

Royal Mencap Society

Royal Mencap Society - 2 Conroy Close

Inspection report

2 Conroy Close
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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 - 2 Conroy Close is a care home providing personal care for up to six people with a learning disability. At the time of our inspection six people lived 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

People living at Royal Mencap Society - 2 Conroy Close were happy and received person centred care and support from experienced and trained staff. Staff were recruited safely and understood the principles of keeping people safe. Medicines were managed safely, and risks were assessed.

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's health was well managed, and the service worked with other health and social care professionals and followed best practice guidance.

Staff were kind and caring towards people. People told us the staff were always available to support their needs. Staff had clear knowledge of people's diverse needs and it was clear that trusting relationships had been formed. People were treated with respect, dignity, and to maintain their independence.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were supported to make links in the wider community and were prevented from becoming socially isolated. Staff understood their roles clearly and knew what was expected of them to promote people's wellbeing.

The provider, registered manager and staff had a strong ethos of person-centred care and placed people's wellbeing at the heart of their work. Quality assurance systems in place, monitored the service effectively and drove improvements when they were needed. Lessons learnt were used as learning opportunities to continuously develop the service.

We have made a recommendation about the effective use of governance systems in place at the service as

these failed to identify the recording issues we found in one care plan or the equipment and flooring that required attention in the bathroom

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

Rating at last inspection

The last rating for this service was good (published 05 June 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 - 2 Conroy Close

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

One inspector carried out this inspection.

Service and service type

Royal Mencap Society - 2 Conroy Close 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.

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 spoke with other professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including registered manager, deputy manager, team leaders, and care workers. 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 three people's care records and three medication records. We looked at two staff files in relation to recruitment and two to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data, staff supervision data and quality assurance records.

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 were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager followed internal and external processes to ensure people were safe.
- People and their relatives told us they were safe. Comments included, "I am very safe here, they look after me well", "I like it here, I am safe" and "My relative is extremely safe and well looked after."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people were assessed. Completed reviews of risks to people were not reflective of recent changes with their support requirements. The registered manager addressed this straight away updated all risk assessments in line with people's current needs.
- Staff showed a good understanding of risks to people and provided support in a pro-active way to reduce them.
- The environment and equipment on a whole were maintained well. We did identify one grab rail that needed replacing and flooring that needed attention within a bathroom. The registered manager acted immediately and arranged for this to be addressed.
- Fire safety was managed effectively. Staff took part in fire drills and knew how to safely evacuate people from the premises.
- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

Staffing and recruitment

- Staffing levels were consistently maintained. Contingency plans were in place to cover staff absence at short notice.
- Staff were recruited safely; appropriate checks were carried out to protect people.

Using medicines safely

- Medicines arrangements were safe and managed appropriately; people received their medicines when they should.
- Protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines should be given.
- Yearly medication reviews were in place to stop the over-use of psychotropic medication to manage people's behaviour.

Learning lessons when things go wrong

- The provider had systems in place to review and analyse accidents and incidents. These were used as learning opportunities and discussed with staff to embed lessons learnt.

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 were assessed before moving into the service. Assessments were used to detail people's diverse needs within their care plan.
- Best practice guidance was used to support staff to provide the correct care in line with people's personal routines.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed a comprehensive induction and received ongoing training to support their role.
- Competency assessments of staff's skills and knowledge were completed, to ensure they had the skills and knowledge to meet people's needs.
- Staff felt supported by the management team and received regular supervision meetings to develop their practice.

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

- Care plans contained information of people's food preferences and specific instructions around their diets and cultural requirements relating to these.
- People were supported to maintain their independence with eating and drinking and were fully involved in meal choices.
- People told us they enjoyed the food at the service.

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

- People were supported to access health care professionals. Referrals were made to a range of health and social care professionals to support people's changing health care needs. A visiting health professional told us, "Staff are really good on picking up on people's changing needs. They always listen to my advice."
- Staff understood people's health needs and knew how to access additional support if this was needed.
- Records of professional visits were recorded and staff demonstrated they followed advice given from health professionals.

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

- The premises were suitably designed and changed to meet the needs of people living there.
- People's rooms were personalised. Staff knew what people liked and supported them to individualise their own space.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager submitted applications to the local authority to seek authorisation to ensure restrictions on people's liberty were lawful.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Decisions were made in people's best interests. However, records in relation to these decisions needed to be clearer to clarify the decisions made. The registered manager addressed this following the inspection and presented full detailed records for all best interest decisions.

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

- People were cared for and supported by staff that were kind, patient and respectful.
- People and relatives were happy with the care provided and praised the staff. Comments included, "I like it here, the staff are really good to me", "There's no better place" and "My relative is so much better here, the staff are fantastic with my relative."
- Staff demonstrated a good knowledge of people's personalities and what was important to them.
- Interactions between staff and people were natural and showed positive relationships had been developed. People received person centred care and support in line with their diverse needs.

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

- Staff knew people well and supported them to make choices around their preferred routines, likes, dislikes and what mattered to them.
- Regular meetings were held with people and their relatives; this provided opportunities for them to be actively involved in the running of the service .
- Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. Staff understood and recognised when people needed assistance. People were approached by staff in a considerate, sensitive manner to offer support.
- Staff were committed and passionate about treating people as individuals and responded quickly to peoples changing needs. This ensured people received the right care and support to enhance their wellbeing.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

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

- Care plans were person-centred. However, they were not consistently reviewed and updated. One care plan we looked at did not reflect the current needs of the person. This was addressed by the registered manager and on the second day of inspection, this person's care plan had been fully re-written. There had been no impact to this person because staff practice was in keeping with this person's current support needs.
- People were provided individualised care and support. Staffs knowledge and approach supported people to live a normal life as possible, improved their confidence and promoted their wellbeing.
- A visiting health professional told us, "People are well looked after here."

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.

- Staff were pro-active in identifying individualised qualities and personalities, that supported people to communicate their needs: which staff responded to appropriately.
- Information in care plans and risk assessments were available in an accessible format for people to understand. Peoples' communication needs were assessed and recognised.

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

- The provider, registered manager and all staff shared a passionate commitment to developing a sense of belonging and community. People were supported to make links in the wider community.
- Activities were tailored to meet people's individual needs, preferences and interests. The activity coordinator and staff were proactive in finding out what interested people, what was important to them and what would encourage them to take part in activities.
- People told us, "I enjoy the activities. We do all sorts of things. I am very happy with them", "There's always something to do" and "We have one on one time, which I like the best."

Improving care quality in response to complaints or concerns

- All concerns and complaints at the service were responded to appropriately. Minor concerns were

addressed quickly to prevent them from escalating into official complaints: All were documented, investigated and recorded lessons learnt.

- People and their relatives knew how to raise concerns and were confident these would be addressed appropriately.

End of life care and support

- Care records showed the service had explored where they were able people's preferences and choices in relation to end of life care.

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 now 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

- The registered manager worked collectively with all staff to demonstrate a positive culture and promote a high standard of person-centred care and support for people.
- The registered manager was clear about their vision for the home. This was embedded by committed, loyal staff who were supported in their role.
- Regular supervisions and meetings were completed continuously to promote staff development and make improvements within the service.
- People and their relatives spoke positively about the management of the service. Comments included, "I am so happy with everything here, it's a wonderful place" and "[Registered manager name] is wonderful and so are all the staff."

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

- The registered manager was clear about their roles and responsibilities.
- Governance systems in place monitored the quality of the service. This enabled the service to collate information to show how the service was performing. However, these systems failed to identify the recording issues we found in one care plan or the equipment and flooring that required attention in the bathroom.

We recommend that the provider seek guidance from a reputable source about how to manage the governance in the service.

- The registered manager had submitted notifications as required by duty of candour legislation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular communication and meetings with people, relatives and staff to keep them up to date and fully involved in the running of the service.

Continuous learning and improving care

- The registered manager had an 'open door' policy and encouraged reflective practice across the staff team to continuously improve the service.
- The service worked closely with other agencies to ensure good outcomes for people.