

Royal Mencap Society

Royal Mencap Society - Teversall Bungalow

Inspection report

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Date of inspection visit:
19 February 2020

Date of publication:
20 April 2020

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-Teversall Bungalow is a residential care home providing personal and nursing care to five people with learning disabilities. The service can support up to six people.

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.

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

Risk assessments were completed to mitigate specific risks associated with individuals, but some lacked detail of how staff would manage these risks.

Systems were in place to protect people from avoidable harm. People felt safe living at the home. People received their medicines as prescribed. The service followed policy and procedures related to infection control legislation. Lessons were learned when things went wrong.

The provider demonstrated an understanding of the need to consider people's mental capacity and followed the principles of the mental capacity act. However, the MCA assessments we looked at were not clear, or person centred. Initial assessment of care was undertaken, monitored and managed to ensure people received effective care. Staff were supported to acquire the knowledge and skills required to support people's needs. People received a balanced diet and made choices of what they wanted to eat and drink. The service worked well with other healthcare professionals and provided consistent care and support.

Staff were kind and considerate. They always treated people with respect and dignity. People were encouraged to achieve their hopes and dreams. People were encouraged to share their views and expressed choices to ensure they had a happy, content life. Staff respected people's wishes and choices.

People's care, choices and preferences were adhered to. Staff and management worked with passion and dedication and the people who used the service always came first. People were supported to participate in activities that were relevant and important to them. Peoples communication needs were met in line with the Accessible Information Standard. The service was open and transparent when dealing with complaints. People who wished to make advanced plans for their end of life care were supported to do so.

The provider was meeting their responsibility to report incidents to CQC. Themes and trends were clearly identified when monitoring accident and incidents. People and relatives spoke positively about the management of the service. The registered manager took a proactive approach to address issues and concerns. People were encouraged to be involved with promoting the service. The registered manager and staff worked well with external healthcare professionals to ensure people received good care and support.

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

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

The last rating for this service was requires improvement (published 24 October 2018). and there was a breach of regulation 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We have made a recommendation about the detail and recording of decisions for Mental Capacity Assessments.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Royal Mencap Society - Teversall 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. 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 conducted by two inspectors.

Service and service type

Royal Mencap Society - Teversall Bungalow is a care home who provide care for up to six people. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during the 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.

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 work with the service. We reviewed previous inspection reports, information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law.

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 two people and one relative about their experience of the care provided. We spoke with three care staff, the assistant manager and the registered manager. We looked at the relevant parts of the care records of two people who used the service. We also looked at four staff recruitment files and other records relating to the management of the home. This included audits, policies and incident records.

After the inspection.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at training data and quality assurance records.

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 Requires Improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were completed to mitigate specific risks associated with individuals. However, some risk assessments were vague with limited control measures. For example, when a person had an allergy, such as, hay fever the detail of the allergy was not sufficient for staff to manage the risk effectively to identify an allergic reaction or the symptoms.
- We saw a set of knives in the kitchen, although they were out of reach from people, we had concerns that people may access them unsupervised. The registered manager told us the measures in place to mitigate the risk but had not completed a risk assessment to identify the level of risk. We asked them to complete a risk assessment immediately, which they did.
- Regular safety checks had been carried out on the environment and on the equipment used in caring and protecting people.
- Risks associated with people's care and support had been assessed when they had first moved into the service and were reviewed regularly. Reviews took account of professional advice and guidance.
- Emergency plans were in place to ensure people were supported in the event of a fire or unexpected event.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection there were concerns that the provider had not submitted all notifications to CQC. At this inspection improvements had been made. The provider had updated their procedures to identify when concerns and incidents were required to be shared with CQC, to ensure people were kept safe from harm.
- People and their relatives expressed satisfaction with the safety of the home. One person described an incident where they had felt unsafe and the measures the provider had put in place to make sure they were kept safe.
- Safeguarding concerns were covered by an internal investigation and analysis report to make sure action was taken to keep people safe. Staff confirmed they understood how to raise safeguarding concerns and had completed safeguarding training. We reviewed safeguarding incidents during the inspection and found no concern.

Staffing and recruitment

- Systems were in place to make sure that the right staff were employed to support people to stay safe.
- People and relatives told us that they felt there were enough staff available. One relative said, "There were always staff around to help." We observed sufficient staff working in the home on the day of our inspection.
- Staff confirmed there were enough staff. One staff said, "We have a rolling rota, it works well."
- Staff told us before they started work checks had been undertaken to ensure they were safe to work with

people at the service. This included checks on staff identity, employment history and disclosure and barring service (DBS) criminal record checks and references were requested prior to employment. This meant people could be confident they were cared for safely.

Using medicines safely

- People received their medicines as prescribed and were given them by trained staff who ensured medicines were administered on time.
- Staff confirmed they had received medicine training and their competency observations had been completed. One staff member said, "I have had my updates, and we have observation every six months."
- Staff followed relevant protocols for the receipt, storage, administration and disposal of medicines. This ensured people received their medicines in a safe way.

Preventing and controlling infection

- The service followed policies and procedures related to infection control legislation.
- People were protected from the risk of infection and were able to have a flu Jab when required.
- The environment was clean and tidy. Cleaning schedules were in place. These schedules identified the task to be completed and by whom. The registered manager monitored the process to eliminate concerns.
- Staff wore personal protective equipment (PPE) such as, gloves and aprons when providing personal care or serving food. We observed when staff wore this equipment, they removed the apron and gloves in-between tasks.
- Staff had completed infection control and food hygiene training. This ensured people were protected from risks associated with the spread of infection and unsafe food hygiene practice. The home had a five-star food hygiene rating. This told us they were following hygiene standards.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Accident and incidents were managed, and staff were informed of any incidents that had occurred. The registered manager analysed information for themes and trends. Corrective action was taken when incidents happened.
- The provider used team meetings to discuss issues, concerns and share information. For example, people's finances were not being recorded correctly. The meeting records told us the registered manager had implemented a new robust process. We checked some finance records and found they were accurately recorded. We saw issues had been identified by the provider and action had been taken to address these concerns.

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 now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Mental Capacity Act principles were used when people who lacked capacity had been identified. However, we found that mental capacity assessment details were not clear, or person centred to ensure the person or family had been involved with decisions. For example, all the capacity assessments we looked at did not provide any information of how staff would encourage people to participate in decisions. One assessment said, "Staff team felt that [Name] does have some capacity, but not all to understand why and how the staff team would support them." This meant it was not clear what steps had been taken to effectively communicate, at an appropriate level all of the information to people to enable them to understand the decision.

We recommend the provider consider and review all documentation when recording decisions related to people's capacity. This is to ensure they capture the person's involvement and take action to update their practice accordingly.

- Staff had received training in the MCA and DoLS were being met in line with legal requirements.

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

- The provider carried out an initial assessment so they could be sure they could support people safely and in the way they wanted to be supported. Staff completed a one-page profile for each person when assessing

their needs. People using the service and their family members were involved in the assessments of care.

- People's needs were regularly reviewed to ensure they continued to receive the correct level of support.
- Where people showed signs of anxiety, innovative ideas and distraction techniques were used. For example, learning a new activity or craft courses such as crochet.

Staff support: induction, training, skills and experience

- Staff received induction training in line with the providers policy and procedures. They had completed relevant training and shadowed experienced staff before commencing work.
- Staff files identified certificates they had gained. The training matrix reflected updates and a traffic light alert system to identify when training was required to be updated or refreshed.
- Staff were given opportunities to review their individual work and development needs. They confirmed they had supervision every four months. One staff said, "I had one in January."

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

- People were supported to eat a healthy balanced diet and where people had specific dietary needs, staff were aware of their needs. One relative said, "I know [Name] gets plenty to eat and drink they would let me know if they didn't."
- We saw sufficient food stock in the kitchen and people were supported to make their own meals and drinks. The service had been given 5* by the food standards agency this told us they had good standards of food hygiene and preparation techniques to ensure people received their food and drink in a safe way.

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

- When people's care needs required input from other health professionals, their advice had been sought. The service worked with other agencies as needed. This was confirmed by relatives and health professionals we spoke with.

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 now 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

- People and relatives told us staff were kind and helpful. Staff told us they had the information they required to support people in the way they wanted.
- One relative said, "Staff come across as caring and compassionate. We visit or call the home regularly and discuss what [name] has been doing. We get a detailed account from the staff and we know if the activity had or had not taken place because of [Names] reactions."
- Staff spoke with people in a respectful manner, people were given choices and staff had time to spend with people.
- Staff were knowledgeable about the people they cared for. One member of staff told us about a person's ability to understand. They said, "You have to give them time, they understand choices, but we don't give them more than two at a time." This meant they were respectful to people's needs.

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

- People's preferred way of communication was adhered to. One member of staff told us they used pictures, social stories and spoke slowly to people to ensure they had understood a choice or decision.
- Staff supported people to make choices about the care and support they wanted daily. Staff had a flexible approach and the registered manager had an open-door policy to ensure they spent time with people when required.
- Resident and key worker meetings had taken place and people's views and discussions were documented. One person had said in a meeting they wanted to visit a certain place. We looked at their activity plan and they had visited the place requested. This showed us people's views and choices were adhered to.
- The service had a hopes and dreams chart that identified people and staff's goals and aspirations. For example, one person's goal was to get a job. We saw pictures and records that portrayed the persons excitement when going out to work.

Respecting and promoting people's privacy, dignity and independence

- People who were able told us staff treated them respectfully and they were encouraged to do things independently. We observed staff caring for people in a dignified way and giving them privacy where needed. This meant people's right to privacy and confidentiality was respected.
- We observed staff waiting patiently for answers to questions when a person had no verbal communication.

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 now 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's care was detailed and relevant to their needs. Relatives had been involved in developing their family members care. One relative said the service kept them informed and up to date with all their family members care needs.
- People had an activity plan with varied activities they had attended or were to participate in. For example, going out for coffee, watching their favourite TV programme or going out in the community for work or leisure.
- People were supported and encouraged to take part in person-centred activities along with their hobbies and interests, such as swimming or horse riding. People's experiences had been documented when they went out for a day trip. For example, "Lots of giggles throughout the day. One person's face lit up when seeing all the rides at the pleasure beach." People said, "They had an amazing time."
- Staff described what it meant for a person to have person centred care. They said, "Person centred care is important for people so they have control... we should empower people to let them have control over their life as long as it is safe...we do that every day."
- We observed the friendly atmosphere within the home. People had made friendships with others living in the home. They had maintained relationships with family and within the community. This helped to protect people from isolation.

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.

- Each person had a communication passport. This was also used to identify their communication needs to staff and other health care professionals.
- The service used different methods to give people information in a way they understood. People's communication needs were documented in their care plans. Staff identified how they communicated with people who had difficulties. For example, using a wipe board, pictures or the use of technology. People also used the technology to stay in contact with their family.
- Menus were picture pen assisted so people could make informed choices of what food and drink they wanted.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People and families knew who to raise concerns with.
- The registered manager told us they had received no complaints since the last inspection. Records and systems we looked at confirmed this.

End of life care and support

- People and their families had discussed end of life requirements. Their wishes and beliefs had been recorded and respected at the end of their life.
- When a member of the house passed away staff supported people to attend the funeral. People set up a memory garden, so they had somewhere to feel at peace when remembering their friend.
- The service provided an easy read leaflet for when someone died, which helped a person understand when their family member died. They were aware of what had happened, why they felt sad and who would be there to support them.
- Testimony from family highlighted their gratitude for the excellent care and support their relation had received at the end of their life. For example, "On behalf of [name] and family we thank you for giving them a wonderful place to call their home."

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 required improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to have robust quality assurance in place. Which meant people were at risk of receiving poor quality care which may place them at risk of harm. This was a breach of Regulation 17(Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- All relevant information was recorded in people's care plans. Information was reviewed, kept up to date and accurate to ensure people's needs were reflected. Where escalation was required and appropriate action was taken.
- The registered manager was aware of their role and responsibilities and had a clear oversight of the service
- Staff were complimentary about the registered manager and told us they were supportive and led by example. One staff said, "People are much happier because we have improved. We have a very good staff team and work hard. We want to give people we support the best quality of life and make sure their rights and choices are listened to."
- Audits and monitoring systems were in place and a more robust process had been implemented to ensure the provider captured themes and trends. This was also to ensure the registered manager had a good oversight of the service.
- Infection control measures had been updated. The home was clean and tidy. More robust cleaning schedules were in place and included, deep cleaning the home, helping people to clean their own rooms and check fridge labels and dates on food to ensure there were no out of date foods. These schedules and tasks were checked regular by the registered manager.
- Staff had received regular supervision to review their progress, and this was confirmed by records we looked at.
- The registered manager ensured they met CQC's registration requirements by completing all required notifications to support our ongoing monitoring of the service.

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

- People and relatives spoke positively about the staff who supported them. Two people told us they were very happy with the support they received. One relative said, "The staff have guided us to understand and make choices regarding [Names] care. They let me know if there are any concerns and keep me up to date all the time."
- The registered manager was open and honest about improvements that had been made and what they needed to achieve to promote a positive outcome for people.

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

- The provider held a reflection event where they invited people and family to attend. People who used the service had a bake-off challenge. This provided people with skills and empowerment to show case their independence and achievement.
- A treat me well campaign (enhanced experiences with in hospitals and GPs surgeries for people with learning disabilities) was set up for families and members of the public to view and access information leaflets. Staff devised a plan that best suited people who used the service to attend a local hospital and local leisure centres to hand out leaflets. We saw pictures where people participated and enjoyed presenting and interacting with visitors.
- Feedback from families was positive, one family member said, "Happy [name] is here. There were many testimonials of good work. One said, [Name's] contentment is a testimonial to the care they receive." Another, "Impossible to improve."
- Monthly staff and key worker meetings were arranged. These meetings Identified good practice, sharing of information and updates of information that staff were required to have.

Continuous learning and improving care

- The provider put oral hygiene plans in place for each person. These identified how staff should support people with oral health care and included following NICE guidance.
- The registered manager reviewed audits to identify concerns and where improvements could be made for example, they identified support plans would benefit from a family and friend section to enhance relationships for people.
- Continued review and assessment of people's needs identified when the service was not suitable for a person who's needs had changed. This meant they put people's needs first.

Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to ensure the service people received was person centred.
- Other healthcare professionals we spoke with told us they had visited the home and really enjoyed the visit. They told us, "Staff made them feel welcome and should keep up the good work they provided."