

Royal Mencap Society

# Royal Mencap Society - 7 Crawford Street

## 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

Royal Mencap, Crawford Street, provides a short stay respite service for adults with a learning disability. The home is a single storey building with ramped access and a number of adaptations to meet the needs of the people who use the service. Accommodation comprises of single bedrooms and spacious communal areas. The home is close to Bolton town centre and is within easy reach of local amenities.

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. By following these principles, services can support people with learning disabilities and autism to live as ordinary a life as any other citizen. Registering the Right Support CQC policy.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

The service had a registered manager. 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.

People's relatives told us they were confident that people were safe during their stays at the service.

Risks to people's health and well-being were identified, planned for and managed. There were sufficient competent and experienced staff to provide people with appropriate support when they needed it.

People received care from staff who knew them well. Staff treated people with kindness, dignity and respect.

There were appropriate systems in place to ensure the safe administration of people's medicines.

People were supported to have 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.

Relatives were positive about the care and support provided.

People were supported to maintain good health and had access to health and social care professionals when necessary.

Relatives knew how to make a complaint and were sure they would be listened to and have any concerns acted upon.

The registered manager, assistant manager and staff had created a warm welcoming atmosphere for people who used the service and their friends and families. There were close relations with social and healthcare

professionals and the quality and safety of the service was reviewed regularly.

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

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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 comprehensive inspection was carried out by one adult social care inspector on 15 January 2018 and was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the services, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of notifications received from the service.

We spoke with six relatives, four members of staff, the registered manager and the assistant manager. On the day of the inspection we were unable to talk to the people who used the service due to their range of complex needs. We contacted six professional visitors to seek their views of the service. We also contacted the local Healthwatch team and the local commissioners of care to find out what they thought about service. We did not receive any negative comments. We looked at records held by the service, including four care plans, three staff files, audits, training records, policies and procedures and team meeting minutes.

# Is the service safe?

## Our findings

The service continued to provide safe care to people. Relatives told us they were confident their family members were safe at the service. One relative told us, "At first, I used to phone them every day when [name] was there, but I don't have to now because I have peace of mind that they are safe." We observed people looked relaxed and comfortable at the service.

Staff understood how to keep people in their care safe and how to report, when necessary, any concerns they may have. Staff knew about risks to people's health, and completed a range of assessments. Measures were in place to reduce any identified risks. Assessments included risks when being outside of the service, from choking and from behaviour that challenges. For example we were told that people whose behaviour could challenge others were given space and freedom to walk around the service whilst being supervised. Health and social care professionals were involved in assessing risks to people's health and provided guidance to staff.

There were regular checks of fire safety equipment and fire drills were completed, which included evacuations involving people who used the service. Staff explained the procedures they would follow in the event of a fire. Checks, such as electrical and health and safety assessments, were also completed to help maintain people's safety.

Staff told us there was always enough staff to meet people's needs and to enable people to go outside of the service if they chose. One relative said, "There seem to be plenty of staff around when we drop [name] off and pick them up."

Staff were trained, and systems were in place to support people to take their medicines safely. People brought their medicines into the service when they arrived for their stay. We saw these medicines were recorded and stored safely. One staff member said, "We check the meds when they come in and discuss any changes since the person visited us last, we seek advice if we have any concerns about medications."

People stayed in a clean and well-maintained environment. There were systems in place to help promote infection control. These included cleaning regimes, schedules and training for staff as well as hand washing and use of gloves and aprons when appropriate. There were regular audits of the cleanliness of the service and planned deep cleans of the bedrooms. One professional told us, "It always seems clean and tidy; I have no concerns at all when it comes to infection control."

The provider had a policy in place for investigating accidents and incidents. The system looked at why the incident had occurred and identified any action that could be taken to keep people safe. This meant the registered manager and staff had clear guidance on how to investigate accidents and incidents, to learn and make improvements.

The provider continued to have safe recruitment and selection processes in place. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS

check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers.

# Is the service effective?

## Our findings

The service continued to provide effective care. People were supported by staff that had the skills and knowledge to carry out their roles and responsibilities competently. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, moving and handling, dementia, safeguarding, equality and diversity and Mental Capacity Act.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "We always assume that people can make their own choices unless there is evidence to suggest otherwise." Information was available in an easy read format to make it more accessible to people using the service.

Staff we spoke with told us they received regular supervision (supervision is a one to one meeting with a manager). Unannounced spot checks were also completed to check whether staff continued to work with people safely. The working practice of staff was regularly observed and assessed by the managers at the service. The staff told us the registered manager checked their knowledge, observed them administering medicines, checked they were suitably dressed and that they wore appropriate protective equipment to promote good hygiene. Any issues identified were addressed in a positive manner with staff being given additional support and training to promote improvement.

We observed how people were supported to choose what they wished to eat for lunch. People's preferences and any dietary requirements were noted in their care plan. The assistant manager explained, "We plan the shopping each week when we know who is coming in. Some people follow a vegetarian diet and other people have favourite meals so we buy accordingly, we know people really well and know what they like best."

People were supported to maintain good health and access relevant healthcare services where necessary. The registered manager and deputy gave examples of how they had worked together with social and healthcare professionals to promote people's health. Relatives confirmed staff would follow up on any health concerns and were good at making sure they had all the necessary information about someone's health before they began their respite stay. All relatives said staff would contact them if they had any concerns and would contact a GP if necessary. This showed that the service promoted the overall health and wellbeing of the people that used the service.

The service is designed to accommodate people with mobility difficulties and has seven bedrooms. There was specialist equipment in place to support people such as hoists, a stand aid and height adjustable beds. The service had a 'wet room' that was accessible for every person to use with appropriate bathing equipment. The registered manager had completed an audit of the environment in December 2017 with timescales for any actions that required attention.



## Is the service caring?

### Our findings

People continued to benefit from caring relationships with staff. Relatives said how kind and caring the staff were to their family members and to them. One relative said, "[Name] has known the staff for years and years and really seems to enjoy going, I think the staff make a fuss of her." Another relative said, "It is home from home."

Two relatives explained how the service had gone out of their way to take people in on an emergency basis and that the staff would always try to help families out if it was needed. One relative said, "I had to go into hospital once and the service saved us by being able to take [name] in at short notice. Sometimes they ring me and ask if we can change weekends if they need to help another family quickly, it's good to know that they are flexible like this."

We saw people were treated with kindness, care and dignity and had a relaxed and easy relationship with the staff members who clearly knew them well. We observed staff being patient and not rushing people. One relative told us how a staff member supported their family members in a sensitive way when they had a particular difficulty with their eating and helped them gain confidence and independence.

People were involved in their care where possible. Where they were unable to participate in the planning of their care, their relatives and health and social care professionals were involved in making best interest decisions appropriately on their behalf. People's preferences for their leisure and support needs were clearly recorded and staff spoke about how they enabled people take the lead in their care and support.

Staff morale was positive and they were enthusiastic about the service they provided. Staff we spoke with told us they would be happy for someone close to them to be cared for by the Royal Mencap Society at Crawford Street.

Confidentiality was maintained throughout the service and information held about people's health, support needs and medical histories was kept secure.

The service sent out annual questionnaires to help ensure people were satisfied with the service delivery. The feedback received was generally good and any areas for improvement were actioned accordingly.

Equality and diversity was respected and people's religious beliefs, culture and other diverse needs were recorded within their care plans. Staff were aware of dietary restrictions pertaining to religion and culture and were careful to adhere to each person's requirements

## Is the service responsive?

### Our findings

The service continued to be responsive. People's care records contained details of their likes, dislikes and preferences. Staff were knowledgeable about people's needs and reviews were carried out to ensure the records matched how people wanted to be supported. Staff completed daily records which provided a detailed overview of the care provided and people's general wellbeing.

Relatives spoke of their confidence in the staffs' ability to relate and respond to their family member's health and social care needs. They were appreciative of the continuity of the staff team who could understand and relate well to their relatives. One relative said, "Staff really know [my family member] and how to understand them, some of the workers have been there many years."

People's care plans guided staff on promoting independence. For example, people's care records gave guidance for staff on supporting people to be independent during personal care tasks that matched their individual wishes and needs. We saw that the service had received many compliment cards from family members and people who used the service. One person said, "I'm really grateful for everything you've all done and everything you've taught me – like using the dish washer."

People were supported to participate in activities in and outside of the home which reflected their interests and preferences. The assistant manager told us, "We know we can get better at supporting people to do more activities, so we are working with families to identify more activities that people will enjoy doing so we can plan ahead better."

People and relatives were confident to raise concerns and believed that they would be responded to effectively. One person told us, "I have not had to complain but I would not hesitate, I have a good relationship with the managers and staff and we keep in touch regularly." The provider had a complaints policy and procedure in place. Records showed that the service had not received any formal complaints since the last inspection. The manager told us that complaints would be responded to in line with the provider's policy and the service would strive to resolve any issues to the satisfaction of the person making the complaint.

## Is the service well-led?

### Our findings

The service remained well-led. There was an experienced registered manager in place who had been with the service for twenty years.

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.

The registered manager demonstrated to us that they were keen to work alongside other services such as commissioners and the local authority in order to support people's care needs and share information where needed. The registered manager told us that some work was being done across the wider Mencap team through monthly meetings, where managers were sharing information to reinforce learning and improve the quality of the service.

The staff felt they were part of a supportive team and told us the registered manager was approachable and listened to them. People knew who the registered manager was and felt the service was well led. The provider sought people's views on the quality of service provision during any review and annually using a satisfaction survey. We saw feedback was positive, however if people had raised any concerns this was addressed straight away with the person.

Staff told us the service was well-led, open and honest. One staff member told us, "I feel well supported by the management, everything is well organised and it's a lovely atmosphere to work, [name of assistant manager] is particularly approachable and is happy to be 'hands on' when he needs to be."

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

We saw that appropriate policies and procedures were in place at the service and related to medicines, equality and diversity and safeguarding.

Both the registered manager and assistant manager promoted a positive, open and inclusive culture within the service. Relatives and staff spoke warmly about the support and good atmosphere with the managers within the home. Relatives spoke of how flexible and responsive the staff were to their changing needs. One relative said "It's definitely well managed. It is a smashing service and I do not know what we would do without it." Another relative said, "The assistant manager calls us before [name] is due for their stay to see how things have been, it's a lovely touch and we always have a nice chat."

One professional who visited the service told us, "I have found both the manager and assistant manager to be very committed to achieving collaborative working, they want to achieve the best for the service and the

people that stay there, I can say with conviction that both of these individuals are very committed to the service."