

Royal Mencap Society

# Royal Mencap Society - 178 London Road

## Inspection report

178 London Road  
Waterlooville  
Hampshire  
PO7 5SP

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

Date of inspection visit:  
15 January 2019

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19 February 2019

## 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, 178 London Road is a care home which provides personal care and accommodation for three people with learning disabilities. At the time of the inspection there were three people living in the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

What life is like for people using this service:

- People received personalised care that met their needs and preferences. Staff recognised the risks to people's health, safety and well-being and knew how to support them safely. People received their medicines as prescribed. People were offered choice at mealtimes and specific nutritional requirements were met. People chose how to spend their day and were engaged in activities that they enjoyed. People were supported to attend healthcare appointments and were encouraged to be healthy. People were cared for by staff who were kind and caring and people's privacy, independence and dignity were promoted.
- Staff were supported in their roles. They took part in regular training and supervision. Staff told us they enjoyed working at the service and felt well supported by the service manager.

- We found the service met the characteristics of a "Good" rating in all areas. More information is available in the full report.

Rating at last inspection:

Requires Improvement (report published 2 February 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: There is no required follow up to this inspection, however we will continue to monitor the service through information we receive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our findings below.

Good ●

# Royal Mencap Society - 178 London Road

## **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 is 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:

One inspector conducted the inspection.

#### Service and service type:

Royal Mencap, 178 London Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection, Royal Mencap, 178 London Road provided personal care for up to three people.

The service did not have a manager registered with the Care Quality Commission. A new service manager had been employed to oversee the day to day running of the service and the area manager had applied to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did:

Prior to the inspection we reviewed all the information we held about the service including notifications received by the Commission. A notification is information about important events which the service is required to tell us about by law. We received the provider information return. This is information we request to provide some key information about the service, what the service does well and improvements they plan to make. We also reviewed the action plan that we received following the last inspection in October and November 2017.

People living at Royal Mencap, 178 London Road were not able to share their experiences of living at the service with us. Therefore, we spent time observing staff with people in communal areas. We spoke to two members of staff, the service manager and the area manager. We spoke to two relatives and received written feedback from one relative. We requested feedback from external healthcare professionals and this was received. We reviewed documentation including two people's care records, medication records, three employment files, training records, staff supervision, accidents and incidents and safeguarding records. During the inspection we requested documents including policies and procedures, accident analysis and action plans which was received after the inspection.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Supporting people to stay safe from harm and abuse

- Staff told us they thought the service was safe. One staff member told us, "Yes, it is definitely safe here".
- Processes were in place and followed to protect people from abuse. Staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns.
- Records of investigations into concerns were maintained and relevant agencies were informed as appropriate.

Assessing risk, safety monitoring and management

- Risks to people's personal safety had been assessed and plans were in place to minimise them. Staff were aware of people's risks and told us about the actions they took to promote people's safety and wellbeing. For example, one person needed their food presented in a specific way to reduce the risk of choking, the risk assessment provided staff with clear guidance and staff were knowledgeable about this.
- Care plans also included information for staff on how to support people with behaviour that challenged safely. This included information about any triggers which could cause anxiety or distress, early warning signs of agitation and techniques to use to help calm people.
- Detailed information was available in people's care plans about their specific health conditions and staff were well-informed about these and how they may affect people.
- Environmental risk assessments were carried out to consider any risks to people, staff or visitors.

Staffing levels

- There were sufficient staff to support people safely in the home and accompany them on excursions in the community. Staff told us there were enough staff to keep people safe and meet their needs.
- There was one member of staff on duty at night. The service manager told us they were confident that one member of staff on duty at night was sufficient because people had settled nights. The service also used monitoring aids in people's rooms (with appropriate consent) to ensure people's safety at night. An on-call system was used where a manager would attend the service if there were any concerns and staff had the skills to call for external healthcare professionals if needed.
- The service manager told us they regularly reviewed staffing levels and would adapt this if people's needs changed.
- The service was in the process of recruiting new staff to fill vacancies. Agency staff were used in the interim and the service manager and staff told us they used the same agency staff regularly to provide continuity for people.
- Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role.

#### Using medicines safely

- There were safe medication administration systems in place and people received their medicines as prescribed. Medicine records were clear and accurate. Protocols were in place to guide staff on the use of medicines prescribed 'as required'.
- Staff completed medicines training and their competencies had been checked.
- Medicines were stored safely and temperatures had been checked regularly to ensure they were maintained at a safe level.

#### Preventing and controlling infection

- People were protected by the systems in place for prevention and control of infection. Checks to evidence the environment was clean were completed.
- Staff had received training on infection control and told us they wore personal protective equipment when appropriate.
- The environment was clean and free from bad odours.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded, acted upon and analysed for learning to prevent similar incidents from occurring again. Learning was shared with staff during staff meetings, handovers and supervision.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is 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

- Care needs were assessed and care plans regularly reviewed.
- Where appropriate there was guidance for staff in people's files which reflected good practice guidance. An example of this was advice from the speech and language therapists when people were at risk of choking.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. One relative told us, "The staff are very good and seem well trained. I have no doubts about that."
- Staff had completed a comprehensive induction which included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in the care sector. One member of staff described their induction as "Brilliant."
- Staff received a variety of training to ensure they had the skills and knowledge to support people effectively.
- Staff were supported through regular supervision. Staff told us this was useful and they could additionally, gain support from the service manager at any time in between this.

Eating, drinking, balanced diet (food and drink?)

- People had a choice of food and drink throughout the day. Menus were personalised to people's needs and preferences and people received a balanced diet.
- People were protected from risks of poor nutrition, dehydration and swallowing problems.
- Individual dietary requirements were recorded in people's care plans and staff knew how to support people effectively.

Staff providing consistent, effective, timely care

- People were supported to access services to maintain and improve their health and this was documented in people's care plans. Any changes in people's health were promptly recognised and support was sought by external healthcare workers when necessary.
- People were supported to be healthy and staff helped people achieve this. For example, some people required their weight to remain stable and they were supported with a healthy diet and regular exercise.
- Staff told us they worked well as a team. Daily handovers took place and staff communicated well with each other to ensure people had good outcomes.

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

- People lived in a home that was suitable for their needs. The service was homely and comfortable.
- People had tenancy agreements in place and the landlord had the overall responsibility for the maintenance and decoration of the property. However, people could personalise their rooms as they wished and we saw people's rooms reflected their individual preferences.
- Royal Mencap, 178 London Road had the responsibility of ensuring the equipment in the home was well maintained. Records demonstrated that equipment was serviced regularly and plans were in place to replace faulty items such as one of the cookers.
- Technology was used to help manage one person's health condition. A member of staff told us this was useful in managing the person's health condition and keeping them safe.
- Relatives were particularly positive about the garden. One relative told us, "The garden is great, as it's enclosed. (Name) likes to be outdoors, loves the swing, the staff help with that."

#### Ensuring consent to care and treatment in line with law and guidance

- Staff protected people's human rights by following the Mental Health Act, 2005 (MCA). The 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. Records of mental capacity assessments and best interest decision meetings were recorded in people's care plans.
- 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; the policies and systems in the service supported this practice. One relative told us, "(Name) can't make a lot of decisions but the home involves us, they talk to us. We are very satisfied by the way they do it".
- 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). We checked whether the service was working within the principles of the MCA and found that they were. At the time of our inspection we found that applications for DoLS had been submitted to the appropriate authorities and approved.
- Staff and the service manager understood their role and responsibilities in relation to the MCA and DoLS. One staff member told us, "It is important to always ask people if it's OK before you help them".

## Is the service caring?

### Our findings

Caring – this means that the service involves and treats people 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

- Relatives told us that staff cared for people in a kind and caring way. One relative said, "They [staff] are very caring and kind. I think they are quite fond of (Name)." A health professional told us, "(Staff member) has a very good rapport with (Name) and the compassion and understanding of their needs shows when his interactions with them have been observed, equally I could see (Name) trusted him and was motivated to follow his lead."
- People received care and support from staff who had got to know them well. Staff spoke knowledgeably about people's likes, dislikes, interests and what was important to them. We heard a staff member say to a person that they would dress up as a certain character because they knew how much the person liked this character. The person was clearly delighted by this.
- People were comfortable and happy in the company of staff and staff treated people with compassion and kindness. We observed a lot of laughter between staff and people.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people using the service which included age, disability, gender, marital status, race, religion and sexual orientation. One staff member told us, "Everyone is definitely treated fairly, we make sure that they [people] are not treated any differently just because they have a disability."
- People were supported to maintain relationships with family and those important to them.

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

- Staff supported people to make decisions about their care, for example, when they wanted to get up, what they wanted to wear and how they wanted to spend their time.
- The service was working within the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service manager told us, "Mencap have a team that develops accessible documentation."
- Information about people's communication needs was in care plans. For example, one person's care plan stated "Understands Makaton. Did not wish to use pictorial prompts'. Staff understood people's communication needs and communicated with people in the way they preferred, this helped people to make decisions in their day to day life.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about the importance of building trusting relationships with people and treating people with dignity and respect. They were able to describe how they had used these principles in their practice to support people to achieve positive outcomes

- People were supported to be as independent as possible. One member of staff told us, "(Name) couldn't get dressed when I first got here, if I hand them the clothes, they can do it now, I really try and encourage them."
- People's private, confidential information was stored securely in the office and people could have private time in their rooms when they chose to.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good; People's needs were met. Regulations were met.

### Personalised care

- Relatives told us that staff were able to meet people's needs. One relative told us, "The permanent carers are very good and know exactly how to look after (Name). Of course, the agency staff are at a disadvantage but I find them quite good."
- People's care and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. Staff told us the care plans were useful and helped them understand people's needs. Care plans also focussed on what people could do well and what made them happy. For example, on one person's care plan it stated, "I'm great at dancing, swimming and walking."
- Staff knew people's likes, dislikes and preferences and this information was recorded in people's care plans. For example, one person only had assistance from female carers and this was known and respected by staff.
- Although people were not always able to be involved in their care plans we saw that these were based on knowledge gained about people. One member of staff told us, "We do activities with people we know they enjoy, we base it on their reactions and emotions."
- People had individual goals set with them and staff supported them to achieve these. Examples included, to buy a camera, to go on a boat trip and to go to a theme park. Records demonstrated that some people had achieved their goals.
- People were engaged in a range of activities to meet their individual needs. Regular excursions took place outside the home including attending a day centre, trips to the cinema, swimming pool and town. People were also supported to engage in activities that they enjoyed inside the home and these included playing musical instruments, reading magazines and listening to music.
- Staff were confident that people received person – centred care. One staff member told us, "We support people in a personalised way because they are all so different, for example, all three are off doing different things today."

### Improving care quality in response to complaints or concerns

- A system was in place for people and their representative to raise concerns and make complaints. The complaints procedure was displayed in the home for people in an accessible picture format.
- No complaints had been received since our last inspection, however, the service manager told us they would use any complaints as an opportunity to learn from and improve the service.

### End of life care and support

- The nature of the service meant that it did not usually provide people with end of life care and no one was receiving end of life care at the time of our visit. The manager told us they would support people at the end of their lives if necessary and would arrange appropriate training for staff and seek support from external health care professionals to manage this.

# Is the service well-led?

## Our findings

Well-Led – this means 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.

Continuous learning and improving care

- At our last inspection in October and November 2017 we found the provider had not implemented effective quality assurance systems to assess, monitor and improve the quality and safety of the service. Additionally, accurate and complete records were not always maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider had met the requirements of the law.
- We had received information prior to this inspection that unexplained bruises on people were not always handled in line with best practice. Support had been received from a representative from the local authority and this practise had improved. We saw at this inspection that unexplained bruises were clearly documented, reported and investigated. Additionally, the local authority and CQC were notified if anyone sustained an unexplained bruise.
- There was a culture of continually improving and staff were involved in discussions on where improvements were needed and how any improvements could be achieved.
- When staff performance fell below standards, action was taken to address shortfalls and support the staff member to develop and improve their performance.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Relatives and health professionals told us people received person-centred, high quality care and support. One health professional told us, "On this occasion I cannot fault anything about the home. I was always welcomed in and the three residents were always supported and in good spirits."
- Providing personalised care to people was integral in the service. The area manager, service manager and staff demonstrated they always put people at the heart of everything they did.
- The service manager was new to the service. Relatives told us they had not yet met them and welcomed the opportunity to do so. The service manager told us they had planned to make formal introductions to all relatives in the near future.
- Staff felt well supported by the service manager. They were described as 'Really helpful', 'Approachable' and 'Lovely'.
- The provider had a policy about the duty of candour and although this had not needed to be engaged the service manager had a good understanding of it.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a clear staffing structure in place. The service manager had responsibility of the day to running of

the service and was well supported by the area manager and other staff from the organisation such as a quality assurance lead. The service manager told us this support helped them to fulfil their role. Although the service manager was new in post they understood their legal responsibilities and requirements of the role.

- Staff were supported to understand their roles and responsibilities through staff meetings, supervision and appraisal.
- Quality assurance systems were in place to monitor and improve the quality of service being delivered and the running of the home. These included weekly and monthly audits to monitor the quality of care delivered. When actions for improvement were identified these were carried out and checked for completion. The area manager checked key quality and safety information through visits to the home, audits and reports. Additionally, this information was used to update a quality assurance system which could be accessed by the senior leadership team. This gave a good overview of the service and the service manager told us that if any concerns were identified, more support would be given to ensure all people who used the service were safe and had good outcomes.

Engaging and involving people using the service, the public and staff

- When people were unable to give their views and opinions verbally or in writing about the quality of the service the service manager told us they monitored people's satisfaction by observation and ensuring staff were adhering to people's care plans and meeting their needs.
- People's relatives were asked for their feedback through annual quality assurance questionnaires. We saw that the feedback received was positive.
- Regular staff meetings were held and staff told us they felt valued and listened to. One member of staff told us, "I would happily tell (service manager) if I had any suggestions to make things better."

Working in partnership with others

- The service worked with healthcare professionals and adult services as needed.
- The service had good links with the local community and people used local amenities regularly.