Royal Mencap Society

Royal Mencap Society - Silverhill Bungalow

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: 'Royal Mencap Society - Silverhill Bungalow' 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, both were looked at during this inspection.

The care home accommodates up to 6 younger or older adults living with learning disabilities and / or autism. At the time of our inspection 5 people lived there.

People's experience of using this service:
● Improvements were required to the management oversight and review of incidents involving behaviours that challenged to help ensure the service identified any lessons learnt and worked towards continual improvement.

● Risk assessments and care plans were not always in place for the care people received or the equipment people used.

●People's needs were assessed and monitored and people's diverse needs were supported. However, the assessment tool used to assess risks from pressure damage was not one that effectively considered all contributing risks.

●People were not always supported to have maximum choice and control of their lives with staff that supported them in the least restrictive way possible; this was because some decisions had not been made in line with the principles of the MCA and not all restrictions had been considered in line with DoLS.

●Some medicines required mixing with food or drink. When this was done advice had not been obtained as to the safety of these methods. Actions were needed to improve the storage and labelling of one prescription cream. Other medicines were stored safely and people received their medicines when they needed them.

●Staff were recruited safely and there were sufficient staff to meet people's needs. The provider had taken steps to help prevent people from the risk of abuse.

●The service was clean and steps had been taken to help protect people from the risks of infection.

●Other risks for example, environmental risks and those associated with the use of transport were identified so as to enable risks to be effectively managed for people's safety.

●Staff received support and training to help them in their roles, however some training had not been

refreshed since 2010 with no competency checks evident in these areas.

●Staff made referrals to other health and social care professionals for their advice and guidance regarding people's care when needed. People had access to healthcare services as required.

●People had choices of food and drink to help them maintain a balanced diet.

●People liked their home and were happy with how it had been decorated to reflect their individual tastes.

●People felt relaxed and liked the staff who cared for them. People's views were considered when their care was planned. Staff took steps to ensure people's privacy and dignity was respected. People's independence was promoted.

●People received personalised and responsive care and enjoyed how they spent their time at the service. No-one had a complaint to make however, information was available for people on how to complain should they have need to. People's communication needs were identified and met.

●Policies and procedures helped to ensure care was delivered in line with current standards. Staff and relatives reported the management team to be open and approachable. People, relatives and staff felt listened to and had opportunities to be involved in the service; more information is in the full report.

Rating at last inspection:
●The service was previously registered with CQC under a different name. This is the first inspection of the service under its current registration with the CQC.

Why we inspected:
●This is a scheduled inspection based on the service's registration date with the CQC.

Follow up:
●We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern we may inspect sooner than scheduled.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Royal Mencap Society - Silverhill Bungalow

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
●The inspection was carried out by one inspector.

Service and service type:
●This service 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 the Care Quality Commission. 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. The registered manager was not working full time at the service until the end of March 2019. The provider had notified CQC of how the service would be covered until the registered manager worked at the service full-time.

Notice of inspection:
●This inspection was unannounced.

What we did:
● Before the inspection we looked at the information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers

must tell us about.

● We checked whether Healthwatch Nottinghamshire had received feedback on the service; they had not. Healthwatch Nottinghamshire is an independent organisation that represents people using health and social care services.

●The provider completed a Provider Information Return. This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

● Not everyone who used the service could tell us about their experiences of care. We observed how people and staff interacted to help us understand more about people's experiences of care. We spoke with one person about the service. We also spoke with the temporary assistant service manager, the area operations manager and two care staff. We spoke with two relatives on the telephone on 5 March 2019.

● We looked at three people's care plans and reviewed other records relating to the care people received and how the service was managed. This included risk assessments, quality assurance checks, accident and incident reports and policies and procedures.

● After the inspection the registered manager, regional operations manager and assistant service manager sent us information we had requested. This included information relating to the governance of the service, staff recruitment and training records and further information on aspects of people's care.

Requires Improvement

Is the service safe?

Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong

- Systems were in place to report incidents and accidents. For example, staff told us and records confirmed accident and incident forms were completed and reviewed.
- We found one incident where staff had used 'break-away' techniques during an incident with a person. Breakaway techniques are moves used by staff to safely separate from a person if they are holding on or are presenting with other physically challenging behaviour. Staff told us they reviewed such incidents between themselves as a staff team but they did not receive any further de-brief by managers.
- The assistant service manager and operational manager were unaware breakaway techniques had been recently documented as used by staff. After the inspection the compliance manager wrote to us and showed us the incident form that had been signed by the assistant service manager. We were concerned as to why the assistant service manager at the time of our inspection was unaware breakaway techniques had been recently used.
- The compliance manger also told us no team briefing had been recorded for this incident, but that team briefings would usually be held. It is important for incidents involving breakaway techniques to clearly document reviews to identify what had worked and what had not worked and how the staff and the person involved were feeling. This is important when breakaway techniques are used to ensure people and staff feel well supported and that any techniques have been used safely and in a proportionate manner. Lessons learnt from incidents had not always been clearly demonstrated.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were not always in place for people's identified care needs and what actions were to be taken by staff to reduce risks. For example, one person had received multi-disciplinary health and social care input into how best to manage an aspect of their personal care. There was no care plan in place for this. Neither was there a risk assessment to assess and manage any risks to the person or to other people or staff who may also be at risk. Whilst staff we spoke with were knowledgeable on how to support people, the lack of specific care plans and risk assessments for this area meant there was the potential for people to be at risk from inconsistent care.
- Risk assessments were in place, reviewed and actions taken to help protect people from risks from the general environment. For example, checks were made on hot water temperatures to help protect from the risk of scalding and vehicles used for people's transport were checked to ensure they remained safe.
- Records showed risk assessments and plans were in place for staff to follow to help reduce risks from foreseeable emergencies such as fire. People had personal emergency evacuation plans in place and records showed fire alarm tests were completed. We observed staff talked to a person about what actions they had taken to practice keeping safe during a recent fire practice. Other equipment was serviced to ensure it was safe for use and where people required individualised equipment, such as hoists, these were

provided.

Using medicines safely

●We found most medicines were kept securely stored, however we found one emollient cream used as a soap substitute for bathing was stored in a communal bathroom. We made staff aware and they took steps to ensure this would be kept secure. We also found the prescription label on this emollient cream had worn away and staff could no longer read the person's name or the prescribing instructions.

●Staff told us they would order new medicine from the pharmacist and take action to ensure the prescription label remained readable. It is important for prescription labels to remain clear and readable so that staff can check the right person is in receipt of the right medicine.

● Medicines systems were organised and people received their medicines when they should. The provider followed safe protocols for the receipt and disposal of medicines.

● Medicines were stored at the correct temperature. Records of medicines were accurate and complete and enabled staff to know what times medicines had been given.

Staffing and recruitment

●The required pre-employment checks had been completed on staff during their recruitment. These checks help providers make safer recruitment decisions.

●We observed there were enough staff to meet people's individual needs and choices. This view was shared by staff and people's relatives. Staffing had been planned to support people safely in the community if they wished to go out. We saw staff provided timely care to people, for example staff were able to help people prepare food when they wanted.

Systems and processes to safeguard people from the risk of abuse

● Staff understood how to recognise abuse and protect people from the risk of abuse. Training in safeguarding adults had been provided to support staffs' knowledge and the provider had a policy and procedure in place for staff to follow.

Preventing and controlling infection

●People were involved in keeping their home clean and tidy. One person told us how they enjoyed keeping their room tidy. We saw one person enjoying vacuuming during our inspection. We saw another person got aprons ready for themselves and staff to use before making meals and understood about good hand hygiene. Staff told us and we observed there were adequate supplies of gloves and aprons throughout the service when staff were supporting people with care or preparing food.

●Areas we observed, including people's rooms, communal bathrooms and the kitchen were clean and tidy. Cleaning schedules showed areas of the service were regularly cleaned.

Requires Improvement

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

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

●Assessments of people's care, along with any associated health care risks, such as care needs related to epilepsy and what actions to take should a person experience a seizure were in place and were effective. However, one person was at risk from pressure damage and although there was a risk assessment in place this was not based on a nationally recognised assessment tool. For example, nationally recognised assessment tools for risks of developing pressure areas consider contributing risk factors such as malnutrition. This meant that not all contributing factors for the risks of pressure damage were assessed in the most effective way. The compliance manager sent us information shortly after our inspection to show a risk assessment tool based on nationally recognised guidance had been implemented.

●Assessments considered how to support people with some equality and diversity needs. For example, we saw an assessment identified a person's religious faith. However, equality and diversity could have been considered further. For example, we did not see how people's needs had been considered in relation to relationships and sexuality.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had notified us of DoLS outcomes for four people who used the service; no conditions had been authorised. However, we found improvements were needed in how the service implemented and followed the MCA and DoLS guidelines.

●The provider had not applied for a DoLS assessment for one person. We were concerned that some aspects of this person's care had the potential to amount to a deprivation of liberty. We discussed this with the assistant service manager who confirmed shortly after our inspection they had subsequently reviewed this person's care and had submitted an application for a DoLS for this person.

● Records showed some care decisions had followed the principles of the MCA, as mental capacity assessments and best interest decision making records were in place. Some of this had been completed for specific decisions, however some of these decisions were more general. The principles of the MCA require mental capacity assessments and best interest decision making to be in place for specific decisions.

●We also found that the principles of the MCA had not always been considered. This was because we found people had received specific aspects of care and treatment that had no mental capacity assessments and best interest decisions making records completed. We discussed our concerns with the assistant service manager who confirmed shortly after our inspection the principles of the MCA had been applied to these decisions.
●Staff had a general understanding of the MCA and DoLS, however records showed staff training in this area had not been recently refreshed. The assistant service manager told us they had planned refresher training for staff in the near future.

Staff support: induction, training, skills and experience
●Staff told us and records confirmed they had received training relevant to people's needs. However, for some areas of training this was not regularly refreshed. For example, some staff had not had any refresher training in food hygiene and equality and diversity since 2010. Some staff had not had training in the DoLS since 2014. Whilst the assistant service manager told us of plans to refresh the training in the MCA and DoLS, we did not see any further plans to complete competency assessments or provide refresher training in other areas.
●After the inspection the Compliance Manager wrote to us to say there was no organisational requirement for staff to complete additional refresher training. They told us managers carried out observations on staff and any new changes to legislation or practice would be identified and communicated to staff. They also told us refresher training would be commissioned if an area of risk had been identified.
●Records showed care staff induction procedures ensured staff were trained in the areas the provider identified as relevant to their roles. Staff competency was also checked in areas such as medicines administration.
●Staff were given opportunities to review their individual work and development needs.

Supporting people to eat and drink enough to maintain a balanced diet
●One person told us they enjoyed their meals. We observed they had enjoyed cooking their meal at lunchtime.
●We observed another person chose what they wanted to eat for lunch and another person enjoyed making drinks for themselves and others. Relatives shared the view people enjoyed their meals and drinks.
●Staff told us and records confirmed people's weight was monitored when needed to help inform any health-related goals, such as reaching a healthy weight.
●Where people had identified choking risks, their care plans contained guidance to staff on how to reduce those risks. For example, if food needed to be cut into small pieces.

Adapting service, design, decoration to meet people's needs
● One person showed us their room and told us they liked the pictures they had on their wall and liked how they had organised their belongings. We saw other people had personalised their rooms to reflect their interests and hobbies. People liked how their home had been decorated and designed.
● The service supported people's independence using technology and equipment. For example, when people required equipment, such as hoists to help them mobilise, these had been installed in the premises.

Staff working with other agencies to provide consistent, effective, timely care
● Care records showed where referrals had been made for assessments or advice from other agencies they may have. This information could be shared with external care providers when needed, such as in any event of a person's admission to hospital, such as GP's, speech and language therapists, learning disability nurses, podiatrists and opticians.
●People had individual 'health information' files. These contained information on people's needs, such as

any prescribed medicines and any allergies, should people have to go into hospital. This helped to ensure people received consistently informed and effective care between healthcare professionals.
●Information from other professionals was included for reference within people's care records.

Supporting people to live healthier lives, access healthcare services and support
● Relatives told us staff obtained any medical or healthcare advice for people when needed to ensure people's health was promoted. One relative told us, "If [person] has any ailments, they soon sort it out."
● Care plans provided staff with guidance about the support required with people's health conditions. Staff told us how they monitored people's health needs and obtained relevant advice from other healthcare professionals when required. Records showed how staff had monitored people's health care needs, for example, when people had weight or any incidents monitored.

Good

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated equally and were relaxed and happy in the company of staff. We saw people enjoyed doing different activities throughout the day with staff. One relative told us, "[Person] is absolutely happy there; the staff are very caring and you can tell it's genuine."
- We observed staff were caring with people. We saw staff offered reassurance when needed and spoke positively about what people had achieved. For example, we saw staff checked how someone was feeling when they went to spend some time in bed. They said, "Do you want me to sit with you?"
- Care plans showed if people had a religious belief and what needs were related to their identified disabilities.

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

- Care plans reflected how people wanted to receive their care. Staff recorded how people had contributed to their care plans.
- Relatives told us they felt involved and could make contributions to people's care plans. One relative told us, "There are care plan meetings; staff will ask me my views; communication is very good." This helped to ensure people received care that was centred on their needs.

Respecting and promoting people's privacy, dignity and independence

- Throughout our inspection we observed staff took action to promote people's privacy and dignity. These actions included making sure people had privacy when bathing or spending time in their rooms.
- We observed people were supported to be as independent as they could be. This included meal and drink planning and preparation, personal care, household jobs and involvement in the local community. Care plans promoted independence as they identified what people could do themselves.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● We saw people received responsive and personalised care. For example, when one person told staff they would like a bath, staff started to help them prepare for this straight away. Staff told us this person liked to have a bath in the afternoon and they would just say when they wanted one. We saw staff responded promptly to support people when they led what they wanted to do.

●We observed people were happy with how they spent their time. One person told us about a recent trip to the seaside. They also told us about the planned activities and celebrations that they were looking forward to.

●Staff understood people's interests. We observed staff suggested ideas for activities people may like to do based on these known interests.

● The service assessed people's information and communication needs. These were identified in people's care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. An example of how the service supported people with accessible information was by the provision of visual staff pictures so people knew who to talk about any worries or concerns.

Improving care quality in response to complaints or concerns

●Relatives told us they had not needed to complain; however, told us they would find it easy to complain should they have need to. One relative told us, "I'd complain if I needed to, I'd get straight on it, but I have no complaints about the place at all."

●Information on how to complain and who to speak with was displayed around the service and in people's care plans. This included pictures of staff people could speak with to help them with any concerns.

●No complaints had been received by the service. However, the provider had a complaints policy in place to manage and investigate any concerns raised should they be received.

End of life care and support

● At the time of our inspection, no-one was receiving end of life care. The assistant service manager was aware of the importance of developing end of life care plans with people when needed.

Requires Improvement

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

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- The assistant service manager who was responsible for managing the service on the day of our inspection, and the area operations manager were unaware of a specific incident staff had documented. We discussed this with them and they told us they would expect to be aware of an incident of this nature. We were concerned that not all opportunities to evaluate and learn from incidents and improve care for people had been taken.
- However, the assistant service manager was committed to improving the service in order to achieve positive outcomes for people. For example, they had an action plan in place that identified what further steps could be taken to improve the service. During our inspection they added actions to take so as to improve equality and diversity opportunities for people.

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

- Checks had been made to help ensure the quality and safety of services, reduce risks and meet regulatory requirements. We saw audits had been completed on such areas as, water temperatures, first aid supplies and equipment people used. However, not all the shortfalls we found at the inspection had been identified and actions taken to improve. For example, with medicines, care plans, risk assessments, the MCA and DoLS.

- The provider has policies and procedures in place to help ensure the governance of the service and meet regulatory requirements.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives told us they thought the service was well-led. One relative told us, "It's the best place [person] has ever been."
- People experienced good outcomes from the care they received. For example, people told us and records showed people took part in activities they enjoyed and that they looked forward to.
- Staff and relatives told us they were confident the provider managed the service in an open and transparent way. We saw where any incidents had occurred these were reported openly.
- Staff told us they knew the interim management arrangements and felt they received sufficient support from the covering managers for them to fulfil their job role.
- The provider had ensured the CQC were notified of all reportable incidents.

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

● Staff we spoke with were positive and motivated in their work and felt involved in the service.

●Staff told us and records confirmed staff meetings were held and these were used to reinforce good practice for staff and positive outcomes for people.

●The assistant service manager told us staff views and feedback had been considered and used by the provider to develop plans for computerised care records.

● People and their relatives had opportunities to give their views about the service at care plan reviews. Relatives also told us they spoke regularly with staff who worked at the service. One relative told us, "[Person] has a good key worker; we speak regularly."

●Additionally, relatives told us they had the opportunity to complete a questionnaire that asked them about the service. The assistant service manager and operational director confirmed plans to send a new questionnaire to relatives for their views was in place in the days following our inspection.

Working in partnership with others

●The service worked in partnership with people, relatives and staff to develop the service. Other professionals were also involved in people's care as detailed elsewhere in this report.

●Advice and guidance from other healthcare professionals was known by staff and included in people's care records for reference. For example, when district nurses or speech and language therapists were involved in people's care.