

Royal Mencap Society

Royal Mencap Society - 3 Meadow View

Inspection report

3 Meadow View
The Lawns, Bempton Lane
Bridlington
Humberside
YO16 6FQ

Tel: 01262401451
Website: www.mencap.org.uk

Date of inspection visit:
06 November 2019
07 November 2019
14 November 2019
15 November 2019

Date of publication:
23 December 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

About the service

Royal Mencap Society - 3 Meadow View is a residential care home providing personal care for up to four people who have learning disabilities or autistic spectrum disorder. At the time of our inspection four people were living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

There were enough skilled staff to meet people's needs. People received support and attention to safely engage in activities and daily living. Risks were well managed, and people received treatment and medication to keep them safe.

People could not talk to us about their experience of living at the service and being cared for by staff. However, we spent time with them observing how staff supported them. There was a stable staff team who were knowledgeable about the people living at the service and people were clearly at ease in the company of staff and each other.

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes.

Staff treated people with dignity, kindness and compassion. There was a caring and friendly atmosphere between staff and people using the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had access to relevant training and regular supervision to equip them with the knowledge and skills to care and support people effectively.

Regular contact with healthcare professionals was maintained by staff so that healthcare and support needs could be monitored and acted upon as necessary. Care plans were reviewed and updated as required.

People were supported to engage in meaningful activities of their choice and were involved in their local community.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The leadership of the service promoted a positive culture that was person-centred and inclusive. Relatives expressed confidence in the registered manager and staff, they said they were well informed and updated by the home about all aspects of the care provided.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 19 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Royal Mencap Society - 3 Meadow View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

3 Meadow View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two visiting relatives about their experience of the care provided. We also spoke with four members of staff, the registered manager and assistant manager.

We reviewed a range of records. This included one person's care records, one staff recruitment file, induction and training records. We reviewed two people's medication records. We looked at other records relating to the overall management, quality and safety of the service

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at quality assurance and servicing records. We received feedback from a professional who had experience of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- Staff wore personal protective equipment to reduce the risk of infection when supporting people.
- People's rooms were tidy and free from odours.
- Food was prepared in a clean and hygienic environment.

Using medicines safely

- Staff managed medicines safely.
- The registered manager and staff followed guidance from a health campaign to stop the over-use of psychotropic medication to manage people's behaviour. Regular reviews of medicines were completed, and decisions made to reduce them when needed.
- Staff kept accurate medicines records.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the systems in place to keep people safe and free from abuse.
- Relatives were confident in the ability of staff to act on any concerns that would arise. One relative said, "[Name's] safety is paramount to the service."
- The service had links with the local authority and the registered manager understood their responsibilities to report concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from avoidable harm.
- People had risk assessments in place for everyday situations and for activities within the home and in the community.
- People had access to the equipment and support they needed to move safely around the home.
- Equipment was regularly serviced and well maintained.
- The registered manager monitored and regularly reviewed accidents and incidents and acted to prevent reoccurrence.

Staffing and recruitment

- The provider operated a safe recruitment process.
- Full checks were undertaken on staff before they started work in the home to make sure that they were suitable to work with people using the service.
- There were enough, appropriately skilled and competent staff to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed, and care, treatment and support were provided to achieve effective outcomes. There were actions under each area of care plan which detailed how staff should support people to achieve their agreed outcomes.
- Staff and management were aware of best practice guidance. Care, treatment and support met current best practice guidelines.
- Protected characteristics under the Equality Act (2010), such as disability and religion, were considered as part of pre-admission assessment and care planning. Staff had an understanding of equality and diversity. This was supported through training and the provider's policies and procedures.

Staff support: induction, training, skills and experience

- Staff were well-trained. They completed a thorough induction before they started working at the home and continued to undertake additional training to meet people's needs.
- Staff spoke positively of the training that was offered and made available, with one staff member saying, "I started last year and have been sufficiently trained. I was welcomed to the team and have had good support."
- Staff received regular supervisions and felt these were supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were aware how to encourage a balanced and nutritious diet.
- People were referred for speech and language therapy assessments when needed, such as when they had difficulty swallowing.
- People were given choice of foods and drinks, and those with complex needs received the support they needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain good health and well-being.
- People had access to external healthcare professionals and staff supported them to attend appointments when needed. One relative commented positively on the action taken by staff to identify and act on a recent health concern. A healthcare professional told us, "From my experience the team at Meadow View have a good understanding of the medical needs of the individuals that they support."
- Staff delivered good oral health care. Care plans recorded people's dental support needs.

- The service promoted consistent support for people when they transferred to other settings such as hospitals.

Adapting service, design, decoration to meet people's needs

- The environment met the needs of the people living at the service and encouraged their independence.
- People were able to easily access their bedrooms when they wished.
- Bathing and toilet facilities were conveniently located in the home and afforded privacy to people when they were being used.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager understood the MCA and knew what actions to take to ensure that people's rights were upheld.
- Applications for DoLS authorisations had been made when needed. The registered manager monitored and reviewed authorised applications.
- Staff completed MCA training and understood the relevant requirements of this legislation. We observed staff giving people choice and time to respond.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion.
- Each person had information on 'their life so far' recorded within their care records which helped new staff to get to know people to build positive, caring relationships with them. Some staff had worked with the people living at the service for many years so understood their needs well.
- Staff spoke with warmth about the people they supported. One relative told us, "The place is absolutely wonderful. The duty of care they have to [Name] is amazing. We have never had to worry."
- People's care plans included information about specific needs and wishes in relation to their chosen lifestyle.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were encouraged to share their views about the care provided.
- Staff had time to spend with people to provide person-centred care.
- Care plans outlined some people's routines as not all the people were able to verbally give this information. There was a section on 'what is my best day and night' which provided insight into people's enjoyment.
- The registered manager and staff supported people to access advocacy services when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff were discreet and promoted people's privacy and dignity when providing support with personal care.
- People were encouraged to be as independent as possible with their daily care. Care plans detailed what people were able to do without staff support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care that was responsive to their needs.
- Detailed care plans were in place to reflect people's preferences and care needs. People, their relatives and professionals, where able, were involved in reviewing care plans.
- Relatives and healthcare professionals made positive comments about the support provided. Feedback included, "Staff have always responded appropriately to the residents needs and changing health issues."
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people living at the home.
- People were supported to lead active lives, for example, attending the local community Spa to watch shows, arts and crafts, going out for meals, bowling, and going to the local shops.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service recorded and shared with other agencies the communication needs of people. Communication preferences were considered, and alternative formats were available if needed, such as easy read and picture formats.
- Staff supported people to express their views and understood their facial expressions, tone of voice or the body language they used to show if they liked or disliked something.

Improving care quality in response to complaints or concerns

- There was an accessible complaints policy which outlined how complaints would be responded to.
- Relatives told us they had not had to raise any concerns but felt the management team would deal with issues openly.
- No formal complaints had been made since the last inspection. Feedback we received was positive.

End of life care and support

- People and their relatives were supported to make decisions and plans about their preferences for end of life care, if they chose to.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The service was well run. The registered manager and staff had created a positive and open culture that provided good quality, person-centred care.
- The registered manager understood their duties in relation to the duty of candour. They had an open and honest approach.
- Information from the provider's quality assurance systems, incidents and care plan reviews were used to inform changes and improvements to the quality of care people received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well-organised and there was a clear staffing structure. Staff understood their roles and responsibilities and spoke positively of working for the service.
- Relatives and healthcare professionals spoke positively of the management of the service. Feedback included, "I have always found the service to be a well-run and happy place to be."
- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements.
- The registered manager implemented the provider's governance system to ensure that good quality care and support was provided. Risks were identified and acted on promptly. People's care records were well organised, up to date and kept under regular review to ensure the information was accurate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked proactively in partnership with people, their families, and other health and social care organisations to provide a quality service and to ensure people they supported were safe.
- People and relatives were engaged and given opportunities to be involved in the service, through daily conversations with staff and managers, care reviews and meetings.
- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions from previous meetings and discuss the people they were supporting.
- Staff practice was recognised through an organisation scheme. Staff were also encouraged to give their views on working at the service through staff surveys.

Working in partnership with others

- Staff worked in partnership with other agencies to provide good care and treatment to people. This included advocates, learning disability teams and epilepsy nurses.
- The service had good links with the local community and key organisations. People attended local events and accessed amenities in the surrounding areas.