

Royal Mencap Society

Royal Mencap Society - Churchfields

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Royal Mencap Society, Churchfields offers personal care and support to people living in rented homes with a tenancy agreement in place. At the time of our inspection they were supporting 21 people, 14 of whom were supported with personal care.

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

Staff knew who to report to if they felt a person was at risk of potential abuse. However, they felt the management of the service did not always listen to them and felt communication within the service between the management and them was poor. We have made a recommendation regarding this under the well led section of this report.

Staff generally felt there were enough staff working in the service. However, there had been changes in staffing hours and staff told us the reasons for this had not been fully explained to them even though, they had expressed their concerns to management. Relatives and people, we spoke to told us they felt there were enough staff to provide the support to them when they needed assistance.

Medication was administered by staff who had received training to do so and medicines were managed safely. Risk assessments were in place, which identified possible risks and how to manage them.

The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required. Relatives felt able to speak with the staff team at any time if they needed to know about their loved one. However, the general feedback from relatives was that the communication from the management of the service could be better

The last rating for this service was good (published 15 September 2017).

Why we inspected

We received concerns in relation to safeguarding and infection control processes. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Royal Mencap Churchfields website at www.cqc.org.uk.

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 well-led?

Requires Improvement ●

The service was not always well led

Details are in our well led findings below

Royal Mencap Society - Churchfields

Detailed findings

Background to this 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors and an expert by experience. An Expert by Experience spoke with relatives over the telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Royal Mencap, Churchfields provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager who was in the process of registering with the Care Quality Commission. This means that the provider is 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.

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 and professionals who work with the service. 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 this information to plan our inspection.

During the inspection-

We spoke with three people who used the service about their experience of the care provided. We spoke with seven members of staff including the manager, assistant service manager and area manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from a further five staff and spoke with ten relatives

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

- The manager investigated safeguarding concerns and ensured risk assessments and management plans were in place to keep people safe.
- Safeguarding alerts were raised externally when required to the local authority and CQC.
- Staff had been trained in safeguarding, knew the signs to look for that people might be being abused and how to report any concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed and managed. Staff understood the risks to people's safety and wellbeing and how to support people to minimise them.
- Care plans contained detailed risk assessments. However, these were hard to locate due to the amount of excessive recording each person had in place. The manager told us they were in the process of addressing this and reviewing people's care plans for them to only contain up to date relevant information.

Staffing and recruitment

- Our observations on the day of inspection showed us there were enough numbers of staff on duty to meet people's individual needs and keep people safe. However, staff told us that people's hours had changed and they felt this had a negative impact on staff morale and people's wellbeing.
- Some staff we spoke with raised concerns regarding staffing levels at the home. One person told us, "(Name) used to have more 1:1 hours these have decreased this means we are not able to give them as much time as we used to."
- Staff had been recruited safely to ensure they were suitable to work with the people they supported.

Using medicines safely

- Systems were in place to manage people's medicines safely. Staff were trained in the administration of medicines.
- Audits were undertaken on a regular basis and any actions were highlighted and actioned.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had systems in place to review when things go wrong to ensure lessons were learnt and action was taken to minimise the risk of reoccurrence.



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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager told us they had used various methods to communicate with people's relatives which included telephone calls and emails. However, relatives' feedback was that communication and correspondence had been poor. Comments included, "Last week we were trying to phone the service all day without success. The mobile numbers were not answered the office number just rings. We got through the next day and were told the phone had been unplugged" and, "Communication is not good enough. They don't let us know what's going on when [name] has a bad seizure it would be nice to know. We have asked staff to let us know. We never hear anything from the manager."
- Relatives comments were mixed about whether they had been asked for their feedback about the quality of the service comments included, "I have filled in a questionnaire in the past, but nothing happens as a result of that," and "Sometimes they send a questionnaire, but I am not sure what happens about that."
- The majority of feedback from staff was that they did not feel supported by the management of the service. One staff member told us, "I have been raising some concerns to the manager, but nothing has been done about them" and, "We have no support from the managers as staff, I have expressed many problems and issues to management and nothing is ever sorted". However, staff said they did enjoy working at the service and that they had the support from each other.

We recommend the provider and management team strengthen their communication lines with people that use the service, relatives and staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff had created a positive atmosphere at the service. Each bungalow had staff that worked with people to promote their independence. We saw people and staff interacting with each other throughout the inspection and enjoying each other's company.
- Staff obviously knew people well and were able to talk to us about each person's individual care and support needs.
- A staff member told us, "All the staff are kind and caring we do our best for the people that live here."

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

- A manager was in place and was in the process of being registered with the commission. They were supported by a service manager.
- A range of quality checks were carried out to monitor the quality of the service. These included monitoring care records, medicine audits, health and safety checks and infection control audits. Records showed these checks were carried out on a regular basis and where they had highlighted areas for improvement these were addressed.
- The manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to ensure staff followed current best practice. These included healthcare professionals such as dieticians, speech and language therapists and GP's.
- The service learnt from incidents that had occurred and made changes in response to these to improve care and safety.