Royal Mencap Society

Royal Mencap Society - 16 Lumley Road

Inspection report

16 Lumley Road
Horley
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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

About the service
Mencap at 16 Lumley Road, Horley is a residential home providing personal care for up to six people. At the time of the inspection there were six people living at the service. People living at 16 Lumley Road were, older people, with learning disabilities.

16 Lumley Road is a house with two floors. Bedrooms were on the first floor and the ground floor had communal living areas and an office. The home had a garden which people could use.

The service 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
The outcomes for people using the service reflected the principles of Registering the Right Support by promoting choice, control, independence and inclusion. People's support focussed on them having opportunities to maintain relationships, engage in activities of their choice and maintain their independence.

People were not always able to tell us they felt safe however we observed staff interacting with people. People were relaxed and responded to staff by smiling and talking. Staff knew people well, they knew their support and communication needs. Risk assessments were in place specific to people's needs.

There were enough staff to meet people's daily needs and staff were recruited safely. Agency staff were occasionally used but they were given an induction and were only used if they had the right skills. The home was clean and safe. A relative said, "The environment is very good. It's always spotless." Medicines were stored, provided and disposed of safely.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff had received relevant training to suit the needs of people. This included mental capacity and challenging behaviour and safeguarding. People's nutritional needs were met and people could choose their own weekly menu. People received regular support from health and social care professionals.

Staff were caring and attentive to people. A relative told us, "They couldn't be anywhere better, they're absolutely brilliant." Staff knew people well and we observed positive relationships between staff and people. People's privacy, dignity and independence were promoted. A member of staff said, "They are six very different people with very different needs."

The support people received was person-centred and focussed on their needs. Care plans were regularly reviewed with people, relatives, professionals and staff all involved. People had a routine of different activities each week according to their wishes and interests. Strong links with the local community had been established.

The registered manager was well thought of and everyone told us the service was well led. Most audit processes were carried out centrally but local audits were managed regarding medicines, accidents, incidents and training. Feedback was sought from people and staff and regular meetings were held.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

Rating at last inspection
Good. (Report published 4 January 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 - 16 Lumley Road

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

The inspection was carried out by one inspector.

Service and service type

Mencap, 16 Lumley Road 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

This inspection was unannounced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be staff at the service to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last 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.

During the inspection

People had complex communication and support needs. We spoke to all six people and observed their experience of living at 16 Lumley Road. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who found it difficult to talk to us. We spoke with five members of staff including the registered manager and care staff. We spoke with two relatives.

We reviewed a range of records. This included four people's care plans and multiple medication records. We looked at two staff files in relation to recruitments and supervision. A variety of records relating to the management of the service, including policies, procedures and audit processes. We pathway tracked two people. This is where we check that the records for people match the care and support they receive from staff.

After the inspection

We continued to seek clarification from the registered manager to validate the evidence we found. We spoke to one relative and three professionals who regularly visit the service.

Good

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

● People were protected from harm and abuse. Staff had a good understanding of people's needs and knew how to respond to risks. People could not tell us that they felt safe but we saw people happy, smiling and interacting with staff. A relative told us, "I've always felt they are safe here."
● Staff had received safeguarding training and were able to describe different situations that would cause them concern. Staff knew how to report safeguarding. A member of staff said, "I'd report to the manager and if I felt no action was being taken I'd go to a higher manager." They also said, "I'd make sure the person was safe. It could be a traumatic time for them."
● Staff knew about the whistleblowing policy. Whistleblowing is where an employee can raise a concern with the appropriate authorities if they think they have witnessed something wrong. The policy protects the employee from being identified. Staff told us what they would do, using the whistleblowing policy, if they thought a person was at risk of abuse or harm.

Assessing risk, safety monitoring and management

● Risks to people were identified, documented and constantly reviewed to ensure people were kept safe. Staff knew people well and had a good understanding of individual risks to people and how these risks should be managed.
● Comprehensive risk assessments had been completed for people according to their specific areas of need. For example, nutrition and diet and moving and handling. A person had experienced an accident which had affected their confidence to leave the home. A risk assessment was seen giving detail of how staff were to manage this, including accompanying the person and providing constant reassurance.
● Each risk assessment provided details of what to do if things went wrong. For example, if medication was refused, staff were to speak to the registered manager and then call the GP. Evidence was seen of the risk assessments being reviewed monthly and being signed by all members of staff.
● Some people occasionally displayed behaviour that challenged. This occurred when people became anxious or their routines were interrupted. Care plans contained a section about positive behaviour support

(PBS), which helped staff to recognise behaviours and how to support people at those times. PBS is a person-centred approach to supporting people when they present challenging behaviour.
● Fire safety checks had been regularly completed. This included practised evacuation and fire safety training every three months. Fire alarm testing and checks on extinguishers and carbon monoxide levels were tested monthly.
● A monthly property inspection was completed, this identified any areas of work that needed doing. Safety records and evidence of regular checks were seen including, gas, electricity, emergency lighting and plumbing. Any faults found were dealt with immediately.
● Personal emergency evacuation plans (PEEPs) were in place. PEEPs gave detail of reassurance and support people would need during an emergency. The home was fitted with smoke detectors throughout.

Staffing and recruitment

● Staff were recruited safely. Appropriate checks had been completed before people started work at the service. These checks including references, past employment history and Disclosure and Baring Services (DBS) checks. DBS checks ensured that people had no previous cautions or convictions or were barred from working with children or adults.
● During the inspection we observed enough staff on duty to safely meet people's needs. The registered manager told us that to cover summer leave he had to employ agency staff for the first time. Staff rotas were seen and all shifts had been covered. The registered manager told us that agency staff received an induction package. We spoke to a member of agency staff who confirmed this.
● Some people required one to one support for certain activities. These activities often involved going out into the community. We observed that there were enough staff to facilitate these activities and people were able to go out when they wanted to take part in activities or to attend appointments.

Using medicines safely

● Medicines were ordered, stored, dispensed and returned safely. Medicine administration records (MAR) were seen and had been completed correctly showing the date, time, quantity and name of the member of staff administering.
● People's medicines were kept in locked cabinets in their bedrooms. This promoted privacy and independence.
● Staff had been trained in provision and management of medicines. Staff were supervised regularly by the registered manager when giving medicines. A staff member told us, "Most medication is supplied in blister packs. I have regular training and checks by the manager."
● Evidence was seen of regular reviews of people's medicines. This was done by staff with a nurse from the GP's surgery and the pharmacist. These reviews were in keeping with the 'STOMP' campaign, (stopping the over medication of people with a learning disability, autism or both.)
● 'As and when required', (PRN), medicines were recorded on the MAR charts but were subject to a separate protocol which we saw. Staff told us they would consult people's GP's if PRN medicines were needed or requested if they were uncertain.
● The registered manager oversaw the regular auditing of medicines. This task had been given to a senior member of staff and was seen to be effective with systems in place to identify any issues or errors.
Preventing and controlling infection

● We observed that the home was clean, tidy and free from any obvious hazards. Staff had received infection control training and were seen to encourage people to wash their hands after using the bathroom and before eating. Personal protection equipment (PPE), such as gloves and aprons were available and used

when necessary.
● People's care plans had a 'personal care and hygiene' section that gave details of what people could do for themselves and what they required help with. Most people were independent with washing and bathing, but staff were always available to support and encourage people if needed.
● Certificates were seen confirming the regular testing of water to prevent legionella disease.

Learning lessons when things go wrong

● Accidents and incident records were completed with a copy being placed on people's files and another kept in the manager's office. Evidence was seen of fact-finding interviews with staff following incidents and actions taken were recorded. This included calling the person's GP, informing relatives and reviewing risk assessments. A record was seen of a choking incident. The person had been referred to the Speech and Language Team (SALT) and recommendations followed, which included cutting up food into smaller portions.
● The registered manager had good oversight of accidents and incidents. Mencap's head office were informed of all accident and incidents and any patterns could be identified and systems put in place to prevent recurrence.

Good

Our findings

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

● Most people had lived at the home for several years. Before people moved in the registered manager visited the person and completed a care and needs assessment. The assessment would be carried out with the person, their relatives and professionals. The initial assessment helped to develop the person's care plan.
● People's needs and wishes were regularly reviewed to ensure they were in receipt of appropriate care and their needs were being met. The provision of care and support was in line with current legislation and guidance. Every year a development plan was made for people which looked ahead to the next year and included people's wishes and aspirations looking forward.

Staff support: induction, training, skills and experience

● Staff told us that they received a comprehensive induction. The induction involved being introduced to people and getting to know their care and support needs. The induction involved training and several opportunities to shadow more experienced staff. A staff member said, "Mencap have lots of policies that we had to read and familiarise ourselves with." The induction was part of a broader six-month probationary period.

● Staff told us that they had regular supervision meetings every four to five weeks. We looked at personnel files and this was confirmed. The service was small, the registered manager had regular opportunities to speak with staff.
● The registered manager carried out regular spot checks, (unannounced supervision of staff). A staff member told us, "We have spot checks every five weeks on average." These checks were recorded in staff files.

● We were shown a training matrix held on a computer system. Training included, safeguarding, moving and handling, first aid and medicines. All staff were up to date with training and a computerised system was in place that flagged up when refresher training was due. A staff member said, "Mencap recently changed the system and some training is now done online. I'm always reminded when my training is due."
● All staff had received training in mental capacity and challenging behaviour. Specialist training in strategies for crisis intervention and prevention (SCIP) had been completed which provided staff with the skills to identify when people were becoming anxious and enabled staff to intervene earlier.

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

● People's nutritional and hydration needs were met. Every Sunday evening staff sat down with people and compiled individual menus for the following week, each being offered a choice. People's choices were then placed pictorially on a board in the kitchen so people were remined about what they had asked for.
● People told us that they liked the food. A person said, "The food is nice." People were seen to be offered plenty of drinks throughout the day and alternative food was available if people changed their mind.
● People could eat their meals where they chose, in communal parts of the building or in their bedrooms. On most days of the week two or three people were out for the day and had lunch out.

● Nutritional risk assessments had been completed, these helped to identify if people were at risk of malnutrition or dehydration. Most people could eat and drink independently. Staff sat with one person whose food was cut up to minimise the risk of choking. Weight charts were observed in people's care plans Where there had been an unexpected gain or loss of weight, a referral was made to the person's GP for further guidance.

● Some people at the home enjoyed cooking and were supported in this by staff. Others helped putting groceries away after they had been delivered. We saw people enjoying this activity, smiling at staff as they helped unpack food and put items away in the correct place.

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

● Each support plan had a section which gave details of visits people made to health and social care professionals. People were supported by staff to make these appointments and improve their physical and mental wellbeing. Support plans also contained a one-page document which gave details of each person's health and support needs. ● The registered manager had developed a positive relationship with professionals and managed people's appointments and keeping relatives informed of all visits. A professional told us, "They are well organised. We are able to keep on top of people's needs. They are never late for appointments."

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

● People living at the home were physically independent, either on their own or with walking aids. People could access the first floor of the home using a flight of stairs and they could achieve this independently.
● There were toilets on every floor and bathrooms on the first floor adjacent to where people's bedrooms were.
● We were shown several people's bedrooms, and each was decorated according to people's wishes. Bedrooms contained personal belongings and effects and were spacious and nicely laid out. People were able to keep treasured belongings in their rooms, in one case a person had a very large collection of records.

In another we saw family photographs and pictures on the walls that had been chosen by the person. People enjoyed using the garden whenever they wanted.

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.

- Staff had a good understanding of mental capacity and how it applied to people living at the home. A staff member told us, "Some people are able to decide and others are less able. We discuss things and ask them." Staff understood the importance of consent. A staff member said, "I always ask. A few weeks ago (service user), asked me to leave their room. I made sure they were safe and left."
- Where people could not consent a best interest meeting was held. A staff member told us, "I called a best interest meeting for a person who had lost confidence in going out alone. They really needed someone with them." They said, "The meeting involved everyone and we made a decision that the person needed someone with them." This was documented in the person's support plan.
- People were able to make daily choices and decisions themselves about food and drinks they wanted, what clothes they wanted to wear and when they wanted to wash or shower. We saw staff helping some people with these decisions when needed, for example suggesting putting on a jumper before leaving the home.
- Staff had completed mental capacity and challenging behaviour training and were able to tell us what signs they look for and how they respond to people when they display challenging behaviour. For example, if a person refused to take part in activities that they usually enjoyed this was a known trigger to them becoming agitated Staff told us that the person responded to being distracted by humour and by being tactile, such as placing an arm around them. We saw this happen and there was a risk assessment in the person's support plan with this information.
- Staff had completed deprivation of liberty safeguard (DoLs) training. People can only be deprived of their liberty and have restraints put on their lives with appropriate legal authority. A person's care plan contained a DoLs authority that had been granted which restricted a person form leaving the home unaccompanied. This had been agreed at a best interest meeting that involved the person, relative, staff from the home and the person's GP.

Good

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

● Most people were not able to tell us that the staff were caring but we observed positive interactions between people and staff that suggested that the staff were caring. Each time the registered manager walked into a room people reached out for him, greeted him and smiled. One person said, "People (staff) are very nice here."
● A relative told us, "They are good, very caring, they look after people." A professional said, "They (the staff) are always lovely. They arrive here on time and it really feels people are being cared for."
● Staff supported people and were understanding to their needs and concerns. Staff were seen to spend time talking with people, asking them how they were and touching their arms in a reassuring way. A member of staff told us, "They are always happy to see us. They will ask who is working today and who is taking over later." Another staff member said, "(person) was not happy. I said to them lets go and talk about it, 'where do you want to go, the office or your room?' We know everyone well and how to treat them."
● The registered manager knew people well. We saw him talking to a person about their love of cars, talking about when the person was younger and was able to drive. To a female resident he spoke about her love of dancing.
● We observed staff following guidelines and being kind and supportive to people. For example, a person was waiting for a walking aid to be delivered and was becoming increasingly anxious as the time approached. Staff constantly reassured the person that the delivery would arrive soon and put their arm around their shoulder to comfort them.

● Staff had a good understanding of equality and diversity and people were treated equally and fairly. People were all seen to be offered time to talk and be supported around the home. People had allocated one to one time which usually involved being accompanied out into the local community for visits and activities.
● People's protected characteristics under the Equalities Act 2000 were considered and respected. At the

time of the inspection no one was following any religious belief or faith but the registered manager told us of a recent resident who had been a practicing Mormon. They had support them to attend local meetings. People's sexual needs were considered and respected. A member of staff told us that they were working with families of people to enable people to express their sexual needs in a safe and private way.
● Most people had lived at the home for several years. When new people arrived, to make them as comfortable as possible they were able to bring personal belongings and furniture and make their bedrooms feel like home.

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

● People, relatives and all staff were involved in care planning and reviews. Support plans were reviewed monthly but if there was any significant issue such as a person becoming unwell, dietary or mobility changes, reviews would take place when needed.
● Staff told us that where possible, people went on holiday each year. A staff member said, "I noticed that (person's name) had not been on holiday and the reason was that two staff members were needed to support them." They said, "They were being let down so we met and involved a family member to make it happen. This was all written up when the care plan was reviewed."
● Care plans were written with people. Each contained a section called, 'It's important to me that:' Time had been taken with people to complete this and it included issues such as, they want to lose weight; they liked gardening; they don't like cooking. Other sections included, 'how I like to be supported' and 'likes and dislikes.'
● Staff were aware of the importance of confidentiality. Documents containing personal information were kept in a locked office and handover meetings took place in private.

Respecting and promoting people's privacy, dignity and independence

● People's privacy, dignity and independence was respected and promoted by staff. A member of staff said, "I always knock on people's doors and say who I am. I'll only enter if invited." Another member of staff told us that they supervised a person showering each day. Some concerns had been raised that they were not having a complete wash so the staff member stood outside and supported the person by reminding them to wash all over. This was achieved with total privacy being afforded to the person.
● A professional spoke to us about dignity. They told us, "People arrive for their appointments on time and always look clean and smartly dressed." A relative said told us that their relative needed regular support. They said, "They always give him time and look after him."
● People were able to lead independent lives. Everyone was given the opportunity to go out. People were seen to carry out tasks around the home. Most people took part in preparing food and some helped with cleaning and laundry tasks. We saw people engaged in these tasks and all appeared happy and were supported by staff throughout.
● People were encouraged to be independent with their daily routines. A member of staff told us, "We get everything ready for (person), clothes, things needed to shower. We stay close by but will only help them if asked or needed."

Good

Our findings

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

● Care plans were person centred and contained details of peoples needs, preferences and routines. Staff knew people well and understood their personal history and level of support provided by family. A staff member told us, "We go out on trips most days. We know what they like but we always ask them what they want to do."
● People had their own key workers. These are named members of staff who had a specific role in the life of the person. They oversaw people's care and support needs and arranged and accompanied people on visits out of the home and taking part in activities.
● People's relatives were involved in care planning. A relative told us, "I go to the annual review. There have been a few changes over the years. I've been to a few review meetings too."
● Most people had lived at the home for several years but there was a pre-assessment process in place which involved meeting people and their relatives and discussing care and support needs. If people then moved to the home this pre-assessment formed the basis of the care plan.

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 varied. People's use of language was sometimes limited but everyone could make their wishes known and were able to say yes or no. Staff supported people with their communication needs.
● Staff were seen to talk calmly to people often holding their arm to help them focus on them. Staff spoke

clearly and were patient in waiting for people to communicate back to them.
● Some visual aids were used to help communicate for example people selected their weekly food from a book of photographs of meals. Their choices were displayed pictorially under people's names on a board in the kitchen. An iPad was available for people to use to assist communication using pictures.
● People's care plans highlighted their communication needs. For example, some people needed support when using the telephone to call relatives because of difficulty in recognising numbers. Some people required support with writing. When people became anxious they may become quiet and uncommunicative. Care plans gave details of how to support people at those times by sitting with them and reassuring them.

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
● Every week people were involved in activities that they chose and enjoyed. These activities helped to promote people's wellbeing. We saw people waiting to go out. They were happy and looking forward to their visits and activities. Some people walked to the local shops, others went swimming or went to the pub and played darts. Others enjoyed going dancing or visits to the cinema.
● People went on holiday each year, supported by staff from the home and family members. People enjoyed time with their families either from visits at the home or time spent away at their relatives' homes.
● Each person had their own activities plan and people were encouraged to form relationships within the local community. People regularly visited local shops, cafés and restaurants and some people helped in local charity shops. Some people attended a day centre. People enjoyed the activities and the chance to help in the charity shop.
● A staff member told us, "Everyone has a home day. They can choose what they want to do but we use the time to support them to clean their rooms and perhaps do other chores around the home." During the home day people could play chess, do jigsaw puzzles or watch television. People could choose an activity, sit in the garden or have quiet time, as they chose.

Improving care quality in response to complaints or concerns

● The home had a complaints policy that was accessible to everyone. Issues were discussed with people daily and people had opportunities to raise concerns during these interactions.
● Relatives told us they knew how to raise a complaint if needed. A relative said, "I'd speak to a member of staff. There are telephone numbers and e-mails as well." Another relative said, "We've had one or two little issues over the years but nothing more than you'd expect. Nothing serious."
● We saw a 'minor complaints book.' This had details of matters raised by people such as other people being noisy, losing the remote control or leaving lights on. All issues were resolved and were documented and although minor it showed us that issues raised by people were taken seriously. The book was reviewed for themes but none had been found.
● No serious complaints had been raised recently and therefore there was no data available to compare or learn from. The policy was clear that complaints would be investigated and completed within 80 days. This was the Mencap policy.
● Relatives told us they had never had to raise any serious complaints about the home.

End of life care and support

● No one living at the service was in receipt of end of life care. Each person had within their care plans a section called, 'end of life plans and wishes.' Issues had been talked about with people with their relatives and choices made about funeral arrangements.
● Staff were able to tell us what was important with end of life care. A member of staff said, "Treat people

with dignity, give them choice where possible and make them comfortable." Some staff had quite recent experience of a person who was living at the home and had cancer. They were moved to a hospice where they died. Staff told us they kept in touch and attended the funeral when the time came. Staff told us the registered manager was supportive to them during that time and that people still living at the home were given support and reassurance.

● The registered manager told us that it was important to explain to people about people dying. A few people at the home had parents who had passed away in the past few years. A person who had recently lost their parents said, "They've passed away. It's sad isn't it?" This was said in a way that showed that the person understood and was coming to terms with their loss.

Good

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

- We observed that people were comfortable around the registered manager. When he entered a room, people smiled at him and responded to his greeting and questions. The registered manager knew people well and what their routines were for the day. We saw him ask people if they were looking forward to going out that day or what they would be doing around the home.
- Relatives were positive about the registered manager. One person said, "He always responds to issues I raise, it's well run." Another said, "There were issues in the past but it's so much better now."
- Professionals were also complimentary about the registered manager. One told us, "It a very well organised and well-ordered service."
- Staff spoke well of the registered manager. A staff member said, "We have no problems, it's well run. I've had to call in the middle of the night and I got the support I needed." Another told us, "He's very good at dealing with issues. He's supportive even if it's to do with things outside of work."
- Care plans were person centred and the registered manager and staff promoted a positive culture at the home. All staff were seen to be friendly and approachable and all took time to sit and talk with people. People responded by smiling and reaching out and touching the staff and engaging in conversations.
- Staff were kept informed about people's changing needs and updated daily routine, through daily shift handover meetings. The service was small and staff interacted constantly during any given day.
- The registered manager had worked for Mencap for over 20 years. Originally in charge of one home he now had responsibility for three. It was clear however that everyone knew him well and that managed the home efficiently.

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. Managers and staff being clear about their roles, and

understanding quality performance, risks and regulatory requirements

● The registered manager understood their responsibilities under the duty of candour. Registered managers are legally obliged to inform CQC of significant events that occur at their premises. This had been complied with. The last CQC inspection report was on display in a communal area of the home.
● Staff told us that there was an open and honest culture at the home. A staff member said, "I can raise any issues and I know I'll be listened to." Another told us, "I've worked for Mencap for a few years and sometimes there are issues. Our manager always listens and deals with problems."
● Relatives were kept informed of events and things that happened within the home. The paperwork we saw including care plans, minor complaints book and accidents and incidents, all had recorded that relatives had been informed.
● Mencap carried out most of their audits centrally. However, the registered manager reviewed records regularly including training, accidents and incidents and medicine records including MAR charts. The registered manager regularly reviewed people's trips out of the home, their success, any issues that occurred and any changes or improvements needed.

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

● The registered manager was aware of the importance of feedback. Although questionnaires were not used, there were regular opportunities for people and staff to feedback. The registered manager told us that he used supervision sessions with staff to facilitate feedback. We spoke to staff who confirmed this. One staff member said, "We have supervisions every five weeks. I can talk to him about anything and he listens. He deals with any concerns I raise."
● We saw minutes from monthly residents' meetings. Each month people were able to express their views on a variety of issues, for example, food, chores, health and safety, complaints and the garden. Staff were present at residents' meetings and supported people to contribute and engage.
● Feedback was sought from relatives and professionals. This was achieved informally. Relatives and professionals we spoke to knew the registered manager and staff well. Most had had connections with the service for several years and felt confident to raise issues and provide feedback when necessary. A relative said, "I get asked for my views and I'm listened too."
● There were few compliments seen but for a small service with longstanding residents this was to be expected. We were shown two albums of photographs of events that people had been involved with both at the home and when out on trips and activities. The photographs all showed people enjoying themselves, smiling and taking part in a variety of activities.
● Everyone's equality characteristics were considered. For example, people were asked about their faith. People were afforded privacy and time spent with family. Similarly, staff were supported to maintain a work life balance.

Continuous learning and improving care

● The registered manager encouraged staff to develop. Each staff member had an area of primary responsibility. For example, a member of staff had responsibility for medicines which involved managing their delivery, storage and disposal. The registered manager maintained oversight.
● The registered manager had written and regularly reviewed, the home's continuous improvement plan. This document contained details of things purchased by the home to improve the quality of life of the residents. It included for example, the iPad purchased to help people communicate using pictures. The registered manager's next project was to develop the garden area so that people could grow vegetables.

This was something that people had asked for.

● Few accidents and incidents had occurred but those that had had been reported and reviewed. For example, a person had sustained an accidental injury that had affected their mobility and confidence. An occupational therapist had assessed the person and an appropriate walking aid had been provided. The person's confidence to move around increased and they were now able to go outside again.

● The registered manager kept himself up to date with the latest advice and recommendations. He attended quarterly management meetings arranged by Mencap and an annual service reflection event. He regularly reviewed the local authority and CQC websites for updates about best practice. The registered manager showed us several awards and certificates he had personally received in respect of his management of the home.

Working in partnership with others

● The registered manager was aware of the need to establish strong local community links to improve outcomes for people and this had been achieved. Links were established with local shops and cafes as local amenities for example, the cinema and leisure centre.

● The registered manager worked in partnership with other services and professionals, for example, GP's, pharmacists, chiropodists, social workers and community psychiatric nurses. This ensured that people's health and care needs were provided with best practice being followed.