

Royal Mencap Society

# Royal Mencap Society - 25 The Sandfield

## Inspection report

25 The Sandfield  
Northway  
Tewkesbury  
Gloucestershire  
GL20 8RU

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24 May 2017

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

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 24 May 2017 and was unannounced. We carried out a comprehensive inspection of this service on 24 and 28 October 2014 at which a breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on 9 July 2015 to check that they had followed their plan and to confirm that they met legal requirements.

Royal Mencap - 25 The Sandfield is a care home providing accommodation and personal care for up to four adults with a learning disability, an autistic spectrum condition and/or a physical disability. There were four people living at Royal Mencap – 25 The Sandfield during our inspection.

There was a registered manager in post at Royal Mencap – 25 The Sandfield. 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.

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment to support people. Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues or concerns with the management team. The registered manager had carried out the relevant checks to ensure they employed suitable people at Royal Mencap – 25 The Sandfield.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). The environment had been adapted to meet the needs of people living at the home. People were supported to personalise their living spaces.

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which maintained people's dignity.

The service was responsive to people's needs. Support plans were person centred and contained sufficient detail to provide consistent, high quality care and support. People were supported to engage in a range of activities based on their preferences and interests. There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. There was an experienced registered manager working at the service. Staff, people and their relatives spoke positively about the registered manager. Quality assurance checks and audits were occurring regularly and where issues had been identified, action had been taken to address them. The

registered manager and staff were aware of the vision and values of the service and worked hard to provide a service which was person centred for each individual.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Medicine administration, recording and storage were safe.

Risk assessments had been completed to reflect current risk to people.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

There were sufficient staff with the time, skills and knowledge to meet the needs of people. There were robust recruitment procedures in place.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and on-going support through regular meetings with their line manager.

People received support to meet their health care needs. People were provided with a varied and healthy menu and, food and drink that met their individual requirements.

Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected through the use of the Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. People expressed satisfaction with the care they received which was consistent and matched to their specific needs.

People were supported to access the community and were encouraged to be as independent as possible. People were supported to maintain contact with family and friends.

We received positive feedback about the support provided by relatives.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff delivered care in a person-centred way and were responsive to people's needs. People's care was kept under review and the service was flexible and responded to changing needs.

People were supported to follow their preferred routines and take part in meaningful activities.

Specific focus was given to getting to know each person as an individual. People were encouraged to give their views and raise any concerns through a range of feedback.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People and staff benefitted from clear, supportive leadership from the registered manager and the provider.

A comprehensive range of audits monitored the quality of the service and the registered manager focussed on continual improvement.

The registered manager and senior staff were approachable.

# Royal Mencap Society - 25 The Sandfield

## **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.

Prior to the inspection, we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection was unannounced and was completed on 24 May 2017. The inspection was completed by one adult social care inspector. The previous comprehensive inspection was completed on 24 and 28 October 2014 and there were breaches of regulation at that time. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 9 July 2015 to check that they had followed their plan and to confirm that they met legal requirements.

During the inspection we looked at two people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed and training records.

We spoke with the registered manager of the service and six members of care staff. We spoke with three people living at the home. Not every person was able to express their views verbally or were willing to engage with us. We therefore spent time observing care and the interactions between people and staff. This helped us understand the experience of people who could not tell us about their life at Royal Mencap - 25

The Sandfield or the support they received.

We spoke with two health and social care professionals and after the inspection, we contacted seven relatives of people who were living at the home and received two replies.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "They look after me here." Relatives confirmed their loved ones were safe in the care of the staff at Royal Mencap- 25 The Sandfield.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available to everyone who used the service. Staff confirmed they attended regular safeguarding training. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. One person named particular staff members who they would go to with a problem. One staff member said, "I would whistle-blow if I needed to, we have a policy. I would go to the manager if I needed to." One relative said, "I know the manager well. If I had any concerns I would contact them." One staff member told us that the provider had a 24 hour hotline to ring if anybody had concerns and were not able to discuss these within the service.

There were enough staff to support people's needs. This was confirmed in conversations with staff and looking at the staff rotas. Relatives stated they felt there were sufficient staffing levels employed at the home. One support worker told us, "We don't use agency staff. We work really well as a team."

Risk assessments were detailed and available to staff. These covered areas such as; health and well-being, mobility, being in the community, living safely and taking risks. These had been updated and reviewed regularly. These gave preventative steps, reliable signs and reactive strategies for staff to follow.

People's medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. There were policies and procedures available to ensure medicines were managed properly. There were procedures in place for recording any medicine errors. There had been no errors in the previous six months. There was clear guidance for staff on how to support people to take their medicines. Each person had a medication profile which explained what each medicine was for and how the person liked to take their medication.

New employees were appropriately checked through robust recruitment procedures to ensure their suitability for the role. Records showed us staff had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employer's to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people.

All staff had received fire safety training and people had personal emergency evacuation plans (PEEP). These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in an emergency. One person's PEEP said "The sound of the alarm does not panic me in a practice but in an emergency situation I may become frightened." This had been updated in April 2017. Regular fire drills were taking place and one was scheduled for the week after our inspection.



Staff showed a good awareness in respect of infection control and food hygiene. There were different chopping boards which were used for different foods to minimise the risk of cross contamination. Cleaning and recording checks had been completed and any areas where improvements were required were clearly documented. We were shown records of the temperatures for fridges and freezers which were taken daily.

## Is the service effective?

### Our findings

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed most staff had received training in core areas such as; safeguarding adults, health and safety, first aid, food hygiene and fire safety. The registered manager showed us a system that was in place to show when people required an update on specific training. One staff member said, "We get lots of training. I've just been to a health inequality workshop which gave us the knowledge on how to support people to access fair healthcare."

Staff had completed an induction when they first started working at the home. This was a mixture of face to face training, online training and shadowing more experienced staff. The induction was between 8 and 12 weeks long depending on staff progress. One staff member we spoke with had completed their induction a few months ago. They stated told us they felt the induction was informative and gave them the knowledge they needed.

Staff received regular supervision and an annual appraisal which enabled the registered manager to formally monitor staff performance and provide staff with support to develop their skills and knowledge. This was to ensure people continued to receive high standards of care from staff that were well trained. Staff had supervision every other month and records showed us that these had all been completed. One staff member said "I feel fully supported as I am quite new to the role. The training was good."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that as far as possible people who may lack the capacity to make their own decisions are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures in place regarding the MCA and DoLS. Where required, people had assessments of their capacity and records confirmed this. One person had MCA's for areas such as; mobility, personal care and finances. These had all been updated and reviewed. Staff had received training on MCA and DoLS but were not always able to describe the principles and some of the areas which may constitute a deprivation of liberty. Two staff members stated they would like some extra training in this area.

We recommend the provider implements some extra training and competency checks for staff in this area.

People chose the food they wanted and were supported by staff to assist with food preparation if possible. One person said, "The food is lovely". Staff told us people were supported to eat a healthy diet and drink plenty of fluids. People's dietary and fluid needs were assessed and, if needed, plans made to meet those

needs. This meant the service monitored people's food and fluid intake to ensure they were not at risk. One person had speech and language therapist (SALT) guidelines which staff followed to ensure food was safely cut into smaller pieces. Care records gave staff guidance for how people liked to be supported with nutrition.

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians and members of the community learning disability team (CLDT). We saw people's changing needs were monitored, and changes in health needs were responded to promptly. In each care and support plan, support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy. One person said, "The staff help me to ring and make appointments." One person had visited the GP, had a medication review and been to the dentist in February 2017.

The home was decorated to a high standard and felt homely. A schedule of maintenance was being completed which included a new carpet in the staff sleeping in room. People's rooms were spacious and decorated to their own taste. One person showed us their room and said they loved the colours of the walls that they had chosen and showed us they had recently had a new bedside table.

## Is the service caring?

### Our findings

One person said, "I like it here. The staff are nice. I am allowed to have my cat living with us." One staff member said, "I really like to take people out and try new things. I love my job." One relative said, "[The person] loves living there. The staff are excellent."

We observed positive staff interactions and people were engaged. The staff were going shopping on the morning of our inspection to buy some food for a birthday party the next day. One person was offered to go to the shops but they declined. Staff respected the person's wishes and carried on with the day's activities. We observed staff and people having a picnic outside in the sunshine at lunchtime. We sat and joined the picnic for approximately 30 minutes. It was clear to see staff respected the people they supported. The staff actively listened to what people were saying and asked them relevant questions.

People had a small team of people to support them. This ensured continuity and enabled the person to get to know the staff. Support plans gave staff information on what was important to them, likes and dislikes and how they liked to be supported. One person liked to only go out in the mornings and stay at home in the afternoon and their favourite food was chicken tikka. One person disliked dogs and noisy places. It was clear from speaking with staff that they knew people and their preferred routines well. One staff member said, "I like being around. I adore all of the people here. I'm getting to know them much better." Another staff member said, "It's important that staff know people and what they like to do."

By speaking with staff and looking at records it was evident that promoting people's rights and supporting people to increase their independence and make choices was important to the team. Staff were able to take it in turns to support people so that people had a variety of staff who could encourage them to have positive outcomes. People's cultural and religious needs were being met. One person's support plan said, '[The person] has no desire to practice religion' This had been updated in February 2017. People were supported to vote if they wished to. One person had stated they would like to vote in the general election in June 2017 and staff were making progress with obtaining a poll card for them. A section in people's support plan was on people's dreams for the future. One person's plan stated they dreamed of going on holiday and getting a voluntary job.

People looked well cared for and their preferences in relation to support was clearly recorded. One person's support plan said, 'I like to link arms with staff because I cannot see very well. This reassures me, otherwise I feel very nervous of my surroundings.' Relatives provided positive feedback about the staff team and their ability to care and support people using words such as, 'Approachable' and 'Excellent.' People were supported to dress accordingly to their tastes. People's choices around clothes and what they liked to wear was clearly documented. People were encouraged to help with looking after their clothes.

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving into the home. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's

support plans, in relation to their day to day needs. One relative said, "[The person] moved after being in their previous home last year. They were excited but nervous and they love it here. It's excellent and their quality of life is much better."

## Is the service responsive?

### Our findings

The service was responsive to people's needs. There had been many compliments about the staff at the home from relatives and professionals. One relative said, "I am very pleased with the care. I have no criticisms whatsoever." Another relative said, "It's great. I can't visit these days but the staff have brought [The person] to come and visit me." An occupational therapist who had visited the home on many occasions said, "They are timely and appropriate with asking for support. They are easy to liaise with and they always listen to suggestions."

Each person had a support plan and a process in place to record and review information. The support plans detailed individual needs and how staff were to support people. Each care file had a one profile page detailing likes, dislikes and how best to support people so it was easy for staff to identify individual preferences. One person's profile said, 'I like to go to bed early and wake up early.' Each support plan gave staff guidance to support people in specific areas, such as; support with finances, personal care, mobility, mealtimes, bed changing, cleaning, how to communicate and interests and culture.

Staff confirmed any changes to people's care were discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. The daily notes contained information such as what activities people had engaged in, their nutritional intake and also any behaviour which may challenge so staff working the next shift were well prepared. The daily notes were fairly detailed. This gave staff the ability to notice any patterns of behavioural changes and to respond to these. Daily notes included what people ate and drank throughout each day. One person's daily notes said, ' [The person] went out to play snooker and then ate chicken curry.'

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff. One person's hospital passport said, '[The person] needs clear simple communication.'

People who used the service were able to choose what activities they wanted to do. This was specific for each individual and included activities in the community and at the home. One person enjoyed shopping and looking after the cat that lived at the home. Two people attended Zumba together each week. Each person had an activity planner for the week and people were consulted about what they would like to do. People were actively encouraged to access the community and we witnessed people going out on the day of our inspection. One person volunteered at a local hairdresser for three hours every week.

Staff attended regular team meetings and team leaders had their own separate time allocated for a meeting every month. Staff explained regular meetings gave the team consistency and a space to deal with any issues. Records confirmed these took place regularly. Staff told us, "Team meetings are important and there are notes to read if we can't attend. We learn from each other so that we can provide consistency."

People, relatives and staff were aware of who to speak with and how to raise a concern if they needed to. One relative said, "I just go to the manager who will listen. This isn't very often but I feel confident any complaints would be addressed." There were no easy read complaint forms for people who used the service. The registered manager told us they were listened to but complaints or concerns were not formal.

We recommend that the provider introduces easy read complaint forms and make these easily accessible to people living at the home.

## Is the service well-led?

### Our findings

People and relatives knew who the registered manager was and stated they felt the service was well-led. Two people living at the home told us they would be able to ask for support from the manager if needed. One relative said, "The manager is good. I have no concerns". Staff told us they also felt supported and the manager was always around.

The organisational records, staff training database and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Guidance documents for staff were detailed and all in one place to see. Examples of these included a lone working policy and shift related work schedules.

Regular audits of the service were taking place. This included daily, weekly and monthly audits by the registered manager and a senior manager. During the audits, support plans were reviewed and updated. The registered manager strived to continually improve the service. Areas that were checked were; health and safety, the premises, people's care files and medication. Staff were knowledgeable about what needed to be done and there were checklists to ensure things were checked regularly such as cleaning.

An improvement plan was devised from all of the data on a monthly basis and sent to senior managers for review. This covered areas such as; outcomes and experience, health, service stability and person centred practice. The current improvement plan from May 2017 prioritised areas to a high, medium and low risk. Improvements such as quotes for painting and buying one person a desk and chair to write were detailed. One high risk suggested improvement was to support one person to buy a fan/cooling system before the hot summer months. Other suggested improvements were about records and updates such as; transferring people's PEEPS to a new format.

The registered manager felt fully supported by the provider who would visit the service and quality assure their systems, processes and records regularly. A senior manager visited the service every month to identify any areas for improvement. The registered manager told us this was very helpful and staff knew who this person was and told us they visited regularly to ensure people and staff were happy.

People and staff attended regular meetings. Residents had meetings regularly with the people who they lived with. However these were going to cease because people did not engage much in the meetings. The registered manager explained that the two monthly reviews were sufficient. An agenda was set and each meeting had outcomes and actions. Staff explained regular meetings gave the team consistency and a space to deal with any issues. Records confirmed these took place regularly. There had been three staff meetings since September 2016. The minutes were detailed and had specific outcomes. One staff member said, "They are useful. There are plenty of ways to air our views when we want to."

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. Incidents and accidents were analysed to identify themes or trends so that



preventative action could be taken.