

Royal Mencap Society

# Royal Mencap Society - 4 Meadow View

## Inspection report

4 Meadow View  
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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

### About the service

Royal Mencap Society - 4 Meadow View is a residential care home providing personal care for up to four people who have learning disabilities or an autistic spectrum disorder. At the time of our inspection four people were living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People told us they felt safe living at the service. For people who were unable to verbalise how they felt, we observed them to be happy and we saw that they knew care staff well and were confident in approaching them at any time. Staff knew who to speak with if they had any concerns about people and ensuring their safety.

There were sufficient numbers of staff available to support people safely. Risks were well managed, and people received their medication as prescribed.

People received care in a person-centred way based on their preferences and wishes. There was a stable staff team who were knowledgeable about the people living at the service and had built trusting and meaningful relationships with them.

People were treated with dignity, kindness and compassion. There was a caring and friendly atmosphere in the service between staff and people using the service.

People were supported to have maximum 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.

People's health needs were closely monitored. Any changes in their needs were updated in their care plans, and reflected in the care they received.

People were supported to engage in meaningful activities of their choice and were involved in their local community.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure people can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The leadership of the service promoted a positive culture that was person-centred and inclusive. We received positive feedback about the quality of care and support people received and the overall management of the service from people and staff.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was good (published 19 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Royal Mencap Society - 4 Meadow View

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Royal Mencap Society - 4 Meadow View 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.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day, days two and three were announced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We also spoke with two members of staff, the registered and assistant manager.

We reviewed a range of records. This included one person's care records, one staff recruitment file, as well as induction and training records. We reviewed two people's medication records. We looked at other records relating to the management, quality and safety of the service

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at quality assurance and servicing records. We received feedback from a professional who had experience of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person commented, "Yes, I feel safe [living here]."
- Staff were clear about actions and processes they would follow to report any concerns.
- The service had links with the local authority and the registered manager understood their responsibilities to report concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from avoidable harm; they were supported to keep safe by staff who demonstrated good knowledge about known risks.
- Risk assessments were in place, which gave clear measures for staff to follow to reduce the risk of harm.
- People had access to safely maintained equipment and the support they needed to move safely around the service
- The registered manager monitored and regularly reviewed accidents and incidents and acted to prevent reoccurrence.

Using medicines safely

- Staff managed medicines safely. Medicines were stored securely, and Medicine Administration Records were completed accurately.
- The registered manager and staff followed guidance from a health campaign to stop the over-use of medication to manage people's behaviour. Regular reviews were completed, and decisions made to reduce their use when needed.
- Daily checks were carried out by staff to ensure people were receiving their medicines safely and as prescribed. This included the checking of stock levels of medicines prescribed.

Staffing and recruitment

- The provider operated a safe recruitment process. A number of checks had been carried out by the provider before recruiting and employing prospective staff to confirm their suitability for the role
- There were enough, appropriately skilled and competent staff to keep people safe. Some people required one to one support and staffing levels allowed for staff to accompany people on activities outside of the service.

Preventing and controlling infection

- The service was clean and tidy throughout.
- Staff wore personal protective equipment to reduce the risk of infection when supporting people.

- Food was prepared in a clean and hygienic environment.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed, and care, treatment and support were provided to achieve effective outcomes.
- Staff and management were aware of best practice guidance. Care, treatment and support met current best practice guidelines.
- Protected characteristics under the Equality Act (2010), such as disability and religion, were considered as part of people's pre-admission assessment and care planning. Staff had an understanding of equality and diversity. This was supported through training and the provider's policies and procedures.

Staff support: induction, training, skills and experience

- Staff were well-trained. They completed a thorough induction before they started working at the service and continued to undertake additional training to meet people's needs.
- Staff received supervisions and appraisals and felt these were supportive. One member of staff said, "Both of our managers are supportive."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were aware how to encourage a balanced and nutritious diet. For example, one person had expressed a wish to adopt a healthy eating plan. With staff support we saw the person had successfully lost weight.
- People who had complex eating and drinking needs were well supported by trained staff.
- People were given choice of foods and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain good health and wellbeing. They involved people and their relatives in discussions about their health.
- People had access to external healthcare professionals and staff supported them to attend appointments when needed.
- Staff delivered good oral health care. Care plans recorded people's dental support needs.
- The service promoted consistent support for people when they transferred to other settings such as hospitals.

Adapting service, design, decoration to meet people's needs

- The environment met the needs of the people living at the service and encouraged their independence.
- The service was warm and comfortable.
- People were happy with the decoration of their bedrooms. These were personalised with items of their choice.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had an understanding of the MCA and knew what actions to take to ensure people's rights were upheld.
- Applications for DoLS authorisations had been made when needed. The registered manager monitored and reviewed authorised applications.
- Staff completed MCA training and understood the requirements of this legislation. We observed staff giving people choice and time to respond.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Some people told us that they liked living at the service and were happy. For other people who were unable to communicate how they felt we observed them to be happy and content. One person told us, "I am happy here."
- Throughout the inspection we observed caring and positive interactions between people and staff. We saw that people knew each staff member very well. When staff came to the service to begin work, people greeted them with big smiles, and acknowledgement of their presence.
- Staff spoke with warmth about the people they supported and knew them well. This helped ensure staff were able to meet people's needs.
- Staff promoted people's equality, diversity and ensured their human rights were upheld. They recognised how choice was important to people to ensure their individuality.
- People's cultural and religious wishes were supported by staff. One person was supported to access services of their chosen faith.

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

- People were encouraged and supported to express their views and were involved in all decisions about their care where possible. We observed people making day to day decisions about what they were going to eat, drink, wear, and if they wanted to go out or not.
- Staff understood people's way of communicating. They knew people's likes and dislikes, their traits and personalities, and how they wanted to be supported. This helped staff to support people in a way which considered their needs and disabilities and supported them to maintain positive wellbeing.
- The registered manager and staff supported people to access advocacy services when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff were discreet and promoted people's privacy and dignity when providing support with personal care.
- People were encouraged to be as independent as possible in their daily lives. Care plans detailed what people were able to do without staff support. One person told us they were going out independently to a local café for tea and cake.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care that was responsive to their needs. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. One person liked to talk about their past. They had been supported by staff to take part in a research project on a previous place they had lived. The person gave an insight into their life and as part of this they were reunited with an old friend.
- People had detailed care plans, which listed their support needs, outcomes to achieve, and how the service and staff were to support them. People had 'This is me' documents that contained information about their history, family and interests. They also had 'Things [Name] likes to do' and 'How I like to be supported' documents, that were completed with people and identified details about their preferences, and what they could do independently.
- People, their relatives and professionals, where appropriate, were involved in reviewing care plans.
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people living at the home. People's activities took into account their structured planned sessions, group activities, social outings, and personal interests.
- People attended local day centres, places of worship, the local Spa and community shops and restaurants. One person told us, "Last year I went on holiday to Whitby. This year I have chosen to go on days out."

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service recorded and shared with other agencies the communication needs of people. Communication preferences were considered and alternative formats available if needed. Some information had been provided in an easy read format to support people's understanding. For example, care plan documents were pictorial to encourage people's participation.
- Staff supported people to express their views. They understood people's facial expressions, tone of voice or the body language they used to show if they liked or disliked something.

Improving care quality in response to complaints or concerns

- There was an accessible complaints policy in place, which outlined how complaints would be responded

to.

- No formal complaints had been made since the last inspection, however people we spoke to told us they knew who to speak to if they had any concerns. One person said, "I would speak to [Registered manager]."
- There was also a pictorial guide on how to complain. This included photos of who to complain to and emoticons to express emotions of happiness and sadness.

#### End of life care and support

- People were supported to make decisions and plans about their preferences for end of life care, if they chose to. One person told us their specific wishes, which were recorded in their care plan.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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; Continuous learning and improving care

- The service was well run. The registered manager and staff had created a positive and open culture that provided good quality, person-centred care.
- We observed that people sought out the registered manager's company during the inspection. In some cases, this was for reassurance, but others wanted to sit, talk and laugh with them.
- The registered manager understood their duties in relation to the duty of candour. They had an open and honest approach.
- Information from the provider's quality assurance systems, incidents and care plan reviews was used to inform changes and improvements to the quality of care people received.

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

- The service was well-organised and there was a clear staffing structure. Staff understood their roles and responsibilities and spoke highly of working for the service. One said, "Working here is like home from home. We are a family."
- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements.
- There was a clear quality assurance process in place to ensure the registered manager had oversight of the service. Risks were identified and acted on promptly. People's care records were well organised, up-to-date and kept under regular review to ensure the information was accurate.

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

- People were engaged with, and given opportunities to be involved in the service, through daily conversations with staff and managers, care reviews and house meetings.
- Regular staff meetings took place, which gave staff an opportunity to discuss topics, follow up on actions from previous meetings and discuss the people they were supporting.
- Staff practice was recognised through a company reward scheme. Staff were also encouraged to give their views on working at the service through staff surveys.

#### Working in partnership with others

- Staff worked in partnership with other agencies to provide good care and treatment to people. A healthcare professional told us, "The staff are always very friendly and are skilled in supporting people."
- The service had good links with the local community and key organisations. People attended local events and accessed amenities in the surrounding areas.