

## Royal Mencap Society

# Royal Mencap Society - 25 The Sandfield

### Inspection report

25 The Sandfield,  
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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?

Requires Improvement 

### Overall summary

This inspection took place on 24 and 28 October 2014 and was unannounced.

25 The Sandfield is a care home, without nursing, for up to four people with learning disabilities and autistic spectrum conditions. There were three people living at the home but one person was in hospital when we visited. The people living at 25 The Sandfield had a range of support needs. Some people could not communicate verbally and needed help with personal care and moving

about. Other people were physically able but needed support when they became confused or anxious. Staff support was provided at the home at all times and most people required staff support when outside the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We had not received a relevant notification from the service. Services tell us about important events relating to the service they provide using a notification. This was a breach of our regulations. You can see what action we told the provider to take at the back of the full version of this report.

People using the service, relatives, a learning disability liaison nurse and a speech and language therapist told us they were happy with the care provided by 25 The Sandfield. Staff were kind and were able to empathise with people. The registered manager ensured staff provided a service which was tailored to each person's individual needs and preferences. As part of this, a balance was achieved between keeping people safe and supporting them to make choices and develop their independence.

Work was ongoing to help people become as involved as possible in the local community and to achieve their personal goals. People were proud of what they had achieved and one person was very pleased to have a voluntary job in a local barbershop. We did, however, find there was scope for staff to investigate whether some people could take on more responsibility for their own care.

People were supported by staff who monitored their physical and psychological health and sought guidance from health and social care professionals as needed. This included getting and following guidance on eating and drinking when people had particular difficulties. Staff felt well supported and had the training they needed to provide personalised support to each person. Staff met regularly with their line manager to discuss progress and concerns and met as a team to review the care people received. When things did not go well, staff reviewed the situation and learned for the future.

# Summary of findings

## 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. Staff demonstrated a good understanding of safeguarding requirements. Risks were identified and addressed whilst taking people's freedom and independence into account. Incidents were reviewed and lessons learnt.

The premises were well maintained and clean. Sufficient staff with relevant skills and experience were available to keep people safe and meet their needs. Medicines were stored and administered safely.

Good



### Is the service effective?

The service was effective. Staff received the training and contact with their line manager they needed to support people competently.

People's freedom and rights were respected by staff who acted within the law. People's mental capacity was assessed when needed and decisions were made in their best interests.

Staff monitored people's physical and psychological wellbeing and ensured support was in place to meet their changing needs. Staff contacted health and social care professionals for guidance and support. People were supported to eat a healthy diet by staff.

Good



### Is the service caring?

The service was caring. We observed people being treated with kindness and respect. We received positive feedback about the support provided from people living at the home, relatives and health and social care professionals.

There was a warm and friendly atmosphere at 25 The Sandfield. People looked very comfortable with the staff supporting them. Staff described how they worked to maintain people's privacy and dignity.

People were encouraged to express their views about their support and the running of the home.

Good



### Is the service responsive?

The service was responsive. Support plans accurately recorded people's likes, dislikes and preferences so staff had information that enabled them to provide support in line with people's wishes. People's needs were regularly reviewed with them.

People were supported to identify goals they wanted to work towards and were encouraged to take part in activities within and away from the home. This included activities not specifically designed for people with a learning disability to increase community involvement.

Good



# Summary of findings

There was a system in place to manage complaints which relatives were comfortable using. They were confident any complaints would be listened to and taken seriously. Staff monitored people's behaviour to help identify if they were unhappy.

## Is the service well-led?

The service was generally well-led. A notification of a significant event had, however, not been shared with us in line with the requirements of the law.

Staff, relatives and professionals all found the management team approachable. Staff had confidence in the fairness of the registered manager. The staff understood the values of the provider and we saw these being applied during our inspection.

There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. The registered manager and provider carried out regular audits to monitor the quality of the service and plan improvements. Where a shortfall was highlighted, action was taken promptly.

**Requires Improvement**



# Royal Mencap Society - 25 The Sandfield

## 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 inspection took place on 24 and 28 October 2014 and was unannounced. The inspection was completed by one adult social care inspector.

Before the visit the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We also reviewed previous inspection reports, notifications and enquiries we had received. Services tell us about important events relating to the service they provide using a notification.

On the days we visited we spoke with two of the three people living at 25 The Sandfield, the registered manager and two members of staff. We spent time observing the care and interactions between staff and people living at the home. We looked at two support plans, staff training records and a selection of quality monitoring documents. Following the visit we received feedback from one relative, a speech and language therapist and a learning disability liaison nurse.

# Is the service safe?

## Our findings

Each person met with staff every two months to review their support. Staff used this as an opportunity to ask people if they were worried about abuse. Some people would be unable to verbally communicate they were being abused so staff monitored their behaviour for unexpected changes that needed following up. Staff had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. They told us they had received training and we confirmed this from training records. Staff described the correct sequence of actions to follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Staff were aware of the whistle blowing policy and the option to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively.

People's personal finances were safeguarded using robust procedures. As described in the provider information return, each person had a financial needs assessment that identified the level of support they needed with their money. This helped to make sure staff did not have more control over people's money than the person needed. A record was kept of all purchases and used to check the money each person had. All withdrawals were matched up with the person's bank statement. Checks took place to make sure records were accurate.

Risk assessments were completed with the aim of keeping people safe and supporting them to be as independent as possible. Some people did not understand the concept of risk so their family members, advocates or health and social care professionals were consulted in the development of their risk assessments. Risk assessments were detailed and gave staff clear guidance to follow that matched the content of people's support plans. For example, staff had effectively balanced the need to help one person manage their weight whilst still giving them opportunities to eat food they enjoyed. A system was in place to record and review incidents and this fed into risk assessments and support plans. Staff took steps to learn from any incidents and put measures in place to prevent them happening again. For example, one person had reacted badly to a specific situation and staff had since made sure the situation did not occur again.

The home was well designed and maintained, which contributed to people's safety. Staff had achieved a good balance between a hygienic and a comfortable environment. Staff told us urgent repairs were addressed quickly by the landlord but other improvement work could take time to resolve. The landlord was meeting their responsibility to complete fire and gas safety checks. Checks were completed daily by staff to make sure food was stored at the right temperature and in a hygienic way. Staff also had daily cleaning tasks allocated. An external company was being used to regularly deep clean the bathrooms as they had become unhygienic in the past. They were clean when we visited. People had private space when they wanted to be alone and this was especially important to those people with an autistic spectrum condition. There was an emergency evacuation procedure for each person that identified the help they would need to safely leave the building in an emergency. This plan used pictures to help people know what to do.

We observed staff administering two people's medicines. They followed the guidelines in place from a speech and language therapist to prevent choking and also followed the procedures recorded in the person's support plan. The person set the pace of administration and staff reassured them throughout the process. People's medicines were stored in a locked safe. All creams and liquids had been dated on opening to allow staff to dispose of them when they expired. Each person had a medicines profile that gave staff the information they needed to safely administer the medicines. They also had guidance to follow where people's medicines could be taken as required. The records of medicines administered were completed with no gaps. Regular stock checks took place to help identify any possible administration errors. The storage and administration of medicines was audited by the registered manager to check good practice was being followed. Where problems were found, such as paperwork that needed updating, they were addressed.

We did not review staff recruitment procedures as no new staff had been recruited since we last visited in December 2013. The number of staff needed for each shift was calculated using the hours contracted by the local authority. People were being supported by the correct number of staff at the time of our visit. In order to maintain consistency for the people living at the home, agency staff were not used. Following feedback from the local authority, the registered manager had changed the way staff were

## Is the service safe?

allocated to make sure staff had time to work with people on a one to one basis. This allowed staff to spend time focused on one person and to suggest activities that person was known to enjoy.

# Is the service effective?

## Our findings

One person said, “I love [the food].” People went shopping with staff and helped to choose the food they wanted to eat that week. For people with limited speech, choices between two items were given so they could indicate which they preferred. We observed two people eating breakfast and lunch. On each occasion people were encouraged to help with the food preparation and were given choices about what to eat. One person was able to put sauce on their food and another person was able to butter their bread. Staff prepared the food according to guidelines in place from a speech and language therapist. This involved cutting food into small pieces for one person to prevent them choking. One person required low sugar foods to help manage their diabetes. Staff received ongoing guidance from a diabetic nurse. Another person had recently been assessed by a speech and language therapist because they had increasingly been refusing food. Staff had since attended training to help them prepare food this person was more likely to eat and an improvement had been noted.

People’s physical and psychological wellbeing was monitored by staff at 25 The Sandfield and their changing needs were met. The effectiveness of the support provided was reviewed during meetings between each person and their key worker every two months. When necessary, staff contacted health and social care professionals for guidance and support. For example, one person had seen their GP as staff noticed a physical health problems developing. Staff had then been involved in discussions about what action should be taken in the person’s best interests. Each person had a health action plan that identified their primary health needs and the support they required to remain well. Hospital nursing staff told us they were pleased to have information about how to support people from the home when someone was admitted. A speech and language therapist confirmed their guidance was followed by staff.

Staff met with the registered manager to receive support and guidance about their work and to discuss training and development needs. Records of these meetings showed staff had an opportunity to communicate any problems, suggest ways in which the service could improve and request training. The meeting minutes also contained information about what the member of staff had done well. The provider expected these meetings to take place every

three months and this frequency had been achieved. The registered manager worked flexible hours to enable her to monitor the way staff cared for people in the evenings and at weekends as well as during the office hours. She observed staff performance when she was providing care or simply present at the service. This allowed her to provide feedback to staff. Formal competency assessments were completed each year on financial procedures and medicines administration. This helped to ensure poor practice was identified and addressed. Staff meetings also helped to improve practice. During recent meetings the registered manager had highlighted areas requiring improvement such as medicines recording and staff not using mobile phones whilst at work. Team meetings were also used to ensure all staff were following a consistent approach with people and update staff on any changes to people’s needs.

Records showed staff training was up to date apart from Mental Capacity Act 2005 (MCA) training. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff had received training specific to the needs of the people they supported including positive behaviour management, autism, catheter and dysphagia training. Staff told us they felt competent and could ask for additional training when they needed it. A speech and language therapist was pleased to see all staff, including the registered manager, had attended training they had suggested would be helpful.

Although staff had not completed a training course on the MCA, informal training had been given in a recent staff meeting and staff were reading the company MCA policy and an easy read guide by the Department of Health. A training course was in development and the registered manager told us staff would complete this as soon as it was available. Staff spoke confidently and knowledgeably about the MCA and explained how this impacted on their work. For example, they knew signing a document was not giving consent if the person did not understand the decision to be made. A learning disability liaison nurse said they thought staff had a good understanding of the MCA.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it



## Is the service effective?

is in their own best interests or is necessary to keep them from harm. The registered manager was booked on training on 16 December 2014 and planned to reassess the need for a DoLS application for each person after the course.

# Is the service caring?

## Our findings

One person told us, “I love living here.” Another person indicated they were happy by smiling and giving a thumbs up sign. A relative told us, “I am happy with the support. The care workers really go the extra mile. There is nothing I would fault with them.” People looked comfortable with the staff supporting them and chose to spend time in their company. There was a friendly atmosphere and the interactions we saw between people living at the home and staff were caring and professional. For example, staff ensured they used language the person understood. Staff talked with people about topics of general interest that did not just focus on the person’s care needs. They also found ways of engaging with a person who had limited verbal communication, for example by looking at their magazines with them. One person who lived at the home was in hospital when we visited. Staff explained to the other people where he was verbally and by using sign language. Staff had also arranged regular visits to the hospital to reassure the person in hospital and those still at home. People were excited when they knew they were going to visit their friend.

The registered manager described work that had been done to improve the approach staff had to supporting people. Recent work had focused on helping staff to better understand each person’s sensory needs and the causes behind their agitation or anger. Staff had read relevant materials and had received training from the registered manager. As a result, the registered manager had noticed staff were more able to understand what people may be trying to convey through the way they behaved and how they could meet their needs. We accompanied people using the service and staff on a trip to the local supermarket. The people living at the home set the pace of the shopping trip and they were encouraged to make choices about what was bought and help with the shopping. One person became upset during the trip and a member of staff was able to calm them and prevent harm to them or others. They reassured the person using words and sign language and tried to distract them from what was upsetting them. They also changed the seating plan in the car for the return journey to minimise the risk of another person being hit or upset.

Staff demonstrated detailed knowledge about the people living at the home. A learning disability liaison nurse told us staff knew the person well and mentioned staff knowing “the little details that are important”. They told us what could upset people, what helped them stay calm and what each person was interested in. This closely matched what was recorded in people’s support plans. We saw staff applying this knowledge during our visit and people responded positively to them. One person enjoyed magazines about a popular television programme and when they became agitated staff redirected their attention to their magazine. This worked well and the person enjoyed the activity.

Staff spoke about respecting people’s rights and supporting them to increase their independence and make choices. Throughout the day we saw people being offered choices about food, social activities and how they spent their time. We heard staff explaining choices to people and taking time to answer their questions. When new staff had been recruited they spent time at the home so current staff could assess how well they responded to people. Each person using the service was then asked to identify using a happy or sad face whether they liked the applicant or not. The registered manager told us people’s views about applicants were seen as important. A relative told us they had opportunities to be involved in the development and review of their relative’s care. They felt information shared with them by the staff was good and said “communication is spot on”.

Staff were aware of the need to protect people’s dignity whilst helping them with personal care. One relative told us, “They treat him with respect – they treat him as an adult.” One way this was achieved was to encourage people to be as independent as possible and to undertake the personal care tasks they were able to do for themselves. Support plans and risk assessments also contained information to help staff maintain people’s dignity. We observed staff respecting people’s privacy. For example, when staff wished to discuss a confidential matter they did not do so in front of other people.

# Is the service responsive?

## Our findings

There was some evidence people's need for support was being assessed on an ongoing basis. One person had recently started being more involved in their person care rather than staff doing it for them. There was, however, scope for more aspects of support to be reviewed. For example, we observed one person had some of the skills needed to be more responsible for their medicines but staff had not looked at what elements of the task they might be ready to take on. People were encouraged to take part in household tasks such as preparing food and cleaning. This helped them develop skills and feel involved in the running of the house.

Each person using the service had a support plan which was personal to them. Each support plan detailed who had contributed to the plan and how involved the person concerned had been. A decision making profile detailed how each person needed to be supported to make decisions. The support plan clearly identified what the person could do themselves and the support they needed. Where people could become very anxious there was information about how to support them to manage their anxiety and how to communicate effectively with them. We observed staff using these techniques. The support plans also signposted staff to other relevant documents such as a sign language handbook and guidelines from a speech and language therapist.

Every two months each person met with their key worker and their support plans, risk assessments, health, finances and goals were reviewed. These meetings helped to ensure people's needs were regularly assessed and records were kept current. People were also reminded how to make a complaint. Some people were able to contribute to these meetings more than others. We looked at the notes from a person centred planning meeting for one person held in December 2013. Following the meeting, four goals for them

to work towards were agreed. This included having another holiday, walking more and taking part in more house hold tasks. They were clearly excited about going on holiday again. The goals set for each person were listed on their daily notes and staff recorded any progress made each day. Staff said this approach helped to remind them of what people were working towards.

A relative told us staff really persevered at encouraging their relative to go out and they felt the range of activities was good. Staff were training to become social inclusion mentors to help them find opportunities for people to spend time in the local community, taking part in activities that were not specifically designed for people with a learning disability. Staff aimed to support each person to do an activity away from the home each day during the week. This was not always possible at the weekend due to staffing levels. One person had recently started doing voluntary work at a local barbershop as well as going to an art group, bowling, learning to play the guitar and working at a local nursery. Staff told us these activities had increased his self-confidence and ability to speak with others. He smiled proudly when he talked about his work and guitar lessons. Staff were now trying to find a laundry for another person to work in as they enjoyed folding clothes.

The home had a complaints procedure and any complaints made were recorded and addressed in line with this policy. We looked at the complaints log and found no new complaints had been received since our last inspection in December 2013. A relative told us they had not had reason to complain recently but would know how to if necessary. They said they were confident any complaint would be dealt with appropriately. Most people would be unable to make a complaint verbally so staff monitored their behaviour for changes. If someone's behaviour changed, staff tried to find out if they were unhappy about anything and address this.

# Is the service well-led?

## Our findings

Important information is shared with the Care Quality Commission (CQC) using notifications. In January 2014, one person tried to kick another. As no harm occurred, the incident was not reported to us as the registered manager did not identify this as abuse. This should, however, have been notified to us to allow us to monitor the handling of such incidents. This was an isolated incident and the registered manager now understands the definition of abuse. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was a commitment to listening to people's views and making changes to the service in accordance with their comments and suggestions. People living at the home took part in a satisfaction survey each year. No one living at the home could complete the questionnaire independently so staff recorded their answers for them. Two members of staff were present to ensure the answers recorded were accurate. Staff recorded any response the person gave to the questions including smiling and body language and also reflected whether the person seemed to understand the question. One person had told staff they would like to change the day they did an activity during their survey and this had been arranged. A summary of responses had been produced to identify any trends. There had not been any concerning trends from the last survey. A survey had also been sent to family members but had not yet been received back.

People were happy to spend time communicating with the registered manager and had a good relationship with her. A relative had no concerns about the management of the service. Staff were positive about the management of the home and the support they received to do their jobs. The home had a registered manager who also managed one other service. Her time was split between the two services. Staff told us they had plenty of opportunity to meet with her and she was approachable and involved with the service. Staff understood the pathway for raising concerns with the registered manager. From past experience they believed staff were dealt with fairly if a concern was raised. Staff were confident concerns they raised would be

addressed. Staff were regularly asked for feedback. For example, staff had been asked about the resources they had received to complete mental capacity assessments for each person about voting. Staff identified the pictures in the resources were too abstract for the people they supported and so were not as effective as they could be. This had been fed back to the provider to influence future projects.

The provider's values included being empowering, including and respecting all people, being people centred and challenging wrong ways of thinking about learning disability. The values were shared with staff as part of induction. Staff understood the aims of the provider and we saw these values being put into practice during our inspection. For example, the recent work to get people involved in the local community through finding voluntary work. Staff had assessed each person's skills and were finding options to suit them and empower them. Staff understood their roles and responsibilities. This was initially discussed at induction and reiterated at meetings with their line manager. All staff were expected to read the Mencap employee handbook and the social work code of practice to help them understand the scope of their responsibilities.

The registered manager received oversight and guidance from the provider. This included attending managers meetings and being monitored by senior staff from the provider using reports and audits. Actions resulting from the audits were followed up by the provider to ensure they were completed. Examples of recent actions were maintenance work, staff training to be completed and paperwork that needed reviewing. The provider shared information with the registered manager when legislation or best practice changed. As recorded in the provider information return, the regular audits completed by the registered manager helped to monitor the quality of the service and identify the need for improvements. This included audits on fire safety, medicines and the home environment. The audits and reviews benefited people as they resulted in improved practice. Changes made as a result of these checks included arranging deep cleaning for the bathrooms and changes to the recording of people's goals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents  The registered person had not notified the Commission without delay of abuse or an allegation of abuse in relation to a service user.