

Royal Mencap Society

Royal Mencap Society - Newstead Bungalow

Inspection report

Ashfield Court
Stoneyford Road
Sutton In Ashfield
Nottinghamshire
NG17 2DR

Tel: 01623552392
Website: www.mencap.org.uk

Date of inspection visit:
05 December 2018

Date of publication:
09 January 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

Newstead Bungalow 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.

This is the first inspection since the provider registered this location on 13 November 2017. Newstead Bungalow is registered to accommodate six people with a learning disability and associated conditions in one adapted building and provides personal care. There were six people using the service at the time of our inspection. Each person had their own bedroom with a communal lounge, dining room and kitchen that they could access. A garden area was also available for people to access.

Newstead Bungalow met 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.

The service had a registered manager in post. 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.

People's received support from sufficient numbers of trained staff who were available to meet their individual needs. People were supported by staff who understood their responsibilities in protecting them from the risk of harm. People were supported to take reasonable risks, to enable them to spend time doing things they enjoyed.

People were supported to take their prescribed medicine in a safe way. The staff's suitability to work with people was established before they commenced employment. Staff supported people to keep their home clean and systems were in place to guide staff on the prevention and control of infection.

People 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. People and their representatives were involved in their care to enable them to make decisions about how they wanted to receive support in their preferred way.

People received a balanced diet that met their preferences and were supported to access healthcare services. People received coordinated support to ensure their preferences and needs were met.

Staff understood people's needs and preferences and treated them with consideration and respect. People

were supported to maintain their dignity and their privacy. People were supported to maintain relationships with those who were important to them.

People were supported to maintain their interests and be part of their local community. Processes were in place for people and their representatives to raise any concerns about the service provided.

People and their representatives were consulted and involved in the ongoing development of the service. Staff understood their roles and responsibilities and were supported by the management team. The provider and registered manager understood their legal responsibilities with us. Systems were in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe

People were supported to keep safe by staff that understood their responsibilities to report any concerns. Risks to people were minimised and they were supported to take their medicines in a safe way. Sufficient numbers of staff were employed to ensure people's needs were met. The recruitment procedures in place checked potential staff's suitability to work with people before they began employment. Systems to manage infection control and manage accidents and incidents were in place, to enable the registered manager to take action when needed.

Is the service effective?

Good 

The service was effective.

People were supported by trained staff and their rights were protected because they were supported to make decisions. People received a diet that met their requirements and preferences and the staff worked with health care professionals to ensure people's health was monitored and any changing needs met.

Is the service caring?

Good 

The service was caring.

There was a positive relationship between people that used the service and the staff that supported them. People liked the staff and they were supported to develop their independence and maintain their dignity and privacy. People maintained relationships that were important to them with the support of staff when required.

Is the service responsive?

Good 

The service was responsive.

People received individualised support that met their preferences and were encouraged to develop their social interests and be as independent as they could be. Staffed worked in partnership with people to ensure they were involved in discussions about how they were supported. People were supported to share any concerns they had and these were addressed in a timely way.

Is the service well-led?

Good ●

The service was well led.

People and their representatives were consulted and involved in the development and improvements of the service. The manager understood their responsibilities and had resources available to them; including partnership working with other agencies that ensured people's needs were met. Systems were in place to monitor the quality and safety of the service and drive improvement.

Royal Mencap Society - Newstead Bungalow

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 was carried out by one inspector on 5 December 2018 and was unannounced.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The inspection was also informed by other information we had received from and about the service. This included statutory notifications. A notification is information about important events, which the provider is required to send us by law and feedback from the local authority, who commission services from the provider. We used all this information to inform our inspection plan.

During the inspection, we spoke with three people who used the service and one relative. We also spoke with the registered manager, assistant manager and three care staff.

We looked at two people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

We asked the registered manager to email a copy of their training record and improvement plan so that we

could check staff training and see how the provider monitored the service to drive improvements. The registered manager sent this to us within the required timeframe.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe with all the staff; they are all really nice and helpful to me." Another person told us, "I like the staff, they are all nice." We saw that people were relaxed with the staff that supported them. The relative we spoke with told us they felt their relation was safe with the staff that supported them. They told us, "They are quite independent but when their mental health isn't good they recognise this themselves and tell the staff, who are very supportive and very patient with them."

Staff were clear on what constituted abuse or poor practice and knew how to recognise and report potential abuse to keep people safe from harm. One member of staff told us, "I would report directly to the manager if I had any concerns. We can report higher in Mencap or go the local authority. We also have a whistleblowing number we can contact but I haven't needed to use this." Whistle blowing is a policy that enables staff to report poor practice, anonymously if they prefer; it also protects staff if they do this. Records demonstrated the registered manager had made referrals to the local authority safeguarding team when needed and notified us of these referrals.

When people demonstrated behaviours that may put them or others at risk, the staff understood how to support them in the least restrictive way. Positive behaviour support plans were in place to guide staff on how to support people to reduce these behaviours. Where incidents had occurred, records were in place to demonstrate the support the person had received, to maintain their safety and the safety of others.

Staff enabled people to achieve a fulfilling life whilst keeping them as safe as possible. The people that lived at the home received varying levels of support. This was dependent on each person's assessed needs. For example, some people required the support of two staff when they went out of the home. We saw that people were supported by a consistent staff team that knew them well. One member of staff told us, "I have worked here for several years and so have a lot of other staff, so we know people well." Staff confirmed the staffing levels were sufficient to meet everyone's needs and preferences.

We saw that people were not discriminated against with regard to their disability and were supported to be as independent as they could be. This was achieved through assessing each individual's abilities and the support they needed to keep safe. For example, one person had a plan in place to support them in crossing the road independently. We saw this included a step by step development plan that staff used with the person to help them in achieving this goal safely. Information recorded by staff showed the improvements in this person's learning and their ongoing development in achieving this.

Plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support each person would need in the event of fire or any other incident that required their home to be evacuated. Staff had a good understanding of the level of support each person needed and confirmed that fire evacuation procedures were undertaken with people, to ensure they would know what to do in such an event.

Safe recruitment practices were in place. We looked at two staff files and saw the provider checked the suitability of staff prior to employment. The staff recruitment records seen included Disclosure and Barring Service (DBS) checks. The DBS is a national agency that keeps records of criminal convictions.

People told us and we saw they were supported to take their medicines when needed. We reviewed the arrangements for the storage, administration and disposal of medicines. These were in line with good practice and we saw that national guidance was followed. We saw that people were supported by staff trained to administer medicines. A medicine administration record was kept and staff signed when medicine had been given or if not, the reason why. A protocol was in place for staff to administer medicines that were taken 'as required'. This provided staff with clear guidance on when these medicines should be given. We saw that when medicines were administered this was checked by a second staff member which reduced the possibility of any medicine errors. Monthly audits were also undertaken by the management team.

We saw the home was maintained to a good standard. Staff confirmed they supported people to keep their home clean, to ensure hygiene standards were maintained and received training in infection control and food safety. The management team completed audits of infection control and health and safety to ensure any areas for improvement had been identified and action taken as required.

The registered manager confirmed in their Provider Information return (PIR) and we saw, that all incidents and accidents were recorded and reported to them. The registered manager then shared this with the area manager and reviewed the person's support plans and risk assessments as necessary and documented the immediate and short-term actions being taken in response to the incident. We saw a procedure was in place if a serious incident or accident occurred. This included sharing information with senior people in the organisation and with CQC and the local safeguarding board. This demonstrated that continuous monitoring was in place to ensure accidents or incidents were reviewed; to enable lessons to be learnt and action taken as needed.

Is the service effective?

Our findings

People received support in line with good practice guidance and they were protected under the Equality Act; as the potential barriers they faced because of their disability had been reduced to ensure they were not discriminated against. For example, one person who had a hearing impairment had a deaf alerter. This is a radio based fire alarm for hearing impaired people.

People's needs had been assessed before they moved into the service to ensure they could be met. Support plans had been developed from these initial assessments and reviewed to ensure the staff team continued to meet people's changing needs.

The relative we spoke with told us they were happy with the support their relation received from the staff team. They said, "The staff know what support [Name] needs, which is mainly prompts and encouragement and they provide that. I am very happy with the support they provide, they are all very competent."

We saw that new staff without any previous experience in care completed the care certificate during their induction. The care certificate sets out common induction standards for social care staff to enable new staff to provide people with safe, effective, compassionate and high-quality care. Staff continued to receive training to develop their skills and knowledge. One member of staff told us, "The training is very good. I can't think of any training that I need that I don't get." Another member of staff told us, "The training is mainly classroom based so there is an opportunity to ask questions and get involved in discussions. We also cover some training using workbooks that are sent away to be marked. Our training covers everything."

The registered manager confirmed in their PIR that the provider had five core values, which were caring, trustworthy, challenging, positive and inclusive. All staff have regular one to one meetings called shape your future. During these, staff were asked to give examples of how they lived each value. These values were rated over the year and staff that achieved an overall rating of excellent were put forward for a programme called 'you've got talent'. This provided staff with various opportunities, including having a mentor and being able to apply for different development opportunities within the organisation. Staff we spoke with confirmed this. One member of staff told us of the secondment opportunity they had undertaken and how this had expanded their knowledge and skills.

People confirmed they were supported to make decisions regarding their meals. One person told us that each person decided on an evening meal throughout the week. They said, "If there is a meal you don't want, then you can have something else." Menus were created by using pictures and words, chosen weekly for main meals and daily for breakfasts and snacks. People were encouraged to take part in the everyday running of their home such as helping with the shopping, meal preparation and laying the table for meals. The support plans we looked at included an assessment of people's nutritional requirements and their preferences and we saw that people's dietary needs and preferences were met.

Each person had a health and wellbeing plan that provided staff with information about their health needs.

A grab pack was in place for use when people attended hospital and health appointments. These provided healthcare professionals with information about the person's health care needs, their prescribed medication, their method of communication and their capacity to understand and make decisions regarding their health. The registered manager and staff team worked with healthcare professionals to ensure people received the support they needed in a timely way. This was to ensure people's needs were met and information was provided to them in an accessible format that met their communication needs. This included any support people needed with health care appointments. We saw that referrals were made when needed to healthcare professionals to assist people with their changing needs. People were routinely supported to see health care professionals such as dentists, doctors, opticians and chiropodists; to ensure they maintained good health. Relatives confirmed that they were supported to be involved in their relations healthcare appointments if they wished to. One relative told us, "I have been with [Name] and the staff today to an appointment. The staff have been brilliant, really supportive."

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 were being met.

We saw assessments were in place where people needed support in making specific decisions, such as managing their finances, taking their prescribed medicines and the daily support and supervision, they received. Five people that used the service had restrictions placed on them as they needed support for their safety. An application to lawfully restrict their liberty had been made. One person's application had been approved with no conditions. The other four people's approvals were waiting either for an assessment, or confirmation regarding a recent assessment from the authorising body. Staff continued to support people in their best interests whilst awaiting the outcome. Staff told us they were provided with training to support their understanding around the Act and we saw that people were supported to make their own decisions about what they wanted to do throughout the day; such as how they spent their time and what they wanted to eat and drink. Support plans seen demonstrated that people were encouraged and supported to be involved in decisions about their lives and what they wanted to achieve. The registered manager confirmed in their PIR that staff encouraged people's independence and autonomy, using a help as needed approach. People were given the opportunity to do for themselves, to make mistakes and to have their achievements recognised and celebrated. This approach supported people to gain confidence and improve their sense of self-worth and emotional wellbeing.

Is the service caring?

Our findings

People told us they liked the staff. One person said, "All of the staff help me a lot." Another person said, "The staff are very nice." The relative we spoke with told us, "The staff are all so friendly. I am always made to feel very welcome and they involve me in [Name's] support." We saw a positive and caring approach was provided by the staff team that enabled people to live a fulfilling life.

People were encouraged to learn new skills and be as independent as they could. For example, they were supported with household tasks, such as their washing, cleaning their own rooms and bathrooms and caring for their belongings.

People were supported to be involved in the decor of their home. For example, choosing the furniture, colour scheme and carpets and personalising their rooms. Including the choice of decor, furniture and soft furnishings. We saw that each person's bedroom room reflected their individual tastes and interests and a door laminate had been chosen by them to make each door look different and homely.

People's communication methods were recorded in their support plans. These described how the person communicated their needs in particular areas for example, how the person expressed when they felt unwell or if they wanted privacy.

In their PIR the registered manager had confirmed that people were given the opportunity to express their choices regarding how to live their daily lives. We saw that communication systems were in place to ensure each person's views were considered. This included the use of social stories that supported people to prepare for an activity, such as visiting a health professional. Social Stories are used to support people with autism in understanding rules, routines, situations, upcoming events and understanding expectations. Alternative methods as well as written words were used to ensure information was accessible to people; such as the use of pictures, signs and gestures. One person had a communication keyring with pictures of activities, staff and family members and different foods to support them in making choices. A computer programme was available at the home, for staff to print information in symbol format for people as needed. These communication tools enhanced people's communication and understanding and supported them to be as independent as they could be; by enabling them to communicate their preferences and wishes and be in control of their daily lives.

Staff had a good understanding of people's needs and we saw they supported them with dignity and respect. For example, we saw that staff supported people discreetly to use the bathroom when needed. Staff respected people's privacy. For example, when people chose to spend time alone in their rooms, we saw that staff respected this.

The registered manager told us that families were always welcome to visit. As people accessed the community regularly this was usually arranged in advance and communicated to the people in the way that they could understand. For example, verbally or through using photographs or social stories. Four of the people supported made regular telephone calls to their relatives and were supported by staff as needed to

make the call and were provided with privacy for the duration of the call. One person regularly visited their family for overnight stays. Others were supported by their families for days out or spent time in the home with their relatives. People were supported to send cards and letters to friends and relatives to celebrate Birthdays and Christmas. Each person chose how they wished to celebrate special occasions and the staff supported them to do this. For example, two people who lived at the home had chosen to go out for a Christmas meal together on the day of our visit, and told us they were looking forward to this.

Is the service responsive?

Our findings

People were supported to spend their time in their preferred way and develop their interests and skills. This included supporting people to participate in activities of interest. For example, horse riding, swimming, golf, bowling, shop, cook and eat, college, shopping, summer fayres, calligraphy, art classes, day trips and access to working opportunities.

The provider ensured people were protected under the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. Communication plans were in place within people's support files that provided detailed information on how people communicated their needs and preferences. We saw that people were enabled to make decisions regarding the support they received as staff ensured this information was provided in an accessible format for them such as pictures and photographs and using objects of reference. Some people used Makaton to communicate and we staff could effectively communicate with them using Makaton. Makaton is a recognised sign language used by some people with a learning disability.

People were involved in producing their support plans. The registered manager confirmed in the PIR, that where people's communication skills made this difficult, plans were written using historical evidence and from the staff and families' knowledge of the person, along with professionals that were involved in the person's care. Each person had regular key worker meeting with their key workers. These meetings provide an opportunity to look back and highlight any areas of focus needed to improve the person's life experience and make any necessary changes to their support needs. These meetings also provided people with an opportunity to speak out confidentially about any issues they had.

Due to the limitations in some people's verbal communication, an easy read format complaint procedure was in place using symbols to support people if they wished to raise any concerns. We saw that when people raised a concern the registered manager addressed these promptly.

None of the people that used the service were being supported with end of life care, therefore we have not reported on this at this inspection.

Is the service well-led?

Our findings

A registered manager was in post who was clear on their responsibilities. They understood their responsibility around registration with us and we had received notifications when significant events had occurred within the home. This meant we could check appropriate action had been taken.

People we spoke with and staff were clear who the registered manager was and confirmed that they could speak to them when they needed to. We saw the registered manager took an active role in supporting people that used the service. For example, on the day of our visit, the registered manager and assistant manager had supported a person with their relative to attend a consultation with a health care professional. The person's relative spoke highly of the registered manager and management team and told us the home was managed well.

The registered manager had experience in working with adults with a learning disability which supported them in their understanding of the needs of people that used the service. There was an infrastructure of support for the registered manager which included their line manager, an assistant manager and care staff. The registered manager received support from an area operations manager (AOM) and regional operations manager (ROM).

Monthly checks were carried out by the registered manager which included monitoring health appointments, support plans and risk assessments, finance checks and training, medication, health and safety and the environment. Any actions required were recorded and discussed with the team as required and an action plan implemented. The AOM made regular visits to the service to meet with the registered manager, staff team and people that used the service. The AOM also undertook a service audit, that checked people's finances, health and safety and performance management. Any actions arising from these audits were added to the continuous improvement plan, with details of who will be responsible for the action and a deadline for this to be completed by. We looked at this audit and saw that actions were taken as needed to maintain the service and drive improvement.

The registered manager confirmed they attended regular area team meetings with the area operations manager where they discussed good practice and any changes within the organisation. The meetings also provided the managers with opportunities to share any advice or good practice in their services. Other resources included the Mencap connect magazine which shares good practice and any news to employees and a manager's monthly memo. These informed managers of any changes within the care sector and good practice stories, to share with their team and inspire good practice within the service. The provider's quality team also offered support to the staff team to enhance the support provided to people.

Staff confirmed they were provided with monthly team meetings. The registered manager confirmed that these provided an opportunity to share any changes that need to be communicated and share good practice or any changes within the organisation. A communication book was used daily to ensure any new information or changes that everyone needs to be aware of were communicated.

The service held an annual reflection day which provided an opportunity for staff to reflect on their hard work and achievements, identify areas of improvement, and set objectives for the coming year. The provider also held an internal award system called "You Rock" which allowed managers to acknowledge individual staff or teams for the quality of care and support they have provided. One member of staff told us, "This is the best job I have ever had. I feel supported and valued." Another member of staff told us, "We all work really well together and are supported well by the manager and assistant manager."

Annual feedback surveys were sent out to all people, their families and other stakeholders to gather their views on the service. Monthly meetings were also held with people that used the service. We saw that the registered manager acted on improvements suggested. For example, one person had raised a comment about another person that lived at the home being too noisy in the evening. The registered manager reminded everyone of the importance of considering each other and not being too noisy in the evenings.

The provider had an internal award system called You Rock which allows managers to acknowledge individual staff or teams for the quality of care and support they have provided. As people accessed the local community and facilities daily, they were accepted and integrated into their local community. Due to the regularity of visits to the local shops people are welcomed and accepted. Staff supporting community based activities actively promoted the rights of the people they supported and carried ID cards to ensure that members of the public could contact the service for further information, if they had any concerns.