

Royal Mencap Society

Montague Street Care Home

Inspection report

28-30 Montague Street
Mansfield
Nottinghamshire
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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

Montague Street is two houses adjoining each other, therefore bigger than most domestic style properties, providing support to people living with a learning disability and/or autism. It was registered to support up to 12 people. 12 people were using the service at the time of inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the use of the two separate houses. Staff supporting people did not wear a uniform or any identifying clothing that suggested they were care staff when coming and going with people, and people were supported to have access to local community facilities and services.

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 and what we found

Staff knew people well and supported people in line with the person's preferences and wishes. Staff encouraged people to retain their independence and also embrace new opportunities. One person has recently completed a tandem skydive.

Medicines were managed and stored safely. Staffing levels enabled people's needs to be met safely, and ensured people received consistent and reliable support. Some agency staff were being used as the service recruited but they were consistent and told us they were well supported. The management team sought to learn from any accidents or incidents involving people.

Staff were recruited safely and received appropriate training and support to enable them to carry out their role effectively. 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 this practice.

People were supported to access healthcare services if needed. People were supported to have enough to eat and drink and staff were trained to support people who had different dietary needs.

Interactions we saw between people and the staff team were positive. We saw people given immediate reassurance when they became anxious or distressed.

Support plans were person centred and people were involved in their reviews. We discussed that support plans required further work to ensure they were consistent and this was part of the service's improvement

work.

People were supported to engage in activities they enjoyed and we saw the service promoted people accessing local community facilities and supporting them to go on trips and holidays. People and their relatives told us they knew how to make a complaint.

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 this practice.

Systems to monitor the quality of the care provided were effective. The service had been through significant staff and culture change in the last year. Staff told us there was an improved atmosphere. The management team had a clear vision about the quality of care they wanted to provide. The service worked well with other community partners.

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

Rating at last inspection

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

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Montague Street Care Home

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

The inspection team consisted of one inspector.

Service and service type

Montague Street 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on long term leave and an interim manager was managing the service on a day to day basis. They were already registered with CQC to manage another service and had applied to change their registered location to Montague Street.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. The PIR was completed some time ago but still provided relevant details. This information helps support our inspections. We received feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We spoke with seven members of staff including the manager, deputy manager, support staff, an agency staff member and the area operations manager.

We reviewed a range of records. This included three people's care records and their medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.

After the inspection

We spoke with three relatives via the telephone and sought additional information from the service regarding training and quality assurance records.

Is the service safe?

Our findings

Safe – this means 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 good. People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes, including recruitment

- People said they felt safe. Our observations for people who could not communicate with us were that they were comfortable with the staff members supporting them.
- All relatives said they were kept informed in relation to any concerns regarding safety.
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training and records we viewed confirmed this.

Assessing risk, safety monitoring and management

- Risk assessments were specific to the needs of each person and informed by an understanding of people's needs. They had been reviewed by the manager. Actions staff needed to take to reduce risks were clearly set out.
- The service assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- The environment and equipment were safe and well maintained.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

- There were enough staff to meet people's needs. People were able to access the community and were supported to carry out activities of their choice.
- Staff were quick to respond to people's needs.
- Appropriate recruitment records including checks from the disclosure and barring service (DBS) and references were in place. There was a small use of agency staff whilst the provider was recruiting. We saw this was provided by consistent staff and one told us they had been well inducted and supported.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed.
- Checks on the competency of staff to administer medicines was undertaken regularly.

Preventing and controlling infection

- The service was clean throughout and staff received appropriate training.
- People were supported to help maintain cleanliness in their own personal space.

Learning lessons when things go wrong

- The service was committed to driving improvement and learning from accidents and incidents. For

instance, medicines storage had been changed to just one area of the service instead of two. Staff told us this has reduced the risk of interruption and had improved their administration practice. Information was analysed and investigated.

- The manager was receptive to feedback about areas of best practice to keep people safe.

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 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 didn't meet the full range of 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. This was due to the size of the building, however, care and support was person centred.
- When required, staff reported faults with actions taken to ensure the service was safe and comfortable.
- Bedrooms were personalised and decorated to each person's individual choice.

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

- Before anyone moved into the service their needs were assessed and introductory visits arranged to ensure compatibility with all other people living at the service.
- Three people had transitioned from another service earlier this year and staff explained the process of people coming for visits and overnight stays as part of this planned process.

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.

- Staff understood their responsibilities regarding MCA and best interest decisions. Staff continuously sought seeking people's permission whilst supporting them.
- It was not clear whether some peoples DoLS applications had been authorised. We saw the manager had an action plan to address this and they confirmed this was a key priority.
- Staff had a good understanding of people's communication needs and supported people to make day to

day decisions and choices.

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

- Staff promoted a healthy, balanced diet for people and all meals were made at the service with people if they were able.
- Support plans outlined people's preferences and the support they required with their food and drinks.
- Where there were concerns about people's eating, drinking or their weight, appropriate referrals had been made to health professionals in a timely manner and monitoring systems put in place.

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

- People had regular health and wellbeing check-ups. When required, investigations were sought in a timely manner for any concerns. Health action plans were in place which identified people's health and care needs.
- All people regularly attended a dentist and opticians.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to effectively and safely support them. One relative said, "The staff keep in touch with me regularly so I know exactly what's going on."
- Staff said they felt very supported by management and peers. Staff had received regular training.
- The supervision programme was slightly behind after management changes during this year but a plan was in place and there were regular meetings to ensure staff were kept up to date.

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 good. 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

- Staff treated people with warmth, compassion and kindness. One staff member said, "It's like one big family home."
- Staff had created a relaxed and friendly home. People's body language indicated they were at ease. When people became anxious, staff offered reassurances.
- Staff had received equality and diversity training. They showed respect for people's individuality, preferences and beliefs. The service was developing clear support plans about relationships and how they would support people to maintain and develop these.

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

- People were involved in decisions, whether it was to do with their own personal needs or the needs of the service.
- Advocacy information was made clearly available and people's relatives were encouraged to be involved as natural advocates.
- Both formal and informal meetings for people who used the service took place and people were asked for their views and to share ideas.

Respecting and promoting people's privacy, dignity and independence

- Staff gave us examples of how they upheld people's privacy and dignity. We saw for one person who had a hearing impairment, there was a light fitted above her door if someone wanted to enter and staff also moved their door to get the person's attention before they entered.
- People's independence was maintained. Some people at the service were older and their independence was promoted by ensuring their mobility and physical health was a priority. For other younger people, the service promoted independent living skills so they may be supported to consider less dependant environments in the future.

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 good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support was based on people's assessed needs and preferences and was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person.
- Support plans were in place covering a range of people's health and social needs. They contained detailed guidance for staff on how these needs should be met to ensure people received the care and support they wanted and needed.
- The service had been a pilot for a new electronic system of support plans and this work was being reviewed. Plans had not consistently migrated from the old system and some plans lacked detail around goals and outcomes. The manager already had an action plan in place and was addressing this issue.
- Support plans were regularly reviewed with people to ensure they reflected people's current support needs and preferences.
- One person told us, "I like my key worker, she talks with me about things."

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

- People were supported to access activities they enjoyed. People accessed the community regularly to join activities such as social clubs, trips to the cinema and shopping.
- During the inspection we spoke with one person who was looking forward to going to Skegness for a short holiday. Another person who had communication impairments showed us a DVD of them recently completing a tandem skydive. They were very happy and proud of this achievement that their keyworker had organised and supported them with.
- One relative we spoke with said, "We are very happy with everything that [Name] does, they really enjoy themselves."

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 knowledgeable about people's communication support needs and people were given information in accessible ways. When staff spoke with people we saw them adapting their voice and language to support someone with a hearing impairment.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to investigate and respond to complaints. The complaints policy

was promoted to people and relatives and was available in easy read and other formats.

End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care, but policies and procedures were in place to provide this where needed.
- The service had recently completed a review of all plans and preferences in this area.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager was registered with the Care Quality Commission for another of the provider's services. They had applied to change their registered location status to Montague Street. They demonstrated good oversight of all core processes of the service. They had reviewed a range of documentation to ensure records were up to date and accurate. Where this was not the case they had begun work to make improvements and had an action plan in place.
- The provider had identified concerns with the management of the service in the months prior to the inspection and had taken appropriate action. The management team and staff we spoke with said that significant positive improvements had already been made.
- Regular checks were carried out by staff and the management team to ensure people were safe and happy with the service they received.
- A robust quality assurance system was in place to review the service and drive improvement. The manager had responsibility for ensuring quality monitoring standards within the service were continually developed and improved outcomes for people.

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

- The service had a welcoming atmosphere.
- The manager had good knowledge of the people within the home and took an active part in people's day to day lives and support.
- The service involved people and their families in day to day discussions about their care and support. Family members told us that they felt reassured and comfortable with the management at team at the service.
- Staff told us they felt listened to and that the management team were approachable. Staff told us, "Things are loads better, and we can raise any issue and we are listened to," and "The teamwork has improved loads, it's a lovely place to work now."
- Our observations during our visit were that the service was well run and people were treated with respect and in a professional manner.

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 management team shared information with relevant parties appropriately.

- The manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.