

Royal Mencap Society

# Royal Mencap Society - 1 Sheepfold Avenue

## 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

This comprehensive inspection took place on 29 May 2018 and was unannounced.

1 Sheepfold Avenue 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.

1 Sheepfold Avenue is registered to support up to seven people with learning disabilities or other complex needs, such as Autism or mental health. At the time of the inspection there were seven people living at the home. The home provided personal care and support to adults of various age groups and gender.

1 Sheepfold Avenue detached house with communal areas over two floors. A purpose-built lift enabled people to mobilise between floors. There was a kitchen and shared dining area which was open and accessible to people. One lounge that were used both for recreational activities. In the corridor on the first floor, was a small sitting area. A back garden was used by people who used the service. The service had been developed in line with the values that underpin the Registering the Right Support guidance 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 other citizen.

At the last inspection on 5 January 2017, the service was rated as good in the areas of Safe, Effective, Caring and Responsive. The service was rated as requires improvement in the area of well-led but the overall rating for the service was Good. 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. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a manager, who had been in post since October 2017. The manager informed us that her registration as registered manager was in progress and that she had recently undertaken her registration interview.

The service had improved the management and notification of Deprivation of Liberty Safeguard authorisations.

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 service supported this practice.

Risks had been identified and there were clear plans in place to guide staff in how to support people safely. Staff understood their responsibilities with regards to safeguarding people. Infection control measures were effective and incidents and accidents were monitored and used to inform improvements. A relative told us that they felt their family member was, "Very safe at the service".

People were supported to have maximum choice in their lives and staff supported them in the least restrictive way possible. Staff had received training that was relevant to effective support people at the service.

People were supported to have enough to eat and drink and to meet specific nutritional requirements. People were supported to access the health care support that they needed.

Assessments and care plans were developed to support staff to provide care in a personalised way. Staff understanding of people's communication needs was good and allowed them to support people effectively and proactively.

People's privacy was respected and staff supported people to be as independent as possible.

The service was well led and staff spoke positively about the management of the home. There were effective systems and processes in place to monitor the quality of the service including a complaints system.

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

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains Effective.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remains Caring.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service remains Responsive.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service had improved to Well-led</p> <p>The service was now meeting its regulatory requirements with regards to notifications of Deprivation of Liberty Safeguards.</p> <p>The culture and work ethic of the staff in the home was positive and they worked well as a team.</p> <p>Quality Assurance systems were in place for checking and auditing the safety and quality of the service</p> <p>The provider sought the views of people, relatives, staff and professionals regarding the quality of the service and to check if improvements needed to be made.</p>	<p><b>Good</b> ●</p>

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## **Detailed findings**

### Background to this 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 was planned to check 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.

This comprehensive inspection took place on 29 May 2018 and was unannounced. The inspection team consisted of two inspectors.

At the last inspection on 5 January 2017 the service was rated Good. At this inspection we found the service remained Good.

Before the inspection, we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR) in December 2016. This is a form, which asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We also checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

As people used various methods of communicating, it was difficult to obtain people's views regarding the quality of the service, so we spent time observing people in areas throughout the service to see interactions between people and staff. We observed medication administration, activities, staff handover meeting and the lunchtime meal. We spoke with the manager and four care staff. We spoke with two relatives following

the inspection.

We reviewed five people's care records, looked at six staff files and reviewed records relating to the management of medicines, complaints, training and how the registered person monitored the quality of the service.

# Is the service safe?

## Our findings

Observations of the care and support provided, showed that people were happy and comfortable in the presence of staff. People's expressions, reactions and behaviour showed us that they felt safe. One family member told us that they felt their relative was safe at the service. They told us, "She is very safe at the service. They really do look after her".

Systems continued to be in place that showed that people's medicines were being managed consistently and safely by staff. Medicines, including controlled drugs, were ordered, administered and stored safely. People were receiving their medicines according to the dosages and directions of their medicine records. Auditing systems were in place to ensure that the system for medicine administration worked effectively and any issues could be identified and addressed. Where people had been prescribed medicines on an 'as required' basis, plans were in place to guide and support staff with their administration. These protocols ensured that staff delivered 'as required' medicines effectively and safely. For example, to mitigate risks, the risk assessments stated that 'the decisions must be made by two members of staff, who are both to sign and explain their decision on the back of the Medication Administration Record (MAR) sheets'. We saw evidence that this protocol was being followed safely.

Systems remained in place to identify and reduce the risks to people living in the home. Risks to people continued to be assessed and managed to support people to be safe. Risk assessments were detailed and comprehensive. Specific risks had been identified and assessments were personalised and guided staff in people's individual needs. For example, people had eating and drinking risk assessments in place that provided guidance for staff to mitigate risks of choking of people in the service. There was clear guidance for staff in how to support people without imposing restrictions on their freedom. Risk assessments and care plans provided clear strategies for staff in how to support people when they were displaying behaviours that could be challenging to others. One relative told us about their daughter, "I feel that she is very safe at the service".

The provider had continued to undertake appropriate pre-employment checks, such as criminal records check and references had been undertaken to ensure that the provider could make safer recruitment decisions. Staff had received training, and demonstrated that they understood their responsibilities, with regards to safeguarding people and making the appropriate referrals. The service had policies and procedures regarding the protection of people from harm and what to do in the event of someone experiencing neglect or harm. These policies reflected local procedures.

People told us and observations during the inspection was that there were enough staff available to meet people's needs and to keep them safe. We looked at staff rotas over a period of a month which confirmed that the provider had ensured that the needs of the people were covered well by staff numbers.

Environmental risk assessments continued to keep people and staff safe. For example, a fire risk assessment had been completed and detailed Personal Emergency Evacuation Plans (PEEPS) were in place for each person. These are plans that detail the individual support people would need in the event of an emergency.

Records showed that fire safety checks were being completed regularly and according to the provider's policies. The service was clean and tidy and there were systems in place to ensure that hygiene standards were maintained and staff understood how to prepare food safely. Staff were observed using the appropriate protective equipment to ensure safe infection control.

Incidents and accidents were recorded and monitored through the providers own recording systems. Analysis included identifying possible triggers for incidents and evaluation of strategies to assess their effectiveness in supporting people. Care plans and risk assessments were updated to reflect any changes following analysis of incidents and accidents. The manager told us that she uses incident forms completed by staff as learning within team meetings to highlight, and gain consistency, in potential safeguarding risks associated with the relevant incidents.



# Is the service effective?

## Our findings

Relatives informed us that they were happy with the support provided to their family members by staff. One relative told us, "You've got the best staff available. Not just for my daughter but for all other residents".

Staff told us they continued to receive the induction, training and support they required to care for people. Records showed that staff had received training that was relevant to the needs of the people they were supporting including, autism, learning disability and positive behaviour management. One staff member told us that the specialised training had, "Opened our eyes to how people might be feeling," when supporting and communicating with people with autism.

Staff told us that they continued to receive supervision meetings with their manager and could also meet with her outside of these meetings. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. Staff also confirmed that they also received personal development support through "Shape Your Future". This is the providers approach to performance appraisal which looks at the strengths of the staff member and identify areas for development.

Staff used relevant and evidence-based good practice guidance, as well as keeping up to date with current legislation, to inform the support they provided to people. The provider refers to National Institute for Health and Care Excellence (NICE) to inform current guidelines on medicines and health support. The provider also manages the whistleblowing helpline for the National Health Service. The registered manager told us that this involvement allows them to increase staff awareness of protocols and their duties in reporting.

People's needs and choices were assessed in a holistic way and comprehensive care plans were developed based upon these assessments. Holistic care plans are ones that consider the physical, emotional, social and spiritual needs of the person. Regular reviews of people's needs had been completed to assess the effectiveness of support plans in achieving the desired outcomes of people. People had health care plans in place that identified what support they required to remain healthy and well. People's care plans were personalised throughout which guided staff to support people more effectively.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager informed us that each person living in the service was subject to DoLS. The manager had made appropriate applications for DoLS and staff understood their responsibility to comply with these

authorisations when providing care. Mental Capacity Assessments has been undertaken to determine capacity for individual decisions. Decisions had been made, and recorded, in consultation with family members and the appropriate professionals involved to ensure that care and treatment was given in the person's best interests. Staff demonstrated a good understanding of consent and the processes around assessing capacity.

Equipment and technology continued to be used to support people. We observed one person being supported to engage in an online activity programme where the person makes decisions on the activities progress and learning. We observed a person being transferred to their activity mat effectively and carefully using a hoist. The person looked comfortable while staff informed them of what they were about to do and offering reassurance throughout the transfer.

People's health needs were monitored effectively and they were supported to access the health care services they needed. Staff maintained consistent records to support the monitoring of specific health conditions including Epilepsy and nutritional intake. People were supported to attend regular health care appointments including GP visits and dentist appointments. One relative told us that staff, "Make sure they attend all their appointments. They are very hot on that."

Staff described effective working relationships with each other and with health care professionals such as Speech and Language Therapists, reflexologists as well the local learning disability care management team within the local authority. Advice from health care professionals had been included within people's care plans, for example Speech and Language Therapist (SALT) advice was evident in one care plan.

People were being supported to have enough to eat and drink. Staff supported people to make choices about their food and drinks and demonstrated a good awareness of people's needs and preferences. Individual risks associated with nutrition and hydration were assessed and care plans provided staff with information on how to support people effectively. Nutritional intake and requirements were also observed to make an important element of the staff handover.

Peoples needs were being met by the adaption and decoration of the service. The flooring of the property had been changed and communal areas were equipped with grab rails to promote the mobility needs of people. People's rooms were decorated tastefully and personalised to their own individual tastes and wishes.

# Is the service caring?

## Our findings

People were supported by staff that were attentive, kind and caring. Staff demonstrated that they knew people well personally and had a good understanding of their needs and wishes. Staff were aware of the various methods of communication that individuals used to indicate their needs and responses. One relative told us that staff were, "Extremely caring and really do look after my daughter".

Staff were observed giving people positive reinforcement when they interacted with them when providing formal support and with informal activities. One staff member was observed supporting a person on a computer with an animated, interactive programme. The staff member was engaging and entertaining and the person was responding with excited laughter. Relatives told us specifically that staff were equally caring about other people in the service as well as to their own family members. One relative said, "All the other residents seem very happy".

Staff ensured people's privacy and dignity. Staff were diligent and patient when supporting people to eat. We observed staff knocking on people's doors or enquiring whether they could enter before doing so. Communication between staff and people was respectful as was staff's language when speaking about people. We observed one staff member asking a person if they could put a protective apron around them to protect their clothing at lunch. Although this was declined by the person, the staff members response was respectful to their wishes.

People were involved in shaping their outcomes and care. The provider holds quarterly reflection events for people and their relatives to discuss the support provided, while people are involved in the overall reviews of their care. With regards to engaging with people about their care, one relative told us, "They ask her what she wants to do", while another family member told us, "Staff give her choices and she can decide". People had Social Inclusion Plans in place that detailed their involvement in the activities and tasks they wished to engage in.

We observed staff interacting with people and they appeared to be happy and comfortable in staff presence. We observed a person approaching a staff member to hug them spontaneously and affectionately. Throughout the day staff supported people in a dignified and sensitive manner.

Staff were considerate of the equality and diversity needs of people in the service. Staff told us that they tried to ensure that people received same gender support when this had been requested by people. The manager informed us that the assessment process is setup to address equality, diversity and cultural needs of people.

People's records confirmed that staff were supporting and encouraging people in a consistent way and recorded the progress that people were making towards more independence. Records were stored appropriately so that people's confidentiality was ensured.

## Is the service responsive?

### Our findings

People were receiving care in a personalised way. Care plans reflected people's physical, mental, social and emotional needs. Details in care plans reflected the complexities of people's care and guided staff to provide the support that was important to them.

Care plans were developed with a person-centred focus that reflected people's needs in areas such as consistent routine and daily structure. One activities plan described how staff should support the person by engaging him in activities, "that stimulate his five senses". We observed one staff member patiently giving information to a person who asked them about the timings of activities for that day and the following day.

Staff demonstrated a good understanding of how to support people with routines and this was reflected within their care plan. Staff were observed in the kitchen area providing personalised care whilst supporting a person to prepare fresh food for lunch. The staff member explained that, alongside the social element of the support, this helped the person develop and maximise their physical dexterity and hand functions, a condition that they required support with. The staff member actively offered ingredients for the person to smell throughout the preparation of the meal which the person responded to positively.

Staff understood how to communicate effectively with people and recognised their individual needs. People who use the service have varying challenging communication needs. For one person, staff had developed a 'phonetic list' of sounds that they made to indicate what they were saying and what their needs were. This allowed the staff team to gain a greater understanding of their choices and to become more responsive to their needs. The provider also utilised technology to supported people to remain safe with the use of epilepsy sensors that would alert staff in the event of that person having a seizure.

The provider was proactive ensuring its compliance with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The provider has produced an easy read guidance for people and relatives to understand these requirements further. Staff also ensure that all correspondence and documents that are given to people are in an easy read format, while stake holder surveys are also produced in the same way for people to understand and respond to effectively.

Relatives told us and we saw for ourselves that people had access to a wide range of personalised activities. Staff told us that activities are scheduled weekly and that they endeavour to support people with community activities on a daily basis. Staff told us that if people enjoyed a particular activity they had selected which people they wish to go with and staff supported them as a group. Staff told us that, as a result, there are close and proactive friendships between people at the service.

Relatives told us that they knew how to make complaints and felt confident that any concerns would be addressed. One relative stated that the candour of the manager meant that they would, "Feel comfortable discussing issues if anything did happen". Staff were responsive to people's formal complaints. One complaint we saw showed that the provider had given formal and prompt responses to complaints, with

thorough investigations undertaken. Staff had taken steps to adjust the care plans and direct support where applicable.

The manager confirmed that no person at the service was receiving end of life care. However, the manager told us that the provider promotes and engages in sensitive discussions with people and their relatives about their future wishes.

## Is the service well-led?

### Our findings

At the last inspection we found that the provider was not fully undertaking their requirements for the notification of Deprivation of Liberty Safeguards. Although DOLS applications had been submitted to the local authority, the provider had failed to notify the Commission of four authorisations that had been approved. The provider had sent us an action plan as to how they intended to improve this area. At this inspection we found that practice had improved and that the provider had been consistent and responsive in this area.

Providers are required to comply with certain registration conditions, one of which is for the service to have a registered manager. The service had an acting manager, who had been in post since October 2017. The manager informed us that their registration for registered manager was currently in progress and that they had recently undertaken their registration interview.

Staff members spoke highly of the manager. One staff member told us, "She is very professional, friendly and will always make time for you. The best manager this place has had". Another staff member told us that the acting manager was very approachable and that they felt comfortable taking issues to her. The staff member told us, "I like how caring she is. She ensures that everything is up-to-date and that everyone is fine".

The manager used a range of systems and processes to monitor and evaluate the quality of the care provided. Quality assurance audit tools were used to monitor aspects of care such as the safe administration of medicines, finance checks, health and safety and infection control. Incidents and accidents were recorded and monitored. Clear instructions were recorded what actions were required as a result, how these were to be completed and by whom. The manager confirmed that actions identified are also raised within team meetings for practice discussions to take place. Staff meetings were held on a regular basis and we observed a meeting on the day of the inspection. Staff discussed areas of medication support, important areas to focus on with regards to current health requirements and people's outcomes. The manager was very clear about her expectations of staff in these areas. Stakeholder surveys and quality assurance surveys were undertaken by the provider. The manager was proactive in responding to specific requests and changes that had been suggested by family members.

The manager informed us that they had begun to involve all staff in the reviewing and updating of care plans, roles that they had not previously been involved with. This provided staff with a greater involvement in the governance of the service as well as upskilling them. Staff told us that they had regular contact with relatives, while relatives told us that they were regularly involved in review meetings and the support of their family member.

Staff had developed strong working relationships with a range of other providers. Records showed that staff communicated effectively with many health care professionals to ensure that people's needs were considered and understood so that they could access the support they needed.

Relatives we spoke to told us that they felt that the service was now well led. One relative told us that the manager is proactive in engaging people in the service with activities and promoting independence. One family member told us, "She's on the ball. They are giving them a lifestyle that is excellent".