

Royal Mencap Society

Mencap - Trowbridge

Inspection report

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25 July 2023
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02 August 2023
16 August 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mencap – Trowbridge is a supported living service providing support to people with a learning disability and/or autism living in their own homes. At the time of the inspection there were 30 people using the service in 10 houses based in Wiltshire and Gloucestershire.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Care:

There were some effective quality systems in place. However, in one home the checks did not identify the concerns we found on inspection in relation to people's medicines.

Medicines were not always managed safely. Medicine profile sheets did not have information about people's allergies, nor did they show how and where people preferred to take their medicine.

There was a high dependency on agency staff at one home which meant people were not always being supported by staff that knew them well. However, other homes were being supported by regular staff who knew people.

Right Support:

People were mostly supported to have 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 provider had not always recorded they had consulted and involved people in decisions, such as choices around healthy eating.

People and their relatives told us they were happy and felt the staff supported them safely.

People had comprehensive care and support plans in place.

Right Culture:

There was a new registered manager in post who demonstrated their understanding of supporting people in a least restrictive and person centred way. We saw people were involved in their support plans and in 1 service we saw that most of their culture was person centred.

Relatives told us they felt involved in peoples' care and were listened to by staff.

Staff received training through an electronic system and face to face. All new staff were expected to complete the care certificate.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at

Rating at last inspection

The last rating for this service was Good (published 19 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We received concerns in relation to how people were being supported and lack of regular staff. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People were not always supported safely.

Requires Improvement ●

Is the service well-led?

The service was well led

Good ●

Mencap - Trowbridge

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors, 2 medicines inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 10 "supported living" settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 July 2023 and ended on 30 August 2023. We visited the location's office on 25 July 2023 and 16 August 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we held about the service and sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We visited 2 homes and the registered office. We spoke to 5 people, 12 relatives, 1 professional, the registered manager, an area manager, 2 service managers and 6 staff. We reviewed a range of care plans, risk assessments and medicine records. We also reviewed recruitment records for 3 staff, training records for all staff, accident and incident reporting and quality assurance audits.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always administered safely. One home had handwritten Medicine Administration Records (MAR) due to the high level of agency staff who could not access their electronic medicine records (E-MAR) system. People's allergies were not recorded on the handwritten MAR sheets. This meant that people could be put at risk of being given medicines they were allergic to.
- One person was being put at risk of harm because medicine patches were not being administered in line with manufactures instructions to rotate the patch. There was no evidence that staff were checking regularly that the patch was still in place. Following the inspection, the provider completed a body map to ensure staff knew where to administer the patch and where to look to check it was still in place.
- People had clear medicine profiles. The medication support plans were kept separate to their medicine profiles.

We recommend the provider consider current guidance on medicine management across all homes and take action to update their practice accordingly.

- All other homes used E-MARs. These were reviewed by a medicine inspector who saw they were managing medicines safely.

Assessing risk, safety monitoring and management

- People were not always supported safely to reduce their risk of pressure ulcers. In one home we visited 2 of the 7 people used air mattresses. The air pressures were not being checked frequently enough to ensure that any issues were identified. There were no risk assessments in place to help manage risks in relation to pressure ulcers. This meant that people were put at increased risk of having pressure ulcers.

We recommend the provider consider current guidance and best practice around pressure care management and take action to update their practice accordingly.

- Most risk assessment were comprehensive and enabled people to take positive risks.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One relative told us "I am confident that she is kept quite safe in and out of the house".
- We saw people were comfortable around staff and engaged well with them.
- Staff received regular safeguarding training and could explain what to do if they felt someone was at risk.

- The provider had risk assessments in place to support people to take positive risks. One person was working toward independent travel from their home to visit family living in another area using the train.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There was a high level of agency staff being used at one home we visited for people with complex support needs. Agency staff had an introduction to the home via an induction but the service manager had not ensured competency assessment had been completed. This meant that the registered manager could not be assured people were always being supported by competent staff. The service manager was addressing the lack of permanent staff through a robust recruitment drive.
- We saw interview questions and recruitment systems. These demonstrated that staff were being recruited safely.
- Staff completed an induction which led to them achieving the Care Certificate.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager told us they received reports from the service managers when things went wrong, these were then reviewed and discussed to ensure that lessons were learnt.
- There were monthly managers meeting that reviewed incidents and accidents. Learning from incidents was then cascaded to staff through staff meetings

Is the service well-led?

Our findings

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

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

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

- People were generally supported in homes that had a positive culture promoting quality of life. For example, 1 home aided people to attend a range of activities including voluntary work and paid employment. However, 1 home had a higher use of agency staff which limited the activities people could do; for example, 2 people had their own cars but agency staff were not insured to drive these cars. This led to people not having as high a quality of life.
- House meetings were held monthly for people to discuss issues together.
- Relatives told us they were "very happy" with the support provided and that the staff are "doing a good job".
- People told us they liked the staff and living also liked in their own homes.
- One professional told us they found staff were responsive and proactive, they felt the staff managed a particularly challenging situation for service users in a caring and professional way.

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

- The registered manager had oversight of a range of regulated and unregulated services. This meant they were reliant on good communication from service managers in each service as they visited each service as needed, but at least a minimum of once every three months.
- The registered manager ensured that notifications were being sent to the CQC in a timely manner in line with current legislation. This ensured that external agencies could have oversight of the service people were receiving.
- The members of staff we spoke to did not see the registered manager often but knew how to contact them.
- Some staff felt there was not enough management presence in the services. Staff we spoke to shared that service managers were not regularly working from the services. This meant they may not have good oversight of staff and the support provided.
- The provider's quality audit systems and process were robust for electronic records. However, audits had not identified the issues we found on inspection in one home around medicines. There was less oversight of the handwritten records.

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, working in partnership with others

- The manager explained their understanding of being open and honest with people and demonstrated an understanding of what to do to ensure they acknowledge and apologise if things go wrong.

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

- People had regular house meetings to discuss what was working and not working. They could then address issues with the support of staff.
- Relatives told us they were sent questionnaires to fill in. Service managers reviewed the questionnaires and took action to address issues raised.

Continuous learning and improving care,

- Staff had regular training often by e-learning with some face-to-face training. The registered manager had an overview of this and could see if people needed refresher training. Most staff were in date with their mandatory training and the registered manager knew the reason why some were out of date.
- The registered manager explained that they met with service manager to review and learn from incidents.