

Royal Mencap Society

# Royal Mencap Society - 27 Larchwood Close

## 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

The inspection took place on 18 September 2018, and was unannounced

Royal Mencap Society - 27 Larchwood Close 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 was registered to provide care and support for up to seven adults with learning disabilities. At the time of the inspection, six people were living at the service. They received support 24 hours a day. The service was managed by The Royal Mencap Society, an organisation that specialises in providing care services for people with learning disabilities.

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

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 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.

The last inspection of the service was on 1 December 2015 when we rated the service good.

At this inspection the service remained good.

People living at the service were happy, relaxed and well cared for. Their representatives were happy with the support they were receiving. People's needs had been assessed and their care and treatment were planned so that these needs would be met. People were given support to learn independent living skills and try new things. They lived as part of a friendly community within the home and cared for each other.

Information about people's needs, the risks they were exposed to and their capacity to make decisions had been clearly recorded. Records were regularly reviewed and updated. People using the service, their representatives and the staff were involved in developing how care was planned. People were supported to take appropriate risks and there were systems to keep them safe and protect them from the risk of abuse. People received their medicines in a safe way, had access to a range of health services and had their nutrition and hydration needs met. They were supported to take part in community activities, both inside and outside of the home.

The staff were kind, compassionate and had positive relationships with the people who they were

supporting. They had the information, training and support they needed to care for people and make sure they led fulfilling lives. The staff were happy working at the service and communicated effectively with one another to achieve the best outcomes for people who lived there. They were praised for good work and encouraged to strive for excellence.

The service was well managed. The registered manager had worked there for several years and knew people well. They advocated on behalf of people and made sure they had access to the right services and support. There were effective systems for monitoring the quality of the service and making improvements. The complaints procedure was clearly laid out and people using the service, visitors and staff felt empowered to raise concerns and share their feedback about the service.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remained good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remained good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained good.	<b>Good</b> ●

# Royal Mencap Society - 27 Larchwood Close

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 18 September 2018 and was unannounced.

Before the inspection, we looked at all the information we held about the provider. This included the last inspection report, information from the public we had received and notifications. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also looked at publicly available information, such as the provider's own website and care home review websites, information from the food standards agency and through internet searches.

During the inspection visit we met four of the people who lived there, four support workers and the registered manager. We met two visiting relatives. We observed how people were being cared for and supported. We looked at the environment and equipment being used, we inspected how medicines were managed and we looked at records used at the service, which included three care plans, the recruitment records for three members of staff, records of audits, complaints, quality checks and staff training.

At the end of our inspection we discussed our findings with the registered manager.

Following the inspection visit, we contacted relatives and professionals by telephone to ask for their feedback. We spoke with one person's relative and one care professional.

# Is the service safe?

## Our findings

The provider had systems designed to protect people from the risk of abuse. These included procedures around safeguarding and whistle blowing. The staff received training in these and were able to tell us what they would do if they were concerned that someone was being abused. There were posters and accessible information for the staff about recognising and reporting abuse and we could see that this was discussed in individual and team meetings.

Risks to people's safety and wellbeing had been assessed and planned for. Each person's care plan included detailed risk assessments in relation to their daily activities, physical and mental health, nutrition, mobility and use of the community. The assessments focussed on how people could be supported to try new things, learn independent living skills and be supported in the least restrictive way. There was clear guidance for staff and the information had been regularly reviewed. Assessments included information about triggers which would increase risks to people, and how the staff could avoid these. The staff who we spoke with were able to tell us about individual people's needs, some of the risks they were exposed to and the way they supported people. They had a good understanding of these and how to keep people safe.

Risks within the environment were minimised because the provider and staff made sure there were regular checks on the safety of the building and equipment. There were procedures for different emergency situations and fire safety, including guidance about the support each person would need to evacuate the building in an emergency. The staff regularly checked fire safety and detecting equipment and the cleanliness of the home. The provider arranged for servicing and maintenance, as well as checks, on water safety, fire equipment, gas and electrical supplies. These were all recorded, and we saw that any problems were followed up and rectified.

There were enough staff to keep people safe and meet their needs. The permanent staff team was supported by additional bank (temporary) staff employed by the provider. The bank staff regularly worked at the service, were involved in team meetings and knew people's needs well. This arrangement meant that the provider had some flexibility to increase staffing levels when they needed. The registered manager told us that they arranged for additional staff to work at night during the period when a new person was settling in at the service.

The provider had procedures for the recruitment and selection of staff to make sure the staff were suitable. They carried out formal interviews and assessments of their skills and abilities. They also undertook checks which included checking their identity, a full employment history, references from previous employers, eligibility to work in the United Kingdom and checks from the Disclosure and Barring Service regarding any criminal records. Following receipt of these checks, the staff completed an induction programme and training to make sure they had the right skills to meet people's needs and care for them safely.

People received medicines as prescribed and in a safe way. There were procedures for managing medicines and all staff received training in these. The registered manager regularly assessed their competency in this area. Information about medicines included details about why people were administered these and any

side effects. There were regular reviews of people's medicines to make sure these were still appropriate.

Medicines were stored securely. However, one person's medicines were stored in a wooden, rather than a metal cabinet. Best practice guidance recommends that medicines are stored in locked metal cabinets. We discussed this with the registered manager, who agreed to replace the cabinet. The staff checked medicines storage temperatures in some, but not all rooms, where they were stored. There were no additional cooling facilities in some of these rooms and there was a possibility that the temperature may exceed the recommended range for storing medicines on hot days. Because the staff were not checking this they could not be sure medicines were stored at the correct temperatures all of the time and therefore were safe to use. The registered manager agreed to set up a process whereby the staff checked the temperature of all rooms where medicines were stored on a regular basis.

The staff kept accurate and detailed records to show when medicines had been administered. They also carried out regular audits of medicines being held at the service.

People were protected by the prevention and control of infection. The service was regularly cleaned and there was a plan to make sure all areas and equipment had deep cleaning. The staff undertook infection control audits and had identified areas of concern, which were then addressed. The staff were supplied with gloves and protective aprons to help prevent the risk of contamination and cross infection. There were appropriate systems for the disposal of clinical waste.

Lessons were learnt from and improvements made when things went wrong. All accidents, incidents and concerns were recorded. The staff and registered manager analysed these and reflected on how they could have managed situations differently. In addition, the wider organisation provided information for the service about lessons learnt from other services. For example, following incidents of harm or where people were put at risk, the provider issued guidance for all staff within the organisation and these were discussed by the staff team so they could understand how to prevent harm for people living at the service.

# Is the service effective?

## Our findings

Assessments were carried out so that the provider could find out about people's needs, choices and how they wished to be cared for. These assessments were in line with national guidance around, "building the right support" for people with learning disabilities and took account of how well the service could offer personalised care and promote independence. The assessments had been used to develop care plans. People using the service and their relatives were involved in the creation and review of these.

People were supported by staff who had the skills, knowledge and experience to deliver effective care. New members of staff undertook an induction, which included a range of classroom based and on line training, as well as shadowing experienced staff. The provider had a set of core training areas which all staff learnt about during their induction and at regular intervals to refresh their knowledge. The training was in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

In addition, the registered manager organised training specifically designed to help the staff understand and meet people's needs. For example, they had organised for the local health community team to visit the service and provide training around supporting people with positive strategies to enhance communication.

All of the staff had access to electronic portals where they could find out information about the provider, policies and procedures and refresh their training. The registered manager had an overview so they could check that staff training was up to date. They told us that where they identified a specific need for a member of staff they could organise additional training and support for them or the team.

The staff felt supported by their manager and the organisation. There were formal processes for appraising staff skills and rewarding good work. These were linked to the provider's values of inclusion, caring, trustworthiness, being positive and being challenging. The staff met with their manager for quarterly evaluations of their work. Where particular staff had contributed in a way which promoted or exceeded the provider's values they were awarded. Each staff member set personal objectives which they worked towards each year. The registered manager told us some of the staff had taken on additional roles and responsibilities such as more management tasks, training others and promoting positive health for the people living at the service.

There were regular team meetings and the staff used written communication and daily handovers to discuss the service and make sure they were up to date.

The building was designed and equipped to meet people's needs. Everyone had their own bedroom, which they had personalised and decorated. As people's needs had changed the provider had adapted the building to include new equipment, such as rails, to support people to stay independently mobile. There was also personalised equipment to keep people safe, such as a vibrating fire alarm in the bedroom of a person who was deaf. The staff helped people to feel proud of their environment. They supported one person to tell us about how they had recently purchased new furniture and décor for their bedroom, which



they had chosen.

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. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

The staff had assessed people's capacity to consent to different decisions about their care and support. Where people were able to give informed consent this was supported and there was information about how staff should communicate with them to make sure they understood the decision. The people using the service lacked the mental capacity to understand and consent to more complex decisions about their care. There was clear information to show that decisions had been made in their best interests and who should be involved in future decisions. The provider had applied for DoLS when needed and there was a record of this and when these should be reviewed.

People were supported with their healthcare needs. The care plans included detailed information about healthcare conditions, treatments and the healthcare professionals involved. One relative told us, "[Our relative] has had a couple of health issues and the staff are so on the ball and sorting everything out, they are brilliant." We saw that the service had responded to changes in people's healthcare needs. The staff had advocated on behalf of people to make sure they received the right support. There were records of medical appointments and guidance from health care professionals was included within care plans. The staff had worked closely with the health service community learning disability nurses who regularly visited people. They had provided training and guidance for the staff on how to support people.

People were supported to have enough to eat and drink to maintain a balanced diet. The kitchen was well equipped with food, drinks, snacks and fruit. People were able to help themselves to these, were involved in planning meals and shopping for food. We saw people being offered and helping themselves to drinks and snacks.

There were individual planned menus for each day which reflected people's choices, dietary needs and likes.

People's nutritional needs were recorded in their care plans and were regularly reassessed. Where people had a specific need, there were strict guidelines for staff on how to monitor their wellbeing and meet their needs. For example, one person was on a restricted fluid intake regime. There was information about this and the risks of excessive fluids for this person. The staff kept records of all fluid intake and monitored this.

## Is the service caring?

### Our findings

People were cared for by staff who were kind, respectful and compassionate. They had close relationships with the staff who knew them well. The staff spoke about people with fondness and affection. The registered manager and staff were able to give us examples about how they communicated with people and built their trust so that they could offer them the right support.

We observed the staff being kind and caring. They congratulated people for their achievements, engaged them in conversations about the areas of the person's interests and offered them choices and comfort when they needed this. The relatives we spoke with confirmed that this was the way all of the staff worked, telling us that everyone was kind and thoughtful.

We heard the staff telling people, "Well done you have done a great job" and "That is really good, congratulations" when people completed a task or did something for themselves. The staff also let them know what was happening, for example, one member of staff told a person, "I am just going to [do a job] then we can [do the thing you wanted to do]" and "I will not see you tomorrow but [staff member] is working and I will see you on [day of the week]." The staff involved people in discussions around what they needed when they went shopping and talked about the food they had selected when they returned home.

Care plans included detailed information about how people communicated and should be supported to make choices. The staff used photographs, pictures and objects of reference to help people make decisions about their daily lives. People's interests and skills were promoted. For example, one person enjoyed undertaking the health and safety fire checks at the service each week. They saw this as their responsibility and the staff supported them to do this. They also enjoyed checking for maintenance issues and reporting these to the registered manager.

People's independent was promoted and they were supported to undertake shopping, use the community and learn new skills inside and outside of the house.

People could not always understand or communicate about their care plans, so the staff found other ways to make sure they were involved in making decisions and planning for their future. They invited their family, advocates and friends to be part of this to help make sure their views were represented.

People were involved in the recruitment of new staff to the service. After a formal interview, successful candidates were invited to visit the home and spend time supporting people with an activity. During this time their engagement and skills were observed. The reaction and feedback from people using the service formed part of the final decision about whether the candidate would be recruited.

The staff respected people's privacy and made sure care was provided behind closed doors. The registered manager told us that people were able to choose specific gender care workers to support them with personal care.

## Is the service responsive?

### Our findings

The service was responsive to people's different needs and provided individualised care and support. For example, one person had recently moved to the service. They had felt unsettled and did not want to participate in any activities of daily living. The staff worked closely with community healthcare professionals to investigate ways they could support the person. The registered manager told us that they had organised for specific training for the staff on how to deal with some of the new challenges that they were presented with. They had also asked for the person's family member to work with them. Through this close working and learning together, the staff had managed to support the person to try new things. The person had started to prepare some of their own food and had left the house for short periods of time. The staff explained that they were hoping to increase their activity and skills as time went on.

In another example, the staff had recognised that one person often ripped books and pieces of paper. They regularly purchased a ream of paper which the person could use to rip so they did not damage things that were important to themselves or others.

Five of the six people had lived at the service for many years, their needs had changed, and the staff had been able to respond to these. For example, people had experienced changes to their health and mobility. The records of care showed how the provider had engaged with the person, their family and other professionals to help find ways they could support people through these changes. The provider had ensured people had the right equipment to meet their needs.

People had their needs recorded in individual care plans. These showed how they should be supported. Care plans and risk assessments were closely linked and included clear guidance on the support each person needed, how to promote their independence and confidence as well as their good wellbeing. The plans included information on people's likes, dislikes, health needs, emotional needs, personal hygiene and social needs. Accompanying each care plan was records to show, "I am great at....", "I sometimes find it difficult when....", "I need support with..." and "I want support with...." There was an emphasis on making sure care was planned to reflect these key elements about what people wanted and needed from staff. Care plans had been regularly reviewed and updated to reflect these changes.

People took part in a range of different social activities and events based on their individual interests and choices. For example, one person enjoyed watching football and other sports. The provider had arranged for them to have a sports satellite channel on the television in their bedroom. The staff had escorted the person to various matches and sporting events. Another person enjoyed buying and watching DVDs, so they had a regular trip to purchase low price DVDs which they could watch in their room. Additionally, the staff organised some group events, such as trips to places of interests and parties.

People's relatives told us they were welcomed at the service and involved in decisions about people's care. They said they had a good relationship with the staff and felt able to discuss their ideas and any changes they wanted. The staff supported people to stay in touch with their relatives. For example, one visitor told us they had always enjoyed regular phone calls with their relative, but as this person's needs had changed they

were less able to hold a conversation. In response, the staff arranged it so that one of them sat with the person during the phone call, with the loud speaker on, so that they could help with communication. The visitor told us they appreciated this and that it was done very well. Another person was supported to use video calling to speak with a relative who lived a long way away.

People's relatives told us they knew how to make a complaint and felt confident that, if they were to discuss any concerns with the registered manager, these would be addressed. There had not been any formal complaints recorded but there was clear information about how the staff had communicated with people's relatives to make sure any issues were resolved.

No one using the service at the time of the inspection was being cared for at the end of their lives. Care plans included information about who would be involved in making decisions at this time for each person. In 2017, one person who lived at the service passed away. The staff had worked closely with healthcare professionals to make sure the person received the right support during a period of ill health before their death.

## Is the service well-led?

### Our findings

The relatives of people who lived at the service said that it was well managed and they were happy with the care and support people received. One relative commented, "We are absolutely perfectly happy with the service. [Our relative] has lived there for [several years] and we have never had any complaints. Even when the staff have changed they are all lovely. We feel very blessed." Another relative told us, "[My relative] is the most precious thing to me and they look after [them] wonderfully. They have a stable staff team who know [them] well, they give [the person] the support [they] need and adapt well to any changes in [their] needs."

The staff told us they enjoyed working at the service and had all the support they needed. One member of staff told us, "There is a real family atmosphere here." Another member of staff said, "It is so nice working here, everyone cares for one another."

The provider kept a record of comments they had received about the service and the staff. Two recent comments included a member of the public attending a church service complimenting the way the staff communicated and supported a person in the community and a relative who had written that the staff were, "remarkably sweet" and how they engaged with the person they were supporting.

Relatives also explained they had confidence in the registered manager and thought they led the home well. One relative explained, "[The registered manager] is a dynamo, she is so good and always puts the needs of the residents first." A care professional commented, "[The registered manager] knows the service users inside out and is very proactive at sorting out all they need."

The registered manager had worked at the service for many years. They had a qualification in management of health and social care. They also managed another local service for people with learning disabilities. They were supported by senior staff in both services and told us they were able to manage both services effectively. The registered manager told us they were well supported by the provider and senior managers.

The provider engaged with people using the service, staff and other stakeholders. There were regular meetings for people using the service and staff. These were used to help inform people about changes and ask for their views and opinions. The staff also organised celebration days where they invited families and friends to visit and celebrate the achievements of individual people using the service. The provider asked stakeholders to complete satisfaction surveys and they collated the results of these.

The provider had systems to monitor the quality of the service. Using an on-line portal, the registered manager and senior managers could see an overview of all aspects of the service including when health checks took place, people's involvement in the community, consultation with families, accidents, incidents, complaints, staff training and support, checks on how people's money and medicines were being managed and when reviews of care took place.

The registered manager updated the system with information about the service. Any areas where concerns were identified were resolved immediately.

The registered manager worked closely with other managers working for the provider, as well as other local organisations and the health service, to make sure they kept up to date with best practice and could learn from others as well as sharing their ideas and what worked well.