

Royal Mencap Society

# Royal Mencap Society - 178 London Road

## Inspection report

178 London Road  
Waterlooville  
Hampshire  
PO7 5SP

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

Date of inspection visit:  
31 October 2017  
03 November 2017

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Royal Mencap Society - 178 London Road is a care home service without nursing, which provides personal care and accommodation for three younger adults with learning disabilities.

We visited this service on 30 October and 3 November 2017. The inspection was unannounced and was carried out by one inspector. The inspection was carried out earlier than originally scheduled as a result of concerns received about the service.

At the time of this inspection there were two people living in the home and one person in hospital recovering from an operation.

The service had a registered manager who had been on an extended secondment since 5 October 2015 and had applied to cancel their registration in relation to this service in July 2017. Interim management arrangements were in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives were positive in their feedback about the service and how people were cared for.

Management systems were not always implemented effectively to ensure the quality and safety of the service.

While there were systems and processes in place to protect people from harm; medicines were not always managed to ensure people received them at appropriate times.

Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

There were sufficient staff deployed and the provider checked staff's suitability for their role before they started working at the home. There was a programme of training for staff to update their knowledge and skills.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People's nutritional and specialist dietary needs were taken into account in menu planning and choices.

People were referred to other healthcare services when their health needs changed. Staff had developed positive caring relationships with people and respected their privacy and dignity. Staff

listened to people and were responsive to their needs, choices and preferences.

Relatives knew how to complain and were comfortable to raise any concerns about the service people received.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Medicines were not always managed to ensure people received them at appropriate times.

Fire safety records had not been appropriately maintained.

There were sufficient staff deployed and the provider checked staff's suitability for their role before they started working at the home.

### Is the service effective?

**Good** 

The service was effective

There was a programme of training for staff to update their knowledge and skills.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People's nutritional and specialist dietary needs were taken into account in menu planning and choices.

People were referred to other healthcare services when their health needs changed.

### Is the service caring?

**Good** 

The service was caring.

Staff had developed positive caring relationships with people using the service

Staff knew people well and respected their privacy and dignity.

Staff promoted people's independence, by encouraging them to make their own decisions.

### Is the service responsive?

**Good** 

The service was responsive.

Staff listened to people and were responsive to their needs, choices and preferences.

Relatives knew how to complain and were comfortable to raise any concerns about the service people received.

**Is the service well-led?**

The service was not always well led.

Management systems were not always implemented effectively to ensure the quality and safety of the service.

Relatives and staff were positive in their feedback about the new management arrangements.

**Requires Improvement** 

# Royal Mencap Society - 178 London Road

## **Detailed findings**

### Background to this inspection

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

We visited this service on 30 October and 3 November 2017. The inspection was unannounced and was carried out by one inspector.

Before the inspection we checked the information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

None of the people who used the service were able to communicate verbally with us. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We spoke with the new home manager, the practice leader and three members of the care staff team.

We looked at a range of documents and written records including three people's care records, risk assessments, medicine administration records, staff recruitment and training records. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

Following the inspection we received feedback from relatives of two people who lived in the home. We asked three community health and social care professionals for their views about the service and received feedback from one of them.

We previously inspected the service in May 2016 and no concerns were identified.

# Is the service safe?

## Our findings

Relatives and a community care professional confirmed people were cared for and supported safely and they had no concerns.

The provider had notified us in 2016 about a medicines related incident. A person had been prescribed an 'as required' (PRN) medicine on 30/06/16 for pain management and did not receive them until 24/08/16 when guidelines were in place. Although staff had been contacting GPs and had received conflicting advice about how the medicine should be given, this had not been identified and followed up by the management team until it was reported back via community nurses.

At the time of this inspection we had received other concerns about new staff not knowing the medicines procedures. We saw each person had an individual cabinet where their medicines were stored. Up to date records were kept of the receipt, administration and when required the return of medicines. One person was prescribed a mild analgesic on an 'as required' basis, to be given if staff felt the person was in pain. There was no record of possible signs or symptoms that might indicate the person was in pain and a member of staff told us that this was difficult to identify and that therefore staff did not feel confident to give the person the prescribed tablets. Another member of staff said they could administer PRN medicines if needed. The Practice Leader told us they were working on 'pain profiles' to support staff in making these decisions.

Before this inspection we had received concerns relating to staff adherence to fire safety procedures within the home. We shared these concerns with the fire safety officer who arranged to visit the service. During our inspection the member of staff responsible for completing the fire safety log book acknowledged the record was not up to date. For example, weekly alarm call point testing and fire door checks had last been recorded on 05/10/17. Staff had been supporting a person while in hospital and we were told this had an effect on them completing their duties in the home. Staff were aware of the fire procedures and the support individual's would require in the event of an emergency evacuation, which was recorded in their files. Following our inspection visit we received feedback from the fire safety officer informing us that, while the fire logbook records could be better organised, there were no issues relating to fire safety.

Staff continued to be trained in safeguarding policies and procedures and knew how to follow them should the need arise. While current staff were confident the management team would respond to any concerns raised, we had received information that other staff had not always felt confident about this. This is explored further in the well led section.

People continued to be supported to take planned risks to promote their independence and staff were provided with information on how to manage these risks. Staff we spoke with demonstrated knowledge and understanding of people's support and risk management plans, for example when making a hot drink or going outside the home. The home was clean and tidy and there were no hazardous objects putting people at risk.

Occasionally people became upset, anxious or emotional and staff were aware of the strategies for



responding to their needs at such times. There were support plans in place for a person who occasionally self-harmed and these provided guidelines for staff including potential causes and proactive approaches, such as redirecting the person to other activities.

There were sufficient staff to meet people's needs and provide personalised care and support with activities. Staff were deployed according to people's assessed support needs, providing one to one support for people throughout the day. Nights were covered by one awake staff at the home and the service was also providing waking night staff to support a person who was currently in hospital. The staff rota was organised in advance using regular, relief and agency staff.

Three staff had left the service and relief and agency staff were being deployed in the interim while new staff were recruited. A member of staff said shifts were covered and new staff were joining the team. A community care professional told us "The home are using staff from Portsmouth Mencap who know the service users as well as regular agency staff to cause minimal disruption". Following comments received from a relative, a review of a person's care had taken place including night time staffing levels. The community care professional involved told us "Staff were supporting people appropriately and there were sufficient hours to support the person".

The provider had continued to follow safe recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the records for a member of staff employed since the last inspection. These included evidence that pre-employment checks had been carried out, including written references, employment histories, and satisfactory Disclosure and Barring Service clearance (DBS).

## Is the service effective?

### Our findings

Relatives were positive in their feedback about the service. A relative told us "All the staff I encounter are well-trained, competent and caring. I cannot fault them and Mencap should be proud of them".

Staff had continued to follow a programme of training so their skills were updated and they worked in accordance with good practice. A computer record was kept of the training each member of staff completed and when training updates were due. Staff confirmed they received training that included moving and handling, fire safety, first aid, food hygiene, safeguarding and safe handling of medicines. The Practice Leader told us about the induction and shadowing process for new staff, which included practical and theoretical aspects so that new staff got to work with and know people who lived in the home. Although one member of staff we spoke with could not recall their induction in this way.

A new computer system had been introduced and this meant we were not able to see a complete and up to date record for all staff training at the time of the inspection. The manager told us she had checked that training was up to date. Through discussion of the current system with the manager and the Practice Leader, it was not clear how managers would know whether relief staff from their area had received relevant service specific training, such as emergency medicines. The manager told us that the procedure was that relief staff would call the emergency service if a person had a seizure and the staff were not trained to administer the emergency medicine.

Staff were receiving supervision. A member of staff told us that during supervision the manager asked them how things were and if they had any worries.

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's care plans stated that in the event that decisions needed to be made about issues such as medical care, these would be made by others in the person's best interests. Records showed that capacity assessments and best interest decisions had been completed and made for people in relation to, for example, managing medicines, tenancy and financial affairs. Care plans also contained guidance for staff about how to support people to understand choices and be involved in making decisions. This included the best times to engage the person.

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 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 were being met. A DoLS authorisation had been applied for in respect of each person living in the home, to

ensure that their rights were protected and they could continue to receive the care and support they needed in the least restrictive way.

People were effectively supported to eat and drink enough to meet their needs. Each person had a detailed eating and drinking support plan and their own four week menu based on their needs and choices. Staff monitored people's nutritional intake and kept records of individual's weights. Records showed that specialist advice had been sought when appropriate. Staff were aware of the behaviour support guidelines for mealtimes and how to minimise the risk of choking for one person. People were supported to help with the food shopping if they wished. One person liked to watch staff prepare their meals and to smell the food cooking.

Staff monitored people's health needs to make sure they were responded to promptly. People's health appointments were recorded in the diary and reminders for staff when these were due. Care records showed they received regular and on-going health checks and support to attend appointments. These included GP, community nurse, optician, dentist, and occupational therapist. Staff were supporting one person who was currently in hospital following a planned surgical procedure. There was a staff communications book that was used in conjunction with verbal handovers to help ensure staff were kept informed of changes in people's needs.

## Is the service caring?

### Our findings

Through observation and feedback from relatives it was evident that positive caring relationships were developed with people using the service. A relative told us "We are very happy with (the person's care), we visit often and have never had any concerns. We have always been advised of any health issues. We find the staff most helpful and enthusiastic and always ready to answer any questions we may have".

Another relative told us their family member was "Very happy and settled at 178 London Road, which has provided a quiet environment together with caring staff who understand her needs". They also commented that the service had a new manager, "Who is absolutely lovely and has proved to be very caring of her residents and very helpful to me".

A community care professional told us "I observed staff to have a good relationship with service users and were very knowledgeable about their needs and care plans".

There was a good rapport between the home manager, staff and people who used the service. The atmosphere throughout the home was friendly, calm and caring and people appeared comfortable and relaxed with the staff and support they received. The home manager and staff spoke respectfully and with knowledge and understanding of the people living there. A member of staff said they felt "The team that is left work well together and create a happy atmosphere. We're committed to carrying on a good service". Staff said they felt they had a good relationship with people's relatives.

The service continued to support people to express their views and be involved in making decisions about their care and support. Staff promoted people's choices and encouraged them to participate in daily activities within the home. People's care and support plans promoted their dignity and independence and included guidance to assist staff to involve the person and help them with everyday decisions. For example, how best to present information and ways to help the person understand. The records showed and we observed that staff spent time with people, involving them in discussions about their activities, care and support.

Staff respected people's privacy and dignity and provided sensitive and discrete support where needed. People chose to spend time relaxing in their rooms if they wished to do so and this was respected by staff. People had personalised bedrooms with their own belongings, such as TVs, pictures, ornaments and photographs.

## Is the service responsive?

### Our findings

Relatives told us the service was responsive to people's needs and that staff kept them informed about any changes. A relative who had requested a review of the person's care told us this had "The full support of Mencap and they have co-operated fully by providing appropriate staff to attend appointments, etc". A community care professional told us "The review went well and staff are supporting appropriately".

People had continued to have opportunities to take part in activities that they enjoyed inside and outside of the home. A relative said "(The person) had a lovely holiday in London recently with two members of staff and stayed in an apartment near Waterloo..... I was so pleased for her and the photos show she was really enjoying herself". They said "(The person's) accommodation at 178 London Road suits her. She knows where everything is..... As she is on the autistic spectrum she has to have routine and this is essential to her".

A member of staff told us they monitored the suitability of activities by observing people's reactions and responses while taking part in them. For example, staff had found that a person often enjoyed bus rides more than the actual destinations. The member of staff said "It's trial and error" and "You need to try things more than once". One person who was a wheelchair user liked to explore the surrounding area and a member of staff frequently supported them to do this. We observed a member of staff discussing and reviewing a person's support with the Practice Leader following an outing the staff had supported the person on.

It was not always clear how and when care records were reviewed. On one person's 'review of risk assessments' record sheet, a previous member of staff acting as key worker had put their initials next to 22 risk assessments on one day to indicate these had been reviewed and remained relevant. At the previous inspection staff told us the organisation were in the process of changing the format of support plans and risk assessments to be more personalised, which meant focusing more on the individual being supported rather than each activity undertaken. At this inspection this work had not yet been completed and the service was continuing to move to a new format of support planning. This is explored further in the well led section.

People's care and support plans included one page profiles summarising their personalities, likes and dislikes. The records provided guidelines for all staff in providing 24 hour care in a consistent way, such as the consistency of appropriate wording and other communication. Staff were aware of people's care and support needs including how individuals communicated their needs and wishes and the agreed ways to respond to them. Staff completed daily records of the care and support provided to each person during the day and night.

A member of staff told us the home had good relationships with external health and social care services such as the GP, OT and local authority care managers. Records showed that the service referred to health professionals when people needed them and that people were supported to attend appointments when necessary. The community learning disability team and community nurse had recently been involved in reviewing a person's support needs. A multi- agency planning meeting had taken place in relation to a

person's hospital admission. A new recliner chair had been provided for one person to meet their individual needs.

A complaints procedure was available in written and pictorial formats to assist people to make a complaint. The manager told us they had received no formal complaints since the last inspection and relatives confirmed they had no complaints. Relatives told us they had raised a concern regarding the security of the access gate to the rear of the property and this had been resolved to their satisfaction. Another relative had raised a minor maintenance issue and the service had responded appropriately.

## Is the service well-led?

### Our findings

The previous registered manager had been on an extended secondment since 5 October 2015 and a succession of interim management arrangements had been in place. The new home manager had joined the company in July and been in post at the service since August 2017. The home manager told us they felt well supported by the area manager and the provider's quality team. The Practice Leader had been coming in to support the new manager since September 2017.

Staff we spoke with were positive about the changes and told us the management team were approachable and supportive. Following the change of home manager there had been conflict within the staff team and some staff had left the service. As one member of staff put it "Some staff did not mesh as a team". Another member of staff said staff morale had recently improved and they were "Staying positive, moving forward". A community care professional who had recently visited the service to review people's care gave positive feedback about the new manager and the staff team.

Staff we spoke with were clear about the importance of maintaining professional boundaries and not bringing personal issues into work that might negatively affect people living there. Training workshops had been held in relation to professionalism. Further training on recording and reporting was scheduled. Staff were aware of the values and aims of the service and demonstrated this by promoting an positive, caring and inclusive atmosphere within the home.

A member of staff told us team meetings were held and they were able to raise any problems or issues for discussion; "It's all very open". They also commented that they had been well supported by the provider. Another member of staff said they felt the management team "Try to treat everybody fairly".

Staff we spoke with were not sure what senior managers did when they visited the home. As one member of staff said "We don't see them that often. They do pop in. They are in the office; I'm not sure what they do". Staff were not able to tell us if there were any reports available about these visits. The Trustees also occasionally visited the home and spoke with people living there and the staff.

Following the inspection visit the area manager sent us a sample of part of the quality tool used for recording their monitoring visits. This indicated the monitoring of incidents, any complaints, compliments, improvement plans, service stability, and people's changing needs. Part of the current continuous improvement plan was the updating of support plans and risk assessments onto a new format, archiving old records, chasing up work due on the environment by the housing provider, staff recruitment, and a medicines audit.

While the record indicated monitoring took place, other evidence showed the audits had not always picked up issues or actions were not being implemented in a timely way. While individual staff were given specific responsibilities for completing particular tasks, some daily tasks and staff communications, such as when staff worked between the hospital and the care home, had not been effectively monitored. Records within the home were not always maintained clearly and up to date. This included medicines support plans, risk

assessments, fire safety records, a best interest decision for one person and staff training. There had been no quality assurance survey carried out within the last 18 months. The area manager confirmed that survey questionnaires had not been sent out until they had noticed the previous home manager had not sent them. The quality tool record was dated between May and October 2017. It stated no notifications had been sent to us in this period, however we had been sent a notification on 01/09/2017.

This was a breach of regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A former member of staff had previously raised a significant number of concerns relating to the people living in the service. We asked the area manager what action had been taken about these concerns and whether they were referred to safeguarding. We also asked where other staff had raised concerns, whether these had been investigated and/or referred to other agencies.

The area manager informed us that the provider had implemented investigation and grievance procedures at the time the former member of staff had listed their concerns. They said "I didn't look in to it myself but I was informed that the issues (the staff member) raised were historical. But when anyone raises concerns I would inform the local authority if relevant and the concerns would be investigated either locally or by our internal investigation team. The outcome would be shared with the local authority; and yourselves if relevant".

We had received safeguarding notifications from the service relating to two of the former member of staff's concerns. More recently, an incident had occurred when a relief support worker was found asleep on duty and sent home. The provider had reported this to safeguarding and was carrying out an investigation and had notified us. Incident forms were held on computer and on file and monitored by the provider's Quality Team.

The rating from the previous inspection report was displayed in the home and on the provider's website.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not implemented robust quality assurance systems to assess, monitor and improve the quality and safety of the service. The provider had not always maintained accurate and complete records.</p> <p>Regulation 17(1)(2)(a)(c)</p>