs, specialist nurses and mental health professionals to ensure that people received the care and treatment they needed. Records relating to people's health and care were accurate, up to date and stored appropriately. The registered manager understood their responsibilities as a registered person and had notified CQC and other relevant agencies of incidents and events when required.