

Royal Mencap Society

# Royal Mencap Society - Suite 6 Canterbury Business Centre

## Inspection report

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31 October 2018  
15 November 2018

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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

What life is like for people using this service:

People told us they felt safe. They were protected from potential abuse and discrimination. Risks to people were identified, assessed and action taken to reduce these or remove them. People lived in a clean and safe environment. Medicines were managed safely and staff provided the support people needed to take their medicines as prescribed. Enough suitably recruited and skilled staff were deployed to meet people's needs.

People's health needs were assessed and people had access to a variety of healthcare professionals to support them. People were provided with the right amount and type of food to meet their health needs, and people were supported to do their own food shopping and prepare their own meals. People's religious preferences were being met. At the time of our visit there were no diverse cultural needs requiring support, but staff explained that this would not be a problem if there were; these would be respected and met.

The principles of the Mental Capacity Act 2005 were followed. People were supported to make independent decisions and their care was delivered in the least restrictive way possible. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP).

Staff were kind and caring towards people. They maintained people's dignity and privacy. People's choices, preferences and wishes were known to the staff who had taken time to find these out. Care plans gave staff guidance on how to meet people's needs. Further detail about people's care needs was also communicated to staff by means of staff handover meetings and daily notes.

The service had a registered manager in position. 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.

Rating at last inspection:

The last inspection was in August and September 2016 when the service was rated as 'Good' overall. At our previous inspection, the Responsive domain was rated as 'Requires Improvement' because some people were not supported to reach their full potential. Goals in people's support plans were not updated or

reviewed for long periods of time to show any outcomes or completion dates. The service had made improvements and this is now rated as Good.

The service remains 'Good' overall.

Why we inspected:

This inspection was partly prompted by quality concerns from a visiting health professional and this indicated potential concerns about the management of risk in the service. We looked at the concerns identified and all the associated risks.

About the service:

This service provides care and support to people living in 'supported living' settings, so that they can live in their own home 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.

Not everyone receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

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.

<b>Is the service safe?</b> The service remained safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remained effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remained caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained well-led.	<b>Good</b> ●

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## **Detailed findings**

## Background to this inspection

The 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 checked 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.

The inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

This service provides care and support to people living in 'supported living' settings, so that they can live in their own home 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.

Not everyone receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

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.

The service had a registered manager in post. 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.

Notice of inspection:

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office. We visited two households on 26 October 2018 and one household on 31 October 2018. We visited the office location on 15 November 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and deaths. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also sought feedback from the local authority and health care professionals. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service and one relative to ask about their experience of the care provided.

We spoke with five members of staff which included two service managers and the registered manager. We reviewed a range of records. This included three people's care records. We also looked at five staff recruitment files and the service's staff training records. Other records reviewed included a selection of audits and the service improvement plan.

# Is the service safe?

## Our findings

People continued to be safe and protected from avoidable harm.

Assessing risk, safety monitoring and management:

- Risk assessments had been completed to reflect current risks to people and staff supported people in accordance with their risk management plans. One person had been known to become agitated in the mornings. This person's care and support plan clearly detailed how staff were to use specific words and re-direction techniques to reduce their anxiety and to reduce potential risks which may arise from this.
- People's homes were clean, tidy and comfortable. Regular health and safety checks and cleaning schedules were in place and any environmental issues were reported appropriately.
- A record of incidents and accidents was kept which showed these were appropriately responded to. The action taken was reviewed and lessons learned to ensure staff's action remained effective in preventing future incidents and harm to people.

Staffing levels:

- The manager routinely reviewed the staffing numbers with the provider. Each person was allocated individual support hours as per their contract.
- New staff had been recruited so that there were enough staff with the right skills and experience to support people.
- Staff recruitment records showed appropriate checks had been completed and people were protected from those who may not be suitable to work with them.

Safeguarding systems and processes /Learning lessons when things go wrong:

- Quality concerns were identified by the local authority in September 2018 in relation to people's homes, cleanliness and staffing concerns. The provider implemented an urgent action plan and completed all the improvements they identified by the end of our inspection.
- The registered manager ensured they reflected on how things had gone wrong and used this as an opportunity to improve the service for people and for staff. For example, a new cleaning schedule had been implemented for people to ensure each person's home was kept clean and tidy and people were supported to follow a routine.
- Staff knew what action to take if they suspected abuse or poor practice. One person told us, "I know who to speak to, we have staff and I have the managers number to call. It's fine here. I have no issues".
- Managers reported and shared appropriate information with the provider and relevant agencies to safeguard people.
- The provider's policies and procedures supported people's and staff's diversity and equality and any form of discrimination or harassment was not tolerated.

Using medicines safely:

- We observed people receiving appropriate support to take their medicines safely.
- Medicines were delivered to each household in time for people's use. They were securely stored and returned to the pharmacy if not used.
- Staff who administered medicines had received training and their competency was checked.
- Medicine administration records showed that people had received their medicines as prescribed and these were checked to ensure there were no recording errors.

#### Preventing and controlling infection:

- Cleaning schedules had been implemented after concerns were found by a visiting health professional. People were encouraged to keep their homes clean and staff supported people where required.
- The provider ensured staff were trained in infection control. People told us staff washed their hands and use disposable gloves and aprons where required.



# Is the service effective?

## Our findings

Care, treatment and support continued to achieve good outcomes for people, promoted a good quality of life and was based on best practice.

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

- ☐ People's immediate and ongoing needs were fully assessed which included ensuring people had adequate nutrition and hydration. Treatment and care was planned and delivered in line with professional standards and guidance. For example, when people required guidance and support from specific health and social care professionals such as the Community learning disability team (CLDT) this was clearly recorded and planned reviews took place.
- ☐ Staff respected people's choices and their diverse preferences when planning their care.
- ☐ The service worked in collaboration with a range of external health and social care services including the Community Learning Disability Team (CLDT). People with swallowing problems were assessed by Speech and Language Therapists (SLTs) to ensure they were supported to eat safely.

Staff skills, knowledge and experience:

- ☐ People told us the staff knew how to support them. One person said, "They know me well." A relative told us their relative was "Safe and happy and the staff are lovely".
- ☐ The service's training record showed staff had been provided with relevant training to meet people's needs and develop in their roles. This included training in autism and epilepsy. The record showed when staff were due to re-refresh their training.
- The Care Certificate had been introduced and newer members of staff were completing this as part of their induction. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care.
- ☐ The manager had ensured that each member of staff had been provided with an opportunity to discuss their training needs, performance and any concerns they may have. Staff had regular supervisions and an annual appraisal to monitor their performance.

Eating and drinking:

- ☐ Staff supported people to make their meal choices. One person whose health and dementia had deteriorated was shown visual options to make their meal choices. Staff supported people to eat and drink in a dignified manner.
- ☐ People's nutritional needs and choking risk had been assessed and the food provided met people's dietary needs. One person said, "Staff help me make my meals and we do things together." One person's support plan said, 'I need staff to support me with temperatures and timings to make sure food is cooked properly'.
- ☐ Cultural and religious food preferences could be met when required.

#### Health care support:

- ☐ Staff worked together with other health and social care professionals to deliver effective care and treatment
- ☐ Arrangements were in place with local GP surgeries so that people received the support they needed to remain healthy.
- ☐ People were also supported to access opticians and dentists where appropriate. In each care and support plan, information was available for staff with regard to supporting people to attend health appointments.

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

- ☐ The service obtained consent to care and treatment in line with legislation and guidance. For people who lacked the mental capacity to consent to their care, written records showed mental capacity assessments and best interest decisions had been completed and documented to comply with legislation. Care was delivered to people in the least restrictive way.
- ☐ Staff had sought appropriate authorisation when restrictions had been placed on people, in their best interest, to ensure they would remain safe.
- People's rights to make their own decisions were respected and people were in control of their support.

# Is the service caring?

## Our findings

The service involved and treated people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported:

- ☐ Staff treated people with kindness, respect and compassion. Feedback from people was positive about the way staff treated them. One person said, "Staff help me all the time" and another said, "Staff help me tidy up."
- ☐ Staff understood people's personal, cultural, social and religious needs. One person said, "I'm treated as an individual" and another said, "They ask me what I want."
- ☐ People's independence was supported. One person said, "I can be independent. I decide what I want to do. Tonight, we are having a Halloween party".

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

- ☐ The staff discussed with people and supported them to explore their needs and preferences in relation to their support.
- ☐ Care plans outlined people's communication needs and gave guidance to staff on how to support these. One person's support plan said, 'Staff support me by narrowing down my choices to make it easier for me by showing me pictures in a book to help me choose what colour I want to paint my room'.

Respecting and promoting people's privacy, dignity and independence:

- ☐ People told us their privacy and dignity was maintained when staff delivered their care. One relative said, "They visit me once a month with a staff member and tell me how they are doing and I know their independence has increased. They can go out by themselves and everybody knows them in the local area which makes me feel happy".
- ☐ Care plans highlighted what people could do independently and what they required staff support with. One person required support to write a shopping list but was able to push the trolley around the shop and read out the shopping list to themselves.
- ☐ People's care plans highlighted the importance of respecting privacy and dignity.
- ☐ Information about people's care and treatment was kept secure and confidential.

# Is the service responsive?

## Our findings

People continued to receive personalised care that was responsive to their needs. At our previous inspection this domain was rated as 'Requires Improvement'. The service had made improvements and this key question was now rated as 'Good'.

### Personalised care:

- ☐ People's care plans outlined how their care was to be delivered. Staff attended handover meetings daily when they came on duty to keep updated with people's needs and any changes in care. Daily notes were completed for each person to ensure staff were communicating effectively about people's care.
- ☐ People's care was reviewed with them and their relatives, where appropriate to do so.
- ☐ The provider's equality, diversity and human rights policy set out the provider's approach to how people's care would be planned and delivered in line with their diverse needs and preferences.
- ☐ People were provided with opportunities and support to socialise and take part in organised activities. One person said, "I'm going to meet my friends this afternoon. We are walking into town".
- ☐ Arrangements were in place to support those who found socialising more difficult and who were at risk of self-isolation. People we spoke with told us they all socialised together and enjoyed living in shared houses.

### Improving care quality in response to complaints or concerns:

- ☐ People, relatives and other visitors to the service could raise a complaint. They were confident their concerns would be addressed. One person said, "I ask staff, or go to my neighbours. I also can ring the manager if I have a problem." One relative told us communication could be improved by the provider. We made the provider aware of this and they were exploring how relatives could be updated more frequently about people's care.
- ☐ The provider's complaints policy and procedures were displayed and outlined how complaints would be responded to. These could be provided in different formats to meet people's needs, for example, large print or a different language.
- ☐ A record was kept of all complaints which recorded how each complaint had been managed, the actions taken and the outcome. This record showed that people's complaints were responded to according to the provider's policy and procedures. We saw records that showed us complaints had been managed effectively.

### End of life care and support:

- ☐ Staff supported people at the end of their life to have a comfortable and dignified death.
- ☐ No-one was nearing the end of their life at the time we visited, but staff were monitoring those who were very frail and receiving palliative care. One person had passed away in early 2018 and a service manager told us how they had planned the person's end of life care and all the other people living in the house had been provided with extra support during this time.
- ☐ There were well established links with GPs, pharmacies, community nurses and the community palliative

care team to support people's end of life needs.

- ☐ Advanced care plans were being implemented for people's end of life care and treatment wishes as well as their pastoral and religious preferences for that time.
- ☐ Where appropriate, relatives and representatives were involved in people's end of life care and given support where needed.

## Is the service well-led?

### Our findings

The service remained well-led, the leadership and management assured person-centred, high quality care and a fair and open culture.

#### Leadership and management:

- ☐ The registered and service managers were both very much involved in the day to day running of the service including working hands on, alongside staff where required.
- All people and relatives we spoke with praised the management and told us the service was well run. One person said, "They are always available and often work shifts so we can talk to them".
- ☐ Since a health professional had raised concerns regarding the service in September 2018, an action plan had been implemented and all actions completed by the third day of our inspection. This meant the service responded promptly when concerns were shared to ensure the service remained safe and people were being supported appropriately.

#### Plan to promote person-centred, high-quality care and good outcomes for people:

- The provider successfully maintained an open and transparent culture which contributed to staff's work satisfaction and in turn the staff remained motivated to deliver good care for people.
- ☐ Senior staff monitored staff practices closely, supported staff and structured care processes so staff understood their responsibilities in meeting people's needs effectively and compassionately.
- ☐ Where previous mistakes had been made, lessons had been learnt, and these were shared openly to improve the service.

Managers and staff were clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

- ☐ The management team was supported by new and existing staff who were committed to the service's success.
- ☐ Regular senior manager meetings were held to ensure any issues were discussed and records showed these were addressed and had positive outcomes for people supported by the service.
- ☐ Arrangements were in place for a daily review of all risks and quality issues with the senior management team which resulted in these being promptly addressed.
- ☐ Structures, processes and systems to support good governance and management were clearly set out, understood and effective. Provider support ensured the two service managers could meet regulatory requirements.
- ☐ Effective auditing and a regular review of the service's on-going action plans ensured necessary actions for improvement were closely monitored, by both the registered and service managers and provider.

#### Engaging and involving people using the service, the public and staff:

- ☐ Stakeholders' views and concerns were encouraged, heard and acted on to shape the service and culture. Regular meetings were held with people, relatives and staff had an open-door policy which supported good communication.
- ☐ The views of people and their relatives had been formally sought by the provider in August 2018 but the collated results of this had not yet been received by the registered manager. Once received they told us they would address any necessary actions.
- ☐ Managers were open to receiving feedback and suggestions which could help improve the overall service provided.

Working in partnership with others:

- ☐ The service was well respected in the local community and had established links with local businesses and transport services. One relative said, "I know they are looked after as everybody in the local area looks out for them and knows who they are what support they have."
- ☐ Close working arrangements with local NHS hospitals and commissioners of health and social care helped people access and sustain the support they required.