

Royal Mencap Society

Royal Mencap Society - 1-2 Broadstone 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

About the service

1-2 Broadstone Close is a residential care home that can accommodate up to nine people with learning disabilities and autism. Eight people were using the service. The service is located in two adjoining houses adapted for the purpose. Accommodation is provided across two floors and people had access to a garden at the rear of the house.

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

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 support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

People were protected from the risk of abuse, and staff were knowledgeable about how to recognise and report concerns of abuse. There were systems in place to protect people from the risk of harm and abuse, and people, relatives and staff felt confident to raise concerns about unsafe care. People were supported to be as independent as possible whilst remaining safe. Key information about people's care needs was available to staff in the event of an emergency.

People were supported to have a varied and balanced diet. People were encouraged to participate in the planning and cooking of meals. They had access to a range of health and social care professionals for advice, treatment and support. Staff monitored people's health and well-being effectively and responded quickly to any concerns.

Staff were recruited in a safe way. The provider took steps to ensure checks were undertaken to ensure potential staff were suitable to work with people needing care. Staff received regular supervision and had checks on their knowledge and skills. They also received an induction and training in a range of skills the provider felt necessary to meet the needs of people at the service.

People were supported by staff who routinely promoted privacy and dignity.

Staff had a good understanding of people, their likes and dislikes. There was sufficient staff to ensure people

could access activities of their choice. This area had improved since the last inspection where they were rated as requires improvement.

Medicines were managed, stored, administered and disposed of safely. Staff received training and ongoing skills assessments that enabled them to be confident in supporting people with medicines.

There was an open culture focussed on continual learning and improvement. The service continued to be well led and benefitted from clear and consistent leadership. The registered manager was praised by people, their relatives and staff, for their positive and supportive approach and their prompt resolution of issues. Systems were in place to monitor the quality of care provided and continuously improve the service. The management team and staff engaged well with other services and had developed positive relationships.

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

Rating at last inspection: The last rating for this service was good (published 9 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Royal Mencap Society - 1-2 Broadstone Close on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 - 1-2 Broadstone Close

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 on 30 October 2019.

Service and service type

1-2 Broadstone 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 had a manager registered with the Care Quality Commission. This means 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.

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 and professionals who worked with the service. We used all this information to plan our inspection.

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.

During the inspection

We spoke with five people who used the service and a relative about their experience of the care provided. We spoke with five members of staff including the service manager, registered manager, and three support workers. We reviewed a range of records. This included two people's care records and their medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted two relatives of people to gain their views about 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.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Systems and procedures were robust.
- People and their relatives told us they felt safe at the service. A relative said, "I know my [family member] is safe they would tell me if they were worried about anything." Another said, "I visit often and its always the same. People are happy, it feels right." A person said, "The staff are kind we all get on like a big family, of course we are safe."
- Staff had received training on how to recognise signs of abuse and were able to tell us about how to support people to stay safe and protect them from abuse or harm. One staff told us, "I would not hesitate to report anything of that nature to the manager." Another staff told us, "I have worked here for a number of years and never felt I needed to report anything. However, I would report anything straight away."
- The registered manager appropriately reported incidents of potential abuse to CQC and the local safeguarding team. There was no ongoing safeguarding at the service at the time of the inspection.

Assessing risk, safety monitoring and management

- There were appropriate risk assessments which helped to keep people safe. Care plans reflected people's identified risks. These included risks associated with safety when out in the community, medication and people at risk of choking.
- Risk monitoring was kept to a minimum to ensure people stayed safe in the least restrictive way. People said, "I like to go out to the shops to buy the food for everyone but feel safer if staff go with me."
- People were protected from unsafe premises. Environmental risks assessment had been carried out. Equipment used in the service was routinely maintained. The registered manager told us they would report any faulty equipment to the landlord straight away."
- Each person had a person emergency evacuation plan (PEEP) in place which described the support they required in an emergency. Regular checks took place to ensure people knew how and where to go in case of an emergency. One person pointed to an area they would go to outside in case of a fire.

Staffing and recruitment

- There were robust recruitment processes in place to ensure the service employed staff who were suitable to work in a care home. One staff member told us "The recruitment process was very thorough which I didn't mind as they need to know we are suitable to work with people at the service."
- Staff rotas confirmed the right amount of staff were on duty to support people in their daily activities.
- The service was adequately staffed which meant staff provided a person-centred approach to care

delivery.

- Additional staff were used to support people with things like medical appointments and social outings.

Using medicines safely

- Systems were robust and effective. People received their medicine as prescribed and in a safe, person-centred way.
- Protocols were in place for the use of 'as and when required medication' (referred to as PRN). We found clear concise records were in place and accurate.
- Staff responsible for administering medicines had received appropriate training and had their competencies reviewed.
- The management checked staff were competent to administer medicines on an annual basis and carried out regular checks of the records to ensure procedures were followed. Any errors or concerns were identified and dealt with appropriately.

Preventing and controlling infection

- People told us the home was kept clean and tidy. One person said, "We are encouraged to help out with cleaning. I help with cleaning the filter on the dryer, so it doesn't get clogged up."
- Staff understood how to prevent and control the spread of infection. Personal protective equipment such as gloves and aprons were available throughout the home and we saw staff using them when delivering care. Staff confirmed they had received training in the control and prevention of infection.
- Staff helped to keep the home clean and carried out duties set out for each day on a cleaning rota. The registered manager carried out regular checks to ensure procedures were followed.
- The home had a food hygiene rating of five stars which is the highest rating. Food hygiene training for staff and correct procedures were in place and followed wherever food was prepared and stored.

Learning lessons when things go wrong

- Incidents and accidents were recorded.
- Staff were aware of what needed to be reported.
- The registered manager and service manager had systems in place to monitor and analyse trends in accidents and incidents.
- The registered manager and service manager met with others from Royal Mencap Society to share experiences and any learning from events which may have occurred.

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.

Good: 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

- Care plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability. For example, preferred language, faith, religion, and cultural considerations.
- People's preferences and choices were recorded, including their interests, hobbies and work life history.
- Where a person's assessment had identified the need for additional equipment or technology, this was provided. For example, some people had been assessed as at high risk of falling. Sensors had been obtained which provided staff with an early warning sign if a person was moving about. Staff were then able to attend to people and observe them mobilising and support them if required to prevent a fall.
- Communication cards using pictures and symbols in easy read were used where people had difficulty in expressing their wishes verbally.

Staff support: induction, training, skills and experience

- Staff received training which supported them to have the knowledge and skills to do their job well and effectively meet people's needs. Staff said, "You get training depending on what support people need" and, "We get a lot of training, it's really good."
- Staff had supervision and appraisal meetings with the registered manager and service manager. This allowed staff time to express their views and reflect on their practice. New staff received an induction which included shadowing senior staff. A staff member told us about their induction. They said, "The induction was very good. It covered all aspects of the service including the values of the organisation."
- Staff meetings and reflection events helped to inform staff of any changes to the service or the organisation.

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

- People were encouraged to make suggestions about the type of food they liked. One person wanted pizza adding to the shopping list. Others wanted their favourite yoghurts and biscuits adding to the list. The staff asked people what flavours of yoghurts they wanted before adding to the list.
- People's wishes, and beliefs were taken into consideration when preparing meals. Meals were planned for people who required a diet suitable for conditions like diabetes and low cholesterol foods.
- Where there were concerns relating to people eating and drinking, care plans were in place and these were highlighted and regularly reviewed. Weights were also recorded where required, to highlight any

changes which may need further intervention from dieticians.

- People who had been assessed as at risk from choking were closely observed throughout their meals to minimise the risk.
- Observations over breakfast and lunch showed people were offered a choice of meal and included various drinks and fruit juices.
- People said they had enjoyed their food and enjoyed meals out at local pubs.

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

- People had access to healthcare professionals. People we spoke with and their relatives confirmed they had attended hospital appointments. One relative said, "Staff always keep me updated on any health issues with my [family member]. I have also attended reviews of my relatives care."
- People were supported to maintain routine appointments with chiropodists, opticians and dentists. One staff member told us that some people had phobias about needles and injections. They said, "We have worked closely with dentists when people have needed dental treatment. The dentist understands people's anxieties and they give lots of support and encouragement when attending to their teeth and gums." Doctors knew people at the service very well as they had been at the same doctor's practise for a number of years. The registered nurse said, "The doctors understand how best to treat any illnesses either at the service or at the practice. For example, they knew the individuals which would become anxious if they had to go to surgery. They would visit those individuals at the service."
- Where healthcare professionals such as district nurses had been involved, their advice was followed.
- People had a 'hospital passport', which contained a summary of their needs, including their medical history. This was used when a person required an unplanned admission to hospital. Staff were aware of people's health conditions and monitored for signs of deterioration in their disability needs.

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

- People told us they were looking forward to moving into new premises and they showed pictures which were to be their new bedroom. Staff told us people had visited the premises and had chosen colour schemes for their bedrooms
- People had personalised their room with pictures and some of their own furniture.
- We observed people moving freely around the home. People were encouraged to socialise during the day in communal areas but could return to their bedrooms if they wished.
- Secure outside space was available to people. People were encouraged to spend time outside.

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 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 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.

- Staff had been trained in the MCA and understood the importance of helping people make their own

choices regarding their care and support and had a good understanding of the principles of the Act.

- Where people had a Dols authorisation this was clearly recorded in people's files. These were managed in the least restrictive way possible.
- Files contained MCA assessments where necessary and there was guidance on how to support people in their Best Interests in each area of care.

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.

Good: 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

- Throughout the inspection we observed, kind, considerate and professional interactions between staff and people.
- People and their relatives gave us positive feedback about how the staff supported them. Without exception, people and their relatives were complimentary about the home environment, atmosphere and staff conduct. A relative said, "I have total confidence in the home. Staff are exceptional. They put people at the centre of everything they do." Another said, "When we visit you can tell the staff are respectful and people are treated as individuals."
- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.

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

- People and their families were able to contribute to their care planning. A relative said, "Yes I am invited to attend my [family member] review, we still feel part of their life."
- People told us they felt confident to express their views and make decisions about their care. Care plans contained details of people's preferences.
- We observed people being involved in making choices about what they wanted to eat and when they wanted to eat. People were asked if they wanted to take their medicines. They were able to make decisions to take them later.
- People were able to choose how they spent their day and we observed people taking part in a range of activities of their choice.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on people's bedroom doors before entering and speaking to people in a quiet voice, so others could not hear their conversations.
- People told us support workers respected their privacy and dignity, for example by keeping them covered when supporting with bathing and showering.
- People's and relatives views about the staff were positive. Comments included, "We hear staff talking to people and it is always in a manner which promotes their independence," and, "My relative is a very private person and staff respect this."
- The service ensured they maintained their responsibilities in line with the General Data Protection

Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

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 requires improvement. At this inspection this key question has now improved to good.

Good: 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

- People received personalised care which met their needs and took in to consideration their preferences. People told us they liked living at the service. One person said, "Staff know me very well, they encourage me to be independent and make decisions for myself."
- Care plan documents were reviewed regularly to ensure records were up to date and in line with people's preferences, choice and current needs. Staff told us they had daily handovers to inform of any changes to people's care and support. One staff member said, "If I have been off for a few days I always read the handover book, so I know what's been happening and if people's needs have changed."
- People and their relatives felt very strongly that they received care which was centred on their individual needs and preferences. One relative said, "My [family member] is well looked after. Staff make sure they have lots to do which has improved since they put an additional staff member of duty."
- Staff were attentive and responded to people's requests for help and recognised the importance of giving people time and attention. We observed staff giving their full attention to the person they were supporting. They encouraged the person to express how they were feeling and offered reassurance.

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We observed staff communicating with people. People were given time to respond and their responses were appropriate. People sat with people they felt comfortable with and they chattered about what they were intending to do during the day.
- We spoke with the registered manager and service manager about AIS during the inspection. We were reassured that people were supported to receive information in a format which was easy for them to understand. The registered manager told us, "We use communication cards using pictures and symbols in easy read where people had difficulty in expressing their wishes verbally."

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

- Following the previous inspection additional staff had been put on each day to improve people's activities. Feedback from relative confirmed the improvements.
- The registered manager, service manager and whole staff team were passionate about supporting people to be as independent as possible. Staff we spoke with described their role as an enabler to enhance people's lives.
- People had benefitted from additional staffing. For example, people had visits to Skegness, Winchester, classic car shows, rides on steam trains and many more activities. People also liked to go out for meals and join with other similar services to have theme nights and discos.
- People had developed friendships with people inside the service and out in the community. We saw two people linked arm in arm off to their transport taking them out to a social centre. They were happy in each other's company.
- People who preferred to stay in their room or who preferred not to participate as a group were offered activities in their room. One person told us they liked the quiet. They said, "I like to spend time alone but also like to visit a local bike shop where I help out." They told us they liked to ride their own cycle.
- People were supported to maintain links with family members.

Improving care quality in response to complaints or concerns

- People told us they had seen information about the service's complaints policy, but most people said they had not used this as they did not have any concerns about the service.
- There were no open or unresolved complaints and we saw positive feedback for the service. The registered manager regularly communicated with the staff, people who used the service, their family members and other healthcare professionals. By having this open approach concerns could be dealt with quickly.

End of life care and support

- At the time of the inspection no-one was being supported with end of life care needs.
- People's preferences in relation to end of life support was explored during the care planning process. The registered manager told us that relatives often did not want to discuss this part of the persons care. However, they intended to discuss this further with people and their relatives when annual reviews took place.

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.

Good: 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

- There was a very positive culture of learning and support across the home. The registered manager showed an open and transparent approach and was passionate about promoting a person centred, inclusive and empowering culture.
- Staff told us the registered manager and service manager were supportive, and their door was always open. If they had any concerns or things had gone wrong, they felt able to speak about it.

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

- The provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong.
- The provider had sent us written notifications about any important events when they happened at the service to help us check the safety of people's care when needed.
- The provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

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

- The registered manager and staff were clear about their roles. There were clear support and reporting structures for staff. Staff were aware of who they should go to with concerns.
- Systems and processes were in place for the auditing of all aspects of care including care plans, and delivery of care, as well as the health and safety of the building.
- The registered manager was aware of where improvements needed to be made; for example, exploring and implementing end of life wishes for people.
- There were systems and processes in place, and the registered manager understood their responsibilities for reporting to CQC or other bodies such as the local authority. For example, reporting any safeguarding allegations.

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

characteristics

- People and staff were observed seeking guidance and reassurance from the service manager, registered manager and support staff throughout the inspection. The atmosphere was relaxed and calm, with people and staff laughing and engaging in positive discussions. People continued to be treated equally and had their differences respected.

Continuous learning and improving care

- The provider had systems in place to learn from events. For example, when a medicine error occurred, the registered manager held an emergency team meeting and introduced new guidelines to minimise the risk of further errors taking place
- Staff meeting were used to discuss incidents and accidents. This meant staff were involved in the developments and progress of the service.
- Reflection events organised by the registered manager and service manager gave staff the opportunity to reflect on both the good and areas where the service could further be developed.

Working in partnership with others

- The service had developed strong links with the local community. Staff and people were part of local volunteer groups which held coffee mornings each week. Money raised was sent to local charities.
- The registered manager told us they worked closely with outside agencies to ensure people received appropriate care and support. They had forged good relationships with community psychiatric nurses, consultants and social workers to help maintain and support people's health and wellbeing.
- We received positive feedback from commissioners of the service who also monitor the quality of care provided.