

Royal Mencap Society

Royal Mencap Society - Broad Oaks

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

About the service:

Royal Mencap Society Broad Oaks provides accommodation, care and support for up to 17 people who experience learning disabilities or autistic spectrum disorder. There were 15 people living at home at the time of the inspection.

The service worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could 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's experience of using this service:

At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

People continued to be kept as safe as possible because staff understood their roles and responsibilities in relation to keeping people safe from harm and abuse. Potential risks to people had been recognised and information on how to minimise risks had been recorded as guidance for staff to follow. People received their prescribed medicines, which were managed safely. There were enough staff on duty with the right mix of skills to meet people's support needs.

People continued to receive an effective service because their needs were met by staff who were well trained and supported to do their job. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the home support this practice. People's nutritional needs were met by staff who knew each person's needs well. People's health and wellbeing was maintained and they had access to a range of health and social care professionals.

People continued to receive good care because staff treated people with kindness, compassion, dignity and respect. People had choices in all aspects of their daily lives and could continue with interests, activities and friendships outside the home. Staff ensured people remained as independent as possible.

People continued to receive a service that was responsive. People and their relatives (where agreed) were involved in their personalised support plans and reviews. The information about them in relation to their care and support was up to date. People were encouraged to take part in a range of activities that they enjoyed and were the choice of the person at that time. This helped promote social inclusion.

People continued to receive a service that was well led. Quality assurance systems were used to check that

the staff provided quality care and the managers made improvements where necessary. People were encouraged to share their views about the quality of the care provided.

Rating at last inspection:

Good. The last inspection report was published on 24 June 2016.

Why we inspected:

This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up:

We will review the service in line with our methodology for 'Good' services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 - Broad Oaks

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 was 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.

Inspection team:

This inspection was carried out by one bank inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service. The area of expertise was in relation to learning disability and associated complex needs.

Service and service type:

Royal Mencap Society Broad Oaks 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 two managers registered with the Care Quality Commission. 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. 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 registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

Notice of inspection:

This inspection visit was undertaken on 12 March 2019 and was unannounced.

What we did:

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made our judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also had contact with commissioners who had a contract with the registered provider.

We spoke with seven people who used the service and observed how staff interacted with them. We also spoke with two registered managers, six support workers, two visiting health professionals and the area operations manager.

We looked at the support records for two people who used the service. We looked at records in relation to the management of the service such as quality assurance checks, staff training records, audits and accidents and incident information.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training about how to keep people safe and what to do if they had any concerns about the safety and welfare of the people who lived in the home.
- Staff demonstrated their understanding of how they would identify a person who may be at risk of abuse and the process they followed if they needed to raise concerns.
- Records showed that concerns were reported promptly to the local authority safeguarding team and action was taken to ensure people's safety.
- People told us they felt safe because staff quickly helped them if they used their emergency call bell or called for help.

Assessing risk, safety monitoring and management

- Individual risks to people's safety had been identified and assessed and plans were in place to minimise those risks.
- Staff told us about the risks identified for each person. Staff explained how they minimised risks for people, but ensured people were enabled to take risks but remain as safe as possible.

Staffing and recruitment

- We saw there were enough staff on duty, with the right skills and knowledge to provide the care and support people needed.
- The provider had systems in place to ensure new staff were recruited safely. Staff said all checks had been completed before they worked independently in the home.
- People we spoke with said there were always staff around to help them. One person said, "Helps having 24-hour care, someone to talk to and maintain support." Another person told us that staff were very quick to help when the person fell out of bed.
- People where needed had one to one support to develop their personal and social skills. Staff told us that one to one hours were covered by staff who knew the person well.

Using medicines safely

- People received their medicines safely and were involved as much as they could be in the administration process. One person told us, "I order all my medication and self-medicate."
- Staff said, and records confirmed, that they were trained to administer medication and were checked each year to ensure they remained competent to do so. Five other people we spoke with said staff administered their medicines as prescribed.
- Arrangements for the storage and administration of people's medicines were in line with good practice and national guidance. Regular audits were carried out to check that medicines were being managed correctly. Action plans were put in place to address any issues highlighted and the outcomes recorded.

Preventing and controlling infection

- The home was clean and tidy on the day of our inspection. We saw people were encouraged to take part in keeping their home clean and were doing so during the inspection.
- Staff told us how they promoted and adhered to the provider's infection prevention and control policy and procedure. Staff said they had received training about the subject.

Learning lessons when things go wrong

- There were systems in place to review and analyse any accidents or incidents which occurred in the home. The registered managers were able to identify any themes or trends and take action to minimise the risk of re-occurrences.
- Staff told us that the registered managers shared the lessons learned from the analysis of accident and incidents. They told us this helped them to improve the ways in which they supported people in the home and helped to keep them safe.

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

Good: ☐ 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 were encouraged to be part of an assessment of their needs and wishes prior to moving into the home. This enabled the registered managers and staff to ensure they could meet the person's expectations and identified needs.

Staff support: induction, training, skills and experience

- The staff said they had undertaken an induction, which included the provider's mandatory training when they started work.
- Staff had the right skills and knowledge to meet people's needs and support them to achieve their life goals.
- Staff were very positive about the support they received both in regular supervision and from the registered managers. One staff member commented, "[Name of registered manager] door is always open, she is so supportive." Another staff member said, "They [registered managers] are only a phone call away or you can e-mail them if they're not [immediately] available."

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

- Staff said that they worked closely with all agencies who worked with the people they supported. They gave examples such as district and community nurses, physiotherapists, ambulance drivers, OT's and Speech and language therapist's. One health professional said, "The staff (in one particular bungalow) are very knowledgeable. [All] staff know the support needs for all their clients. The staff are very proactive and have supportive manager's. Staff do make appropriate referrals."
- People's support plans described their healthcare needs and showed staff how to support people to achieve healthier lives. Staff supported people to attend appointments such as the GP, chiropodist, dentist and specialist health professionals. Details of any outcomes were recorded so that all staff were aware of any changes to people's healthcare needs.

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

- Staff told us about people's dietary preferences, and how they were supported to ensure they had choices that they enjoyed.
- Support records showed that staff worked with healthcare professionals, (such as the speech and language therapist (SALT)) to ensure people were supported to maintain good nutrition. One staff member said, "One person now has blended food as they have a swallowing difficulty. The SALT came and spent time with the person and then a letter was sent to the person and the staff about the new instructions."
- People were supported to be part of their menu planning and, where possible, cooking skills. During the inspection we saw that people could choose the food they wanted. Staff said where people were able to make their own sandwiches for lunch they were encouraged to do so.

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

- All areas of the bungalows were accessible to the people who lived there, including the gardens.
- People had their own bedrooms which they had personalised as they wanted. There were lounges and dining areas in each bungalow.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Records showed that applications to the appropriate authorising authorities had been made.

- Staff told us how they were working within the principles of the MCA. Staff had been trained and understood how to support people with their decision making. We saw that any decisions taken in people's best interests had involved the person, their family members and/or relevant professionals.

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

Good: ☐ 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

- People were supported by staff who knew them well. Staff told us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported.
- The registered manager told us, and evidence was provided about a good example of how one member of staff had used their knowledge of the person to provide a solution to the person's distress.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People had monthly meetings with their keyworker, which gave them an opportunity to share their views about the support they received and to discuss any goals. One person said they wanted to be able to dry the crockery and cutlery. They said staff had helped them to make it easier for them and made changes to make it better for them.
- The service promoted people's independence. One person told us about the support they received to enable them to walk again and to move into more independent living. The person said, "I want to give independence a go." Another person told us how staff supported them and said, "I have help with walking, I walk to the shop and park."
- People were encouraged and supported to take part in activities around their home. People told us, and photographs showed, how people made their own packed lunches, baking and doing their own laundry.
- Bedrooms were decorated as people wanted them and reflected their individual tastes. People's privacy was respected and staff knocked on people's doors and only entered when permission had been given. One person told us they could lock their bedroom door because it made them feel more secure. They added that staff had a master key if they needed to open it in the case of an emergency.
- We saw that one person had been enabled to shower more independently because a system had been put in place. The system provided a body map with pictures of parts of the body. The person then indicated which parts of the body they had washed.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us, and we saw, they were involved in developing and regularly reviewing their support plans and had signed them to demonstrate their involvement. The care plans were written in a personalised way. Pictures had been used so that people could understand the information more easily.
- Staff used different aids and adaptations to ensure people could understand and communicate. For example, some people used pictures to aid their meal choices and activities.
- All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.
- Staff had identified people's information and communication needs by assessing them. People's communication needs, whether through verbal, signing or pictorial methods, were identified and recorded in individual support plans. We saw evidence that the identified information and communication needs were met for individuals. We saw that several people had pictures about their daily activities both in the home and in the community and of the meals to be cooked that week.
- People were supported to take part in activities that were meaningful to them. People's activities varied from person to person. Activities included attending day centres and colleges and some people chose to plan their activities on a day to day basis. People told us about some of the activities such as, knitting, attending Truck Fest, watching football matches, cooking, shopping, swimming, attending Party in the park, visiting Duxford and going to the cinema.

Improving care quality in response to complaints or concerns

- Staff said they understood and followed the provider's procedures on how to make a complaint. Information was available in easy read and large print so people were able to access the procedure.
- Since our last inspection no complaints had been recorded. The complaints procedure was displayed in the entrance hallway of the home. The procedure was also available in an easy read pictorial format. Each person had been given a copy of the procedure.

- People we spoke with told us they knew how to make a complaint if they needed to and were confident it would be resolved. One person said, "I'd tell staff. They would do something about it."

End of life care and support

- We saw that some people had some information in their end of life support plans. Staff said family members had been involved with one person who had recently died. Another person, who was in hospital and had no relatives, was supported by staff.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff meetings were held regularly and provided an opportunity for staff to share any concerns, to talk about people's changing needs and to be updated on any changes in care practices.

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

- Staff told us the registered managers promoted an open culture within the home. They said there was a strong emphasis on team working and clear communication to ensure consistency for the people who lived in the home.

- All staff were aware that there was a clear management structure and lines of responsibility. A staff member told us, "The manager and team are very supportive. We make sure we follow the guidelines."

- Staff had clearly defined roles and were aware of the importance of their role within the team.

- All the people we spoke with said the registered managers were very approachable, listened to their views and understood what they wanted and needed. They made comments such as, "They made changes [the person wanted]," and "Yes they [managers] listen."

- Staff commented that the registered managers had a, "good professional relationship and assists where necessary" and are, "very organised, and show their appreciation when you help out".

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

- Questionnaires for people living in the home and relatives were completed every year to hear people's views. The most recent survey, which was in a new format, had only been sent out and therefore there were no results at the time of the inspection.

- Staff said that there were monthly in-house meetings where people were asked their views about things such as what activities they wanted to do, menu's, information about fire alarms and any new staff. For example, one person wanted to paint their bathroom a particular colour and it was done. There were meetings between people and their key workers (staff who had specific responsibilities) on a regular basis to make sure the support plans and risk assessments were reviewed.
- Staff said that any suggestions or concerns would be listened to and acted on by the registered managers.

Continuous learning and improving care

- Audits and checks were carried out in relation to a range of areas including medicines, environmental and health and safety. The registered managers acted on any shortfalls identified. For example, a new washing machine was needed in one of the bungalows and it was delivered during the inspection.

Working in partnership with others

- The registered manager and staff worked closely with health care professionals, including GPs, dentists, opticians and chiropodists.