

Royal Mencap Society

# Royal Mencap Society - 71 Middleton Avenue

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 30 October 2017. The inspection was unannounced.

Middleton Avenue provides care for people with physical and learning disabilities or broad spectrum autism. The service is located in a purpose built bungalow in a residential area of Thornaby. The service is registered to provide support to six people and on the day of our inspection there were five people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. On the day of our inspection the registered manager was on annual leave and another manager from a neighbouring Mencap service was made available to assist us with our inspection.

We last inspected the service in August 2015 and rated the service as 'Good.' and 'Outstanding' in responsive. At this inspection we found the service remained 'Good' overall and had sustained 'Outstanding' in responsive.

The atmosphere of the home was very homely, warm and welcoming. People who used the service were relaxed in their own home environment.

Without exception people were continually empowered on a daily basis to have choice and control over their own lives from being supported by sustained person centred approaches. Person centred care is when the person is central to their support and their preferences are respected.

The home continued to sustain their ability to be extremely person centred and inclusive and this was by offering intense one to one support where needed, adapting situations to suit people while being creative and this was underpinned by a genuine desire to offer a quality personalised service.

People were continually empowered to forward plan and were also supported to achieve personal goals in their lives that contributed to improving their mental health, wellbeing and general health that lead to an enhanced quality of life.

We spent time observing the person centred support that took place in the service. We saw that people were always respected by staff and treated with upmost kindness. We saw staff being respectful, considerate and communicating exceptionally well with people and supporting people who were distressed.

People's support plans were exceptionally person centred. They included targets that people wanted to achieve and a 'one page profile' that referenced people's personal histories and described their individual support needs. These were regularly reviewed and people were always at the centre of the process.

People were empowered on a regular basis to shape the service they received to meet their needs and their preferences and responsive changes were made when needed.

People were supported to play an active role within their local community by making regular use of local resources including the local park.

Support plans contained person centred risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm to enable them to do the things they wanted to live their lives fully. The support plans we viewed also showed us that people's health was monitored and referrals were made to other health support professionals where necessary, for example their GP, community nurse or optician.

Staff understood safeguarding issues and procedures were in place to minimise the risk of abuse occurring. Where concerns had been raised we saw they had been referred to the relevant safeguarding department for investigation. Robust recruitment processes were in place.

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.

Where people lacked the mental capacity to make decisions about aspects of their care, staff were guided by the principles of the MCA to make decisions in the person's best interest. For those people that did not always have capacity, mental capacity assessments and best interest decisions had been completed for them. Records of best interest decisions showed involvement from people's family and staff.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. The service was truly reflective of what people liked and people were in control of this and chose what they would like to eat.

People had their rights respected and regular access to advocacy services.

People were supported to maintain their independence on a daily basis.

People were supported to be active in their chosen religion both within the home and in the community.

Support staff told us they felt supported to carry out their role and to develop further and that the registered manager led by example, was person centred focussed, supportive and always approachable.

When we looked at the staff training records, they showed us staff were supported and able to maintain and develop their skills through training, and development opportunities were accessible at this service. People were supported by enough staff to meet their needs and were also supported individually with one to one support.

Medicines were stored, managed and administered safely. We looked at how records were kept and spoke with the registered manager about how senior staff were trained to administer medicines and how this was monitored.

We found an effective quality assurance survey took place regularly and we looked at the results. The service delivered had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views about the support and service they received at

events and via surveys.

## 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 ●

This service remains Good.

### Is the service effective?

Good ●

This service remains Good.

### Is the service caring?

Good ●

This service remains Good.

### Is the service responsive?

Good ●

This service is Good.

### Is the service well-led?

Good ●

This service remains Good.

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 October 2017 and was unannounced. This meant that the provider was not expecting us. The inspection team consisted of one adult social care inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the inspection we observed and interacted with two people who used the service, the manager from another service and three support staff. We also made phone calls during the inspection to three professionals and five relatives to gather their feedback about the service.

Before we visited the service we checked the information we held about this location and the service provider, for example, we looked at the inspection history, provider information report, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including the local social work team.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social support services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how staff interacted with people who used the service and with each other. We spent time observing the care delivered at the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and

interactions between staff and people who used the service.

We also reviewed records including, three staff recruitment files, medication records, safety certificates, three support plans and records, three staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

# Is the service safe?

## Our findings

People who used the service we interacted with were unable to tell us with words if they felt safe in receipt of care at the service, but we were able to observe people and we saw that they were relaxed and seemed secure within their home environment. We spoke with peoples' relatives and asked them if they thought the service was safe and everyone we spoke with felt that the service was safe. One relative told us; "Staff keep us well informed of anything that happens from whether they (people) are eating and sleeping well and not just if something went wrong". Another relative told us "I absolutely have no concerns about the home".

People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. These included; mental health, medicines, awareness and safety, personal care, relationships and travelling in staff cars.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. We saw that safeguarding was discussed regularly at team meetings.

We saw that staff were not rushed and there were enough staff on duty to support people on a one to one basis and to take part in activities of their choice. We saw from rotas that there was a consistent staff team and a low turnover of staff. The home did not use agency staff.

We looked at three staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

We saw that systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE).

We saw people's individual medicines records contained their photograph, allergy information. Medicines administration records were completed when medicines were administered to people and we found they had been completed correctly. We saw that staff administering medicines had received training and had their ability to administer medicines assessed.

There were systems in place for continually monitoring the safety of the home. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that evidenced equipment was checked regularly to ensure it was working safely.

The service had robust contingency plans in place that were there to give staff guidance of what to do in emergency situations such as a power cut or extreme weather conditions.

Any accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. These were also sent off to the regional office for further analysis. This system helped to ensure that any emerging patterns of accidents and incidents could be identified and action taken to reduce any identified risks and prevent reoccurrence wherever possible. This meant that accidents were monitored locally and regionally.

# Is the service effective?

## Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team, relatives we spoke with felt that staff knew people and their support needs well. They told us, "[Name] is looked after very well - I've no complaints about the staff. It's marvellous". Another relative told us how the staff supported their relative to access expert support from other medical professionals to help with personal issues and how this was executed very well by the staff.

People were supported to make choices and this was observed throughout the inspection when watching staff interactions with people. We saw in care plans that choices underpinned the level of person centred care given. For example, one person's care plan went into detail about how to ensure they had choices and exactly how to engage the person in making choices for themselves. It stated; 'I like to make choices from looking at pictures and I will clap my hands when I like what I see'. Another stated how the person would decide each day what activity they would like to do and we saw staff offer these choices and the person chose their activity.

People were supported by trained staff and we saw a list of the range of training opportunities taken up by the staff team which related to people's needs. Each staff member had their own training list that the registered manager monitored. Courses included Safeguarding, Autism awareness and mental health in addition to mandatory courses; first aid, health and safety, dignity and respect and safeguarding.

Supervisions and appraisal took place with staff regularly to enable them to review their practice. From looking in the supervision files we could see the format gave staff the opportunity to raise any concerns and discuss personal development.

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed an induction programme.

People were supported to choose and help prepare their meals. There were enough staff available to support people and meet their needs. People were encouraged to maintain a healthy lifestyle and were supported to make healthy food choices. We saw people enjoying their lunch and when we spoke with relatives they told us, "The food always looks and smells nice." Another told us, "Meal times are flexible and based around the needs of the people and it's not institutional".

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 support and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in support homes

and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. There were a number of people who used the service with a DoLS in place and these were applied for and monitored by the registered manager. Staff were issued with pocket sized cards to prompt them. These cards contained the five principles of capacity for best practice and staff were knowledgeable of these when asked.

People were asked to give their consent to support, before any was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

## Is the service caring?

### Our findings

When we first arrived at the service we found that people were distressed at our arrival and expressed to the staff that they were uncomfortable. The staff handled the situation with dignity and respect for the people who used the service and asked us to wait in a quiet room until they were able to comfort people and supported them appropriately. Once people were settled we waited until we were invited in and one person who used the service required the staff to explain to them who we were and why we were there. Once the person was familiar with us they eagerly showed us their bedroom that had been recently decorated and personalised how they wanted it. This showed us how the staff were able to adapt and support people with their anxieties in difficult situations.

Professionals we spoke with gave us positive feedback regarding the care and support offered by staff at the service. One professional they told us, "Lovely homely environment with passionate support workers, really family focused" and another told us, "Very effective support"

People's privacy and dignity was respected by staff who were discreet and knocked on people's doors before entering. Personal conversations took place privately to respect people's dignity and maintain their confidentiality.

People were supported to maintain personal relationships. One person showed us their partner's bedroom and showed us where they liked to sit together to watch TV and spend time together. We also saw in peoples' care plans how they were supported to maintain relationships with their relatives. We discussed this with the manager who told us, "People are supported with relationships on their terms and we are led by what they want".

Independence was promoted and we observed staff offering support to people and encouraging them to be independent, for example, by letting them show us around their home themselves, and making choices as part of everyday life.

People who wanted or required advocacy support were supported by staff where necessary to access this and it was documented in people's care plans.

People were supported to be active in their chosen religion. The manager explained to us how one person used to enjoy visits from their local congregation, but then decided they didn't want this and began to visit their place of worship and be active. Since then they had now chosen to abstain from practicing their religion and this was respected by staff supporting them.

People who used the service were supported to cope with bereavement and loss. Prior to our inspection a person had recently been supported with their end of life care and we saw their advanced care plans. As part of this support the people who used the service were also supported to understand their emotions and celebrate the life of the person who had recently passed away. We saw that photos of the person were in the home. The manager told us, "We had a celebration event to celebrate their life and let off balloons outside

and supported everyone who wanted to, to attend the funeral. Some people had not attended one before and we spent lots of time discussing this with everyone explaining what was going to happen."

## Is the service responsive?

### Our findings

Without exception people were supported in a person-centred way. Support plans were developed in partnership with the person and were a very accurate reflection of their personalities, likes, dislikes and choices. These gave a detailed insight into people's personal relationships, background and histories and included a one page profile with photographs for quick reference.

People's lives were continually improved by sustainable person centred approaches. At our last inspection the service was found to be extremely responsive and was rated outstanding in this area. At this inspection we found evidence of outstanding practice being sustained. We saw examples of how people had continued to have improved outcomes and how these had improved their wellbeing. One relative told us how their family member was struggling and couldn't face going outside at all due to their anxiety and how they might have had to move to another service for treatment at one point. They said that their wellbeing had improved thanks to the care they had received at the service. They had managed to achieve their goals and could now go out regularly. They also said, "The staff have put the effort and time in and know of [Name] and their 'little ways' and the staff make sure everyone knows".

People were invariably empowered to set themselves goals that were personalised and were supported to achieve them. When we spoke with staff they confirmed that they always encouraged people to achieve their goals. Staff were able to give us many examples of this. We could see in one person's care plan how lots of small achievements had a major impact on their, mental health and their general health and wellbeing.

One of the social workers we spoke with told us, "This is the bench mark service that I compare others to". Another commented, "The staff are person centred and they support my client to do her hair and makeup every day and this is a big part of their life". We also saw how this was detailed in the person's care plan to ensure that this was carried out every day, just as the person liked it.

People were supported by 'key workers'. A key worker is a staff member assigned to the person to help with their support plan and make connections with their family, friends and other professionals involved in their support. People met up with their key workers for a one to one session on a regular basis to carry out their care plan review. The review was structured in a person centred way and covered 'What is working well', and 'What's not working'. We could see from the records of one to one meetings and interactions between people and their key workers, that they knew people very well.

Person centred care plans were reviewed regularly and were led by the people themselves with support from their key worker. We could see how the service approached the care plan reviews in an easy to understand way to engage people in the process. This process included the following questions; 'Has my support been reviewed?'; 'Have you asked me about my aspirations, including social leisure, health and relationships?'; 'Do my risk assessments need updating?' And 'Are my finances well managed?' One person had requested to go away on a trip and used pictures to help make choices and this was documented. This meant that the service enabled people to be in control of their own review process.

We discussed this care plan with the manager who told us, "Seeing how people have improved and moved forward with their lives is the best thing" and, "Previously when [name] was struggling we had lots of intervention from outside professionals (mental health nursing team), looking at medicines and behaviours and they were really having a hard time coping with aspects of everyday life. Through intensive one to one support and person centred care together we have managed to turn it around and they are so much better now, they are sleeping better, going out, no intervention from outside professionals and reduced medicines". This meant that the service was able to improve the persons wellbeing immensely from the person centred support that was given to them.

At our last inspection people who used the service were supported to express their wishes to have personal relationships and this was planned and made personal. At this inspection we could see that this was still the case. One of the people showed us this made them happy as they were smiling and keen to let us know. We saw how this was included in people's care plans and how their right to privacy was respected and this was clearly valued by the people themselves.

People were involved in the staff recruitment process as much as they could be. People would have a meeting with the registered manager to discuss the candidates, who then visited the home to meet people. This meeting would be used to observe people and look at how people interact and how well they would suit the people who use the service. The manager told us, "We try our best to engage people in the process as much as they are able to, if it was getting too much for people or if they were becoming anxious, we would abandon it. We like to see how people react with each other".

People were supported on a daily basis to make choices that reflected their preferences in how they wished to spend their time. People took part in meaningful activities that were valued and chosen by them. For one person it was a particular challenge to get them to engage in activities due to their disability and the staff have worked tirelessly with them to get the activities right so they would engage. The manager told us, "[Name] would not go out at all, they would get too anxious and now they go out every day if they want to and really enjoy it". During our inspection we saw this person get ready to go out and they told us where they had been when they came back in and were all smiles.

We saw other examples of planning activities goal setting that included, visiting the hairdressers regularly and this was an achievement as this would have been very challenging for the person. The plan detailed; finding the right hairdressers, taking magazines and sweets along to keep the person calm and focussed, and also included; 'To go to the hairdressers at a quieter time', and 'To be mindful that [name] cannot wait for more than ten minutes'.

People were supported to make complaints or compliments if they wanted to. This was encouraged as part of their regular one to one meetings. The manager told us that residents meetings were not successful so instead they adapted a format so that people were still engaged and able to give feedback and input into the service. They gave us examples and told us; "Due to the individual needs these are completed on a one to one basis, any ideas that arise from these are documented on a monthly meeting form and then staff will take these to the team meetings to discuss." The manager continued, "Many things have happened from these meetings the people we support have been able to have holidays, bedrooms have been decorated. Two people we support expressed the need to spend quality time with each other whilst watching Emmerdale, so opportunities were given for them to spend time together".

One person who used the service who showed us their bedroom, was able to show us that they had chosen the décor and that they were pleased with it. When we spoke with the manager they told us how they ensure that people are always engaged in the process of making choices and influencing what happens in the

home. They told us; "People are supported at Middleton Avenue to choose the décor by placing samples of wallpaper on the wall and leaving it up for a few weeks to see which sample people are more drawn to. Each person will do this in their own way and staff will recognise this and report back to the rest of the team. Staff also left canvasses in eyesight for a few weeks before having these placed up in the lounge in order for the people to say what they liked and did not like. Samples of fabrics and colours were also brought into service in order for the people we support to choose".

The complaints procedure was presented using pictures and photographs and these were used as part of the one the one meetings. This was well embedded in the service and staff and people were confident to use it when needed. When we looked at the complaints and compliments file we found that there were numerous compliments. No complaints had been received in the last twelve months. However, the manager gave us a previous example of a complaint. They told us how a person who used the service expressed a dislike to a new staff member and were unable to raise this using words and staff noticed the person became anxious around the particular staff member. This was acted upon and the member of staff no longer works at the service as a direct response to the concerns. This showed us that the service had come up with creative ways and opportunities for people to engage in the complaints procedure.

During our inspection we were shown a compliment email that had been received from a member of the public who had observed the staff team supporting an individual while they were in hospital. It read, "How beautiful to watch the care attention and everything they do for this person and I want to bring it to your attention these staff are worth their weight in gold, believe me they were a pleasure to observe."

## Is the service well-led?

### Our findings

At the time of our inspection visit, the home had a registered manager in post. On the day of our inspection the registered manager was on annual leave, however another manager was made available to assist us with the inspection.

We asked the staff for their views on the management of the service and received numerous positive comments. One member of staff told us, "The manager is very supportive". Another told us, "They are always here for us".

When we spoke with the social work team they were complimentary of the service and its management and one social worker told us, "If I rang the manager with a problem she'd be right on the ball".

The registered manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding the people who used the service. We saw the minutes of these meetings and could see how the people who used the service were discussed and staff told us they valued these meetings.

The manager explained to us how the staff supported people to maintain links with the local community and make use of local amenities regularly, for example using the local park and local McDonalds. They told us, "[Name] goes to the park regularly and it is a big part of what they enjoy doing".

The registered manager ran a programme of regular audits throughout the service. We saw there were clear lines of accountability within the service and external management arrangements with the provider. We saw evidence to show quality monitoring visits were also carried out by the provider and these visits included reviewing; staffing, health and safety and the building/environment. They also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the provider.

The manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

During the inspection we saw the most recent quality assurance survey results. This was an annual survey that was completed by people who used the service, their relatives and stakeholders of the service. The manager told us how they had developed an annual quality improvement plan from the survey results and told us, "We hold a coffee morning too; we invite everyone along".

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. All records observed were kept secure, up to date and in good order and were

maintained and used in accordance with the Data Protection Act.