

Royal Mencap Society

# Royal Mencap Society - 97b Barnby Gate

## Inspection report

97b Barnby Gate  
Newark  
Nottinghamshire  
NG24 1QZ

Tel: 01636676198

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Royal Mencap Society - 97b Barnby Gate is a residential care home providing accommodation and personal care for five people who have learning disabilities. The service can support up to 6 people. The property is a single storey bungalow with a small private garden.

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

The provider's quality monitoring and governance processes were somewhat effective. The impact of this was seen in the way some audit failures and care planning issues had not been identified by the provider until we inspected.

The manager supported people to achieve good care outcomes and understood their responsibility to notify relevant authorities when incidents occurred. The service had a positive relationship with specialist health care agencies who were involved in supporting people at the care home

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 his practice.

People had person centred care plans. People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. People were supported and provided with sufficient food and drink to meet their dietary needs.

People were protected from catching and spreading infections because risks were assessed and managed appropriately. Safeguarding systems and processes were in place. People received their medicines as prescribed for them. People were supported by a sufficient number of staff to meet their needs. Staff were recruited safely.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The size of service met current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 23 July 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 22 May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Royal Mencap Society – 97b Barnby Gate on our website at [www.cqc.org.uk](http://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 effective?

Good ●

The service was effective.

Details are in our effective 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 - 97b Barnby Gate

## **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.

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

This inspection was carried out by two inspectors.

#### Service and service type

Royal Mencap Society - 97b Barnby Gate is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a registered manager. The home manager was currently in the process of applying to become registered. This means that, when registered, 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 announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

### What we did before the inspection

We reviewed information we held about the service and we sought feedback from the local authority and 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 two members of staff including the manager, and care worker. We reviewed a range of records. This included two people's care records and medicine records. A variety of records relating to the management of the service and staffing including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives, five staff members and one professional who regularly visits 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to take timely action to ensure premises and equipment were safe and well maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Risks were being identified and managed well.
- Following our last inspection in May 2019, bathing and showering equipment had been replaced with new items and weekly checks put in place to monitor maintenance and wear and tear.
- Risks to people were managed safely with person centred emergency evacuation plans in place should an emergency situation arise.
- Falls risks had been identified and appropriate risk assessments put in place. We saw evidence of SALT plans in place within care plans. This meant people's risk of harm had been reduced and staff knew the correct procedure to deal with an emergency.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse
- Concerns about people's safety had been investigated and reported to relevant agencies such as the CQC and the Local Authority Multi Agency Safeguarding Hub (MASH) where required. Internal policies were amended to reduce future risks and help prevent recurrence.
- Staff were knowledgeable about actions needed if they had a safeguarding concern and had received relevant training. One staff member told us "I would seek help from my local MASH team if needed, however my manager has always acted on my concerns". Meaning people were protected from the risk of abuse in a timely manner.

### Staffing and recruitment

- Staff were recruited safely and effectively. This resulted in transferable staff skills that matched people specific needs.
- There were enough staff members to support the five people who lived at the care home.
- Staff told us there were occasions where staffing levels were lower than planned due to annual leave and

sickness, however this was covered within the team to ensure people still received the care needed. The manager was actively recruiting for one further care support worker.

- People were supported by staff with the right mix of experience and skill to enable them to access the community and attend medical appointments.

#### Using medicines safely

- Medicines were managed safely.
- We identified a number of summarised entries in the recordings in people's Medicine Administration Record (MAR) Charts. We fed this back to the manager who took action promptly and has provided evidence this is no longer a concern.
- Medicines were stored securely in locked cabinets in peoples room. However we found supplements used to assist people who have difficulty swallowing stored inappropriately. We spoke with the manager and this was remedied immediately resulting in a reduced risk to people's safety as supplements were now clearly labelled and stored appropriately.

#### Preventing and controlling infection

- People were protected from infection. The premises and equipment were clean and we observed a daily and weekly cleaning schedule for staff.
- We were assured that the provider was preventing visitors from catching and spreading infections by completing a lateral flow device (LFD) test and having their temperature checked before they could enter. PPE was available for visitors to use. Visits were being facilitated outside in the private garden where appropriate.
- We were assured that the provider was using PPE effectively and safely. We saw staff wearing face masks correctly and donning additional PPE correctly when delivering personal care.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current COVID-19 guidance. One relative told us their sister had been able to visit them at their home for their grandsons birthday.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service, design and decoration met people's needs.
- People's bedrooms have been redecorated and were personalised with input at design stage. One relative told us 'I was present while they discussed décor choices, it was very good, she chose the colour and her chair and other things, she was very interested because she has always loved doing things like that'.
- The outside garden has been tidied and the shed converted to incorporate space for activities. One staff member told us 'We turned the shed into a Costa coffee as one of our residents had been missing their visits during lockdown, it was a lot of fun'. This promoted continued independence and social interactions safely during the pandemic.

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

- People's needs and choices had been assessed when they moved into the home.
- People's care plans and risk assessments were person centred. We saw evidence of detailed family history including likes and dislikes as well as personalised goals reflected in care plans as well as assessments that considered the protected characteristics under the Equality Act 2010. For example, people's needs in relation to their age, gender, religion and disability were identified. This reduced the risk of people experiencing discrimination.
- Staff had completed training in equality and diversity. Staff knew people well and were confident in supporting positive risk taking allowing people to choose their preferred activities and reach personal goals.
- Care records showed people's mental health and emotional needs had been assessed and clear guidance was in place for staff management of behaviours that challenge.

Staff support: induction, training, skills and experience

- Staff were suitably trained and received ongoing support from the management team to develop their skills.
- We saw evidence of a comprehensive induction programme and evidence of competency check for staff members for both general and specific health tasks.
- Training records showed staff had continued to receive update training throughout the COVID-19 pandemic, with the exception of First Aid training (due to the requirement of this being a face to face training session), however evidence was seen to show this has now been arranged. This ensured people received effective care and support consistently.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their nutrition and hydration needs. Support plans included information about people's dietary needs and preferences.
- People's care records evidenced appropriate partnership working with health professionals. People were referred to external health care professionals when needed.
- One professional who visited the home weekly told us, "Staff are generally very knowledgeable about the health needs of their residents and are happy to facilitate any advice given".
- We saw evidence of timely updated care plans, for example a person had a change to their SALT plan and this was documented and signed by staff as understood within 24 hours.

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

- Mental capacity assessments were in place and staff were following the principles of the MCA. DoLS applications had been submitted to the local authority. Management had re-applied for new authorisations, however some responses had not been received, this has been acknowledged by the Local Authority due to delays caused by the pandemic.
- Staff had a good knowledge of the MCA and knew how to support people in the least restrictive way.
- Evidence was seen for best interest decisions for people who did not have capacity to make decisions around finances and personal 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 requires improvement. At this inspection this key question has now remained the same. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure there was an effective quality monitoring system in place that took timely actions to address shortfalls. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However not enough time has elapsed since changes were implemented to evidence the service was working to a standard of good and embedded the changes.

- Governance and performance management process were somewhat effective.
- There was a new manager in place since June 2021. They were in the process of applying to be registered with us. Since they had started working at the service, they had introduced several audits to ensure actions were implemented in a timely manner and quality checks completed quarterly. However, in one person's care file we found multiple care plans with inconsistent guidance and it was unclear which plan was current. The manager responded to this feedback and actioned changes immediately to ensure correct guidance was being followed by all staff consistently.
- Evidence was seen of regular monthly team meetings which discussed and identified risk, and quality improvements.
- Staff told us they felt positive about the change in management and were receiving feedback and regular supervisions. Staff commented their suggestions were being listened and responded to. One staff member said "I made a suggestion about a new process for delivering medication, and the manager responded straight away".
- We saw evidence of weekly check on electrical equipment and equipment people use within the home, promoting the safety of people and staff. We also saw evidence of replacement items on order that had started to show signs of wear and tear.

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

At the last inspection the provider had failed to inform CQC of notifiable events. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. DoLS applications had been reviewed and renewed as required.

- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred, in line with their legal obligations.
- One relative told us 'They always keep me informed about my sister, and always provide an update whenever I ask them'.
- We saw evidence of staff being able to raise concerns within team meetings, the manager added action points and timescales. Updates had been provided on previous concerns raised promoting an open and supportive culture within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were systems in place to involve people and staff in the running of the service. Staff told us that they felt the new manager was approachable and engaging.
- Evidence was seen of continuous learning and development through annual questionnaires that were sent to relatives. Response received were shared throughout the service with focus areas and best practices analysed and updated. One relative told us 'I have been invited to meetings at the service but I have never needed to go, I can speak to them anytime if I have a concern which is how I like it'.
- Action plans were completed with activities to reduce risk and improve services in response to feedback.
- Evidence was seen of monthly residents meeting, and the new manager showed us planned audit processes she planned to put in place going forward.

Working in partnership with others

- People's needs were being met by the service working collaboratively with commissioners and external professionals.
- One professional told us 'We have a good relationship with the manager for this service, whenever I have visited I have been welcomed, I haven't had any concerns and they always respond in a timely manner'.