

Royal Mencap Society

Royal Mencap Society - Brierley Bungalow

Inspection report

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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

Brierley Bungalow is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This is the first inspection since the provider registered this location on 13 November 2017.

Brierley Bungalow is registered to accommodate six people with a learning disability and associated conditions in one adapted building and provides personal care. There were six people using the service at the time of our inspection. Each person had their own bedroom with a communal lounge and kitchen that they could access.

Brierley Bungalow met 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.

People's needs were met as sufficient numbers of trained staff were available to meet their individual needs. People were supported by staff who understood their role in protecting them from the risk of harm. People's safety was considered as environmental risks were assessed and managed and people were supported to take reasonable risks to enable them to spend time doing things they enjoyed. People were supported in a safe way to take their prescribed medicine. The staff's suitability to work with people was established before they commenced employment. Staff supported people to keep their home clean and systems were in place to guide staff on the prevention and control of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and their representatives were involved in their care to enable them to make decisions about how they wanted to receive support in their preferred way. People received a balanced diet that met their preferences and assessed needs. People accessed healthcare services received coordinated support to ensure their preferences and needs were met.

Staff knew people well and understood their needs and preferences. People were treated with consideration and respect and were supported to maintain their dignity. People were supported to maintain relationships with those who were important to them.

People were supported to maintain their interests and be part of their local community. The manager and staff team included people and their representatives in the planning of their care. There were processes in place for people and their representatives to raise any concerns about the service provided.

People and their representatives were consulted and involved in the ongoing development of the service. Staff were clear on their roles and responsibilities and felt supported by the management team. The provider understood their legal responsibilities with us and systems were in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

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.

People were supported to keep safe by staff that understood their responsibilities to report any concerns. Identified risks to people were minimised and they were supported to take their medicines in a safe way. Staff were available to support people and recruitment was ongoing. The recruitment procedures checked staff's suitability to work with people. Systems were in place to manage infection control and hygiene standards. Continuous monitoring was in place to ensure lessons were learnt and improvements made as needed.

Is the service effective?

Good ●

The service was effective.

People received supported from trained staff and their rights were protected because they were supported to make decisions. People were supported to maintain a diet that met their requirements and preferences and their health was monitored to ensure any changing needs were met.

Is the service caring?

Good ●

The service was caring.

People's rights to make choices were promoted and they were treated as individuals. People's rights to privacy and dignity were valued and respected and they were supported to be as independent as possible and maintain relationships with people that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People were supported using their preferred communication

method, to make decisions regarding their daily lives and received support that met their needs and preferences. People were supported to share any concerns they had and these were addressed in a timely way. People were supported to follow their preferences and wishes regarding their end of life care.

Is the service well-led?

Good ●

The service was well led.

People and their representatives were consulted and involved in the development and improvement of the service. The manager understood and followed their legal responsibilities for people's care and had resources available to them, to support this. Partnership working with other agencies ensured people's needs were met. Systems were in place to monitor the quality and safety of the service and drive improvement.

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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.

This comprehensive inspection took place on 3 October 2018 and was announced. The registered manager was given one working days' notice because we needed to be sure that someone would be available at the home.

We asked the provider to send us a Provider Information Return (PIR) prior to this inspection; however, this was not due for return at the time of the inspection. 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. The registered manager completed and returned their PIR following the inspection.

The inspection was also informed by other information we had received from and about the service. This included statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with three people who used the service and one relative. We also spoke with the registered manager, deputy manager and five care staff.

We looked at two people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive

improvement.

We asked the registered manager to email a copy of their improvement plan so that we could see how the provider monitored the service to drive improvements. The registered manager sent this to us within the required timeframe.

Is the service safe?

Our findings

People that could express their views told us they liked the staff and our observations throughout the day demonstrated they were relaxed with the staff that supported them. We saw that people were supported to walk around their home freely. A relative told us they felt their relation was safe with the staff that supported them. They said, "It's a very good service and I know that if there was anything that made [Name] unhappy, they would tell me without hesitation. They ring me and I visit regularly."

Staff were clear on what constituted abuse or poor practice, and systems and processes were in place to protect people from the risk of harm. Staff knew how to recognise and report potential abuse to keep people safe. One member of staff told us, "If I had any concerns I would tell the manager or the deputy and they would report it. We all work together to support people" There were safeguarding procedures in place and when needed, concerns had been raised by the registered manager and safeguarding referrals made. This was in line with the provider's procedures.

When people demonstrated behaviours that may put them or others at risk, the staff understood how to support them in the least restrictive way to reduce their anxiety. We saw that information in support plans guided staff on how to support people to reduce these behaviours. Staff we spoke with knew people well and could tell us how they supported people to reduce their anxiety and minimise risk.

People's needs had been assessed. Risk assessments were in place and included the actions needed to reduce any identified risks. We saw that actions guided the staff on how to minimise these risks, whilst supporting the person to maintain as much choice and independence as possible. Discussions with staff regarding how they supported people, reflected what we read in care records. Records were in place, to demonstrate that the maintenance and servicing of equipment was undertaken as needed to maintain people's safety. Where people required the use of specialist equipment, we saw this was maintained and used in a safe way to ensure people's safety.

People were supported to keep safe in the event of a fire or other emergency that required their home to be evacuated. Plans were in place to support staff in responding to emergencies, such as personal emergency evacuation plans. The plans were updated at regular intervals and provided information on the level of support the person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person's needs and provided staff with guidance on the support the person needed. A grab bag was also in place with essential information for use in the event of an emergency.

The staffing levels were based upon each person's individual support needs. On the day of the inspection two people were out at their day service and another person was at college. We saw that the people who remained at home had staff support throughout the day. People who used the service and the relative that we spoke with confirmed there was enough staff to support them as they wished. The relative told us, "There is enough staff for people to do what they want to do." A member of staff told us, "The staffing levels are great. They enable the people we support to do what they want and go where they want. There are no limits,

they have the freedom to do what they want."

Safe recruitment practices were in place. We looked at two staff files and saw the provider checked the suitability of staff prior to employment. The staff recruitment records seen included Disclosure and Barring Service (DBS) checks. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

We looked at how staff supported people to take their medicines. The provider had processes in place to receive, store, administer, and dispose of medicines safely. Everyone that used the service required staff support to take their medicines. Staff confirmed they had received training and we saw the provider used nationally recognised guidance, to ensure staff had a good understanding of the medication they were administering to people. For example, a medicines pen picture was in place for each person. This detailed the medicine prescribed, the dose, route, time and what each medicine was for. It also included any side effects and any contraindications, such as why the medicine should not be given. Medicine administration records were kept and we saw that staff signed when people had taken their medicine. We checked some medicines against the stock balance and they corresponded. A protocol was in place for staff to administer medicines that were taken 'as required'. This provided staff with clear guidance on when 'as required' medicines should be given.

Staff supported people to keep their home clean, to ensure hygiene standards were maintained and received training in infection control and food safety. The management team completed audits of infection control and health and safety to ensure any areas for improvement had been identified and action taken as required.

Continuous monitoring was in place to ensure accidents or incidents were reviewed and actions taken as needed. The provider's systems enabled the manager to look for any patterns or trends; to enable them to take action as needed. For example, it had been identified that one person's mobility had reduced and a referral was made for them to be assessed by a physiotherapist. This had resulted in new equipment being ordered to support them with their mobility.

Is the service effective?

Our findings

People's needs had been assessed using nationally recognised assessment tools and best practice guidance. This was done before they moved into the service to ensure their needs could be met. Support plans had been developed from these initial assessments and regularly reviewed to ensure the staff team continued to meet people's changing needs. This meant people could be assured their needs were effectively managed and monitored.

People told us the staff supported them well and confirmed they liked the staff. The relative we spoke with told us they were happy with the support their relation received from the staff team. They told us, "All of the staff know [Name] well and understand the support that [Name] needs."

The registered manager confirmed that new staff without any previous experience in care completed the care certificate during their induction. The care certificate sets out common induction standards to enable new staff to provide people with safe, effective, compassionate and high-quality care. Staff continued to receive training to develop their skills and understanding. One member of staff told us, "There is plenty of training. Our system is called 'My View' and our training is booked through this. We all have a Mencap email addresses and we're informed when training is due or booked for us. There is some on line training as well. I feel we are very well supported." All the staff we spoke with confirmed the training they received covered all the essential areas of health and safety and the training they needed to enable them to meet people's diverse needs.

Staff confirmed they received supervision and felt supported by the management team. One member of staff told us, "I feel very supported. If I have any concerns or issues I speak with the manager or deputy they are both really helpful." Another member of staff said, "The manager's door is always open. We all work as a team here and support each other."

People were supported to choose their food and drink, and were assisted to consider a balanced diet. Meals were planned, considered people's preferences and included specialist diets as required. For example, one person required a soft diet and thickened fluids, as they were at risk of choking because of their health condition. We saw that they were supported to follow this diet and were provided with equipment to assist them and manage their safety. For example, they had a specialist cup with a restricted flow lid to minimise the risk of choking.

Each person had a health file which provided staff with information about their health needs. Staff worked with external organisations to ensure people received effective care. For example, when a person required community professional health care support or was admitted to hospital, the relevant information about the person was shared, to help inform in the person's ongoing care. This included a 'hospital passport' which included information about the person's method of communication and their capacity to understand and make decisions regarding their healthcare. The registered manager confirmed they also worked with the community learning disabilities team to ensure people received the support they needed to maintain

their well-being.

Brierley Bungalow was situated at Ashfield Court with three other bungalows that were managed by the provider and each bungalow was registered separately. Brierley Bungalow provided a domestic style house that had been adapted to ensure regulations were met such as fire safety. This included firefighting equipment to eliminate compartmental fires. Aids were in place to support people's mobility where needed. All facilities were on one floor which enabled easy access for the people that used the service and their visitors. An outdoor garden area was provided for people to access.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. The Registered manager confirmed that all of the people that used the service lacked the capacity to make some decisions and we saw that assessments were in place regarding the support each person needed in making specific decisions, such as managing their finances, taking their prescribed medicines and the daily support and supervision, they received. Including accessing the community.

All the people that used the service had restrictions placed on them as they needed support for their safety. An application to lawfully restrict their liberty had been made. One person's approval was due for review and the relevant paperwork had been sent to the authorising body for this review to take place. Staff continued to support the person in their best interests whilst awaiting the outcome of their review. Staff told us they were provided with training to support their understanding around the Act and we saw that people were supported to make their own decisions about what they want to do throughout the day, such as how they spent their time and what they wanted to eat and drink. Support plans seen demonstrated that people were encouraged and supported to be involved in decisions about their lives and what they wanted to achieve.

Is the service caring?

Our findings

People told us they liked the staff and we saw there was a positive relationship between people and the staff team. We saw people were treated as individuals by the staff team who enabled people to make decisions about how they wanted to spend their time. For example, one person told us they were going to watch a football match that evening to support their chosen football team and the staff were supporting them to do this. This person had significant health needs and required full support from staff to plan and attend this activity. A staff member told us, "[Name] loves football and it's absolutely wonderful to see them at the match. They get so excited and passionate about it."

People's methods of communication were recorded in their support plans and although most people could verbally communicate, alternative methods as well as written words were used to ensure information was accessible to people; such as the use of pictures, signs and gestures. This enhanced people's communication and understanding and supported them to be as independent as they could be, by enabling them to communicate their preferences and wishes. This supported people to be in control of their daily lives.

The registered manager confirmed that people were supported to make decisions using independent specialist or lay advocates when needed. The type of advocate was dependent on the support the person required. For example, an Independent Mental Capacity Advocate was used to support people who lacked the mental capacity to make specific decisions regarding their care. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives.

Staff had a good understanding of people's needs and we saw they supported them with dignity and respect. When people needed support with their personal care we saw that staff supported them discreetly. For example, to use the bathroom. When people chose to spend time alone in their rooms, we saw that staff respected this. This demonstrated that staff respected people's right to privacy.

People were supported to maintain relationships that were important to them. The relative told us that they visited on a regular basis and were always welcomed by the staff team. Another person was supported to keep in touch with their family in-between visits by use of a webcam over the internet to ensure they maintained regular contact.

We saw that care records and staff's personal files were stored securely and computers were password protected. This meant that confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed.

Is the service responsive?

Our findings

Staff demonstrated that they knew people well. For example, staff could tell us how people liked to spend their day and knew about their interests, likes and dislikes and had a good understanding of people's health and support needs. We saw information in people's support files reflected what staff told us. This demonstrated that people were supported by staff who could meet their needs.

We saw, and the relative we spoke with confirmed, that support plans were developed with the person and their representative and these were detailed, personalised and up to date.

The registered manager and the staff team ensured people's social inclusion by promoting purposeful recreational and social opportunities that people enjoyed. For example, one person enjoyed attending music concerts and the theatre and staff supported them to do this. People were empowered to plan holidays of their choice. Some people had chosen to holiday alone with staff support at their chosen destination and others had planned to go with another person who lived at the home.

The provider ensured people were protected under the Equality Act 2010 and the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. Communication plans were in place within people's support files that provided detailed information on how people communicated their needs and preferences. We saw that people were enabled to make decisions regarding the support they received as staff ensured this information was provided in an accessible format when needed, such as pictures and photographs and using objects of reference.

A complaints procedure was in place and this was included in the information given to people and their representatives when they started using the service. We saw that one person liked to keep their easy read complaints information on their bedroom door so that they could access it easily. The person's relative told us, "If they aren't happy about something they will definitely speak up about it, but I have no concerns regarding the care provided here." A system was in place to record complaints received and the actions taken and outcome. Staff told us they would report any concerns to the registered manager and confirmed that they spoke with people to ensure they understood that they could raise concerns if there was anything they weren't happy with. This demonstrated that people were supported to raise any concerns.

Arrangements had been made to respect people's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care at the end of their life. There was information about any agreed funeral plan and the contact details of the person's relatives or representatives. At the time of this inspection the provider was not providing end of life care to anyone that used the service. However, one person with significant health needs had decided, after being told that their health would not improve, to celebrate their life. With the help of a charity that the person's palliative care nurse had approached, the staff at Brierley Bungalow organised a get together and the person's family attended the celebration.

Is the service well-led?

Our findings

The staff team confirmed that the manager worked with them to ensure people received the support they needed. One said, "Everyone has respect for the manager and deputy. They are really supportive and run the home so well." The people that used the service knew who the manager was and we saw they had a good relationship with them. The relative we spoke with told us, "The home is well managed and the staff all work well together."

The provider and registered manager understood their responsibility around registration with us and we had received notifications when significant events had occurred within the service. This meant we could check appropriate action had been taken to ensure people's safety.

Staff had a good understanding of their role and responsibilities. The provider understood the importance of ensuring staff had the right skills and knowledge to support people and promote their autonomy. Staff confirmed they had regular team meetings and confirmed they felt supported by the manager.

The provider and registered manager gathered feedback about the service, to enhance the lives of people they supported. The registered manager confirmed that stakeholder questionnaires had recently been sent out. Information received in the questionnaires went to the provider's head office. Where any improvements were identified an action plan was collated and sent to the registered manager to address.

People were supported to express their views through reviews of care and key worker meetings. Key workers were responsible for updating and reviewing people's support with them and for being their key contact for them and their relatives. The registered manager told us that they had identified that staff were not always documenting conversations they had with people regarding their support. To rectify this the registered manager had introduced a key worker meeting document.

The provider had measures in place to monitor the quality of the service and drive improvement. The provider's quality assurance systems linked with CQC's fundamental standards and associated key lines of enquiry to promote good practice. The managers assessment tool was used to audit key records each month, such as people's support records and risk assessments, environmental checks the and health and safety checks. The provider also monitored staff's professional development and support.

The registered manager ensured that people received the relevant support from other agencies when needed, such as the community learning disabilities team and other health care professionals. This demonstrated they worked in partnership with other organisations to ensure good outcomes for people were achieved.