

Royal Mencap Society

# Royal Mencap Society - 25 Barossa Road

## Inspection report

25 Barossa Road  
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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

Royal Mencap – 25 Barossa Road is a residential care home providing accommodation and personal care for up to seven people with a learning disability, such as autism. At the time of our inspection, six people were living at the service.

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

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

People were cared for by staff who had developed a good culture and promoted independence. People told us staff were kind and caring to them and showed them respected.

People enjoyed living at the service and had good relationships with their housemates and staff. They told us they went to activities of their liking and carried out daily living tasks within their home, such as cooking and the laundry.

People were supported to take their medicines and staff were knowledgeable in how to keep people safe from harm or the risk of abuse.

People lived in an environment which had a good standard of cleanliness and was appropriate for their needs. People said they could make their own decisions about their care and there was evidence they were involved in their support plan reviews.

People were involved in the running of the service. They chose the meals they ate, how they liked to spend their time and gave their feedback where they felt improvements could be made. Staff listened to people and made changes and worked with external agencies for the benefit of 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.

The registered manager led the service well and supported staff. They looked for ways to improve people's lives and audited the service regularly to ensure their regulatory requirements of registration were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (report published 26 October 2017). We found at this inspection, the service had retained this Good rating.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Royal Mencap Society - 25 Barossa Road

## **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 two inspectors.

#### Service and service type

Royal Mencap 25 Barossa Road 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 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also reviewed information received by CQC since the last inspection. This included notifications of

incidents and accidents at the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager and another of the provider's service managers..

We reviewed a range of records. This included two people's care records and medication 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.

# 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 rating. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and everyone said they did not worry about anything. People were kept free from harm due to staff's understanding of safeguarding. A staff member told us, "If incidents kept on happening, we would have to consider a safeguarding referral."
- The service had notified CQC of any potential safeguarding concerns in line with their registration requirements. In addition, they consulted with the local authority safeguarding team when incidents occurred.
- The provider's PIR stated, 'Safeguards reported promptly to local authority and CQC notifications completed where applicable. Practice reflected upon and implement changes required to mitigate further risks.' We found this to be the case.

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

- Where people were at risk, guidance was in place for staff to help mitigate people coming to harm. A staff member told us, "I ensure there are no objects on the floor, foot wear is checked and people are assisted to walk."
- One person displayed behaviours at times that caused them and others distress. A staff member said they had learnt that by talking to the person on a one to one basis this had helped them understand their feelings and as such had reduced their incidents of aggression towards others.
- A second person had information in place for staff to follow should their blood sugars become too high or too low.
- Staff said when people had an incident or accident they recorded this on their internal system and looked for ways to reduce potential of reoccurrence. One person had a dose of medicine missed and the service consulted with the pharmacy and introduced an extra stock check regime to avoid a repeat of this.
- The service had a contingency plan and carried out regular fire drills and fire checks. People told us, "If the alarm went off we know what to do. We would go out of the front door and wait outside with staff."
- A recent fire assessment had identified some actions. We were told a request had been raised with the owners of the building to address the shortfalls. As people and staff knew what to do in the event of a fire the impact was low. We will check at our next inspection these have been addressed.

Staffing and recruitment

- People told us they were assisted by staff when they needed it and did not have to wait for staff support or staff to take them out if they wished to leave the service.
- Staff said there was enough of them to care for people, particularly as several people were quite independent. There was one staff member on duty, working a 24-hour shift. This included them sleeping at

the service at night. We asked staff what would happen if there was an emergency and were told there was an on-call service and local staff who would be able to assist.

- Staff were recruited through robust practices. At least two references were present in each staff file seen. Staff underwent a Disclosure and Barring Service check which helped ensure the provider employed staff suitable to work at this type of service. Potential staff also provided evidence of their right to work in the UK.

#### Using medicines safely

- People's medicines were handled safely. People told us they knew about their medicines and that staff supported them to take them.
- Each person's medicines were stored in a cabinet in their room. We checked the Medicine Administration Records (MARs) for people and saw these were completed in line with people's prescribed medicines.
- There were no gaps in people's MARs which indicated people had received the medicines they required. Where people had 'as required' medicines protocols were in place to guide staff.
- Where appropriate people were assisted to self-administer their medicines in a safe way

#### Preventing and controlling infection

- People lived in an environment that was clean and without malodours. People were involved in keeping the service clean. This included their own individual rooms.
- Staff took infection prevention and control training as part of their induction into the service.
- A staff member told us, "We do lots of handwashing. We have signs up and we have gloves and aprons to use." We saw staff using gloves during the inspection.



# 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 rating. 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

- Pre-admission assessments were completed prior to a person's admission to ensure needs could be met. Most people had lived at the service for many years and knew each other well. Where one person had moved in recently information from their previous placement had been brought over. The staff knew this person already which helped them settle in well. They told us they felt reassured by the other people and staff. They also said that the staff knew him.
- Staff used national recognised guidance to help them provide appropriate care. There was the Royal Pharmaceutical Society guidance on medicines in care homes available to staff and guidance on caring for people diagnosed with dementia produced by a local Trust.

Staff support: induction, training, skills and experience

- Staff received induction and training sufficient to give them confidence in their role. Staff told us the training was good and they had regular refresher training. One staff member said, "When we had people with epilepsy we had that training." Another said, "Yes, I think I am confident with my training."
- Staff had training in a range of areas which included autism, dementia, first aid and health and safety. In addition annual medicines competency assessments were carried out with staff.
- Staff had a series of meetings over the course of the year to discuss their performance, any concerns or training requirements. A staff member said, "They are a two-way conversation and I can raise concerns during this as well."

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

- People were involved in choosing the foods they ate. One person told us, "I like the food here. My favourite is sausages." A second person said, "We choose the meals each week."
- No one living at the service had a specific dietary requirement for health or cultural reasons and as such they all ate a range of foods.
- People were weighed regularly to help ensure they remained a healthy weight and we heard staff encouraging one person to drink, reminding them of the importance of staying hydrated.

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

- People lived in an environment that was suitable for their needs. People's rooms were individualised and personal reflecting their interests and hobbies. One person told us how much they liked their room and about the lamp they wished to buy to complete their themed decoration.
- One person's mobility had deteriorated and railings had been installed outside the front door to help

them step over the threshold safely.

- There was a large kitchen table for people to congregate for meals and a communal lounge area which were both easily accessible for people.

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

- People were supported to access health services when required. There was evidence of people's GP, dentist, optometrist and podiatrist being involved in their care. A relative had commented in a recent survey, 'I think staff do a very good job keeping me up to date with [name's] care'.
- Discussions were held with people on staying healthy and staff worked with other agencies for the benefit of people. Unnecessary medicine's for one person were gradually being reduced and another person had been reviewed by the Speech and Language team in relation to their swallowing.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Everyone living at the service had capacity to make day to day decisions. Although capacity assessments had been carried out for specific decisions, such as living at the service or having staff on site 24 hours a day.
- DoLS applications had been made for people in relation to their finance and best interests meetings were held with regard to hospital treatment or procedures.
- The provider's PIR stated, 'Staff understand we cannot assume someone lacks capacity, they must assume capacity unless proven otherwise. They must take all reasonable steps to support a person when decision making, for example provide accessible information and time for someone to process this and involve an advocate or family representative where appropriate'. We found staff had a good understanding of the Act and its principles.

# 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 rating. 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

- Everyone told us how much they liked living at the service. One person said, "Oh, it's just lovely." They said staff were kind and caring towards them and our observations supported this.
- There was an easy-going relaxed atmosphere at the service, with natural conversation being held between staff and people.
- People themselves got on well together and enjoyed spending time on activities or relaxing in the communal area. One person said, "I like all sitting together."
- People were clearly happy living at the service. They were keen to talk to us, show us around and tell us how they spent their time. One person told us, "I like it here and I like all the people and [name]."

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

- People knew they had support plans outlining their needs and there was evidence they were involved in any reviews of their plan.
- Each month staff met individually with people to review how they had spent their time, what they had enjoyed, what their goals and wishes were for the coming month and whether they were concerned about anything. We read people had expressed wishes on particular activities and there was evidence these had been arranged for them.
- People could make their own decision about how they spent their time within the service. One person liked to watch television and another spend time in the bath. One person told us they liked watching DVDs in their room.

Respecting and promoting people's privacy, dignity and independence

- People were shown respect by staff. Staff spoke to people in a respectful way and when we arrived staff took time to introduce us to people. A staff member told us, "I always keep curtains closed if the person is happy so that respect and privacy can be maintained."
- People's independence was encouraged and staff worked with people to teach them day to day living skills, such as choosing their own clothes and dressing themselves. One person was seen to make their own tea on our first day of inspection. Others walked into town independently.
- Support plans included information on what people could do for themselves. One person was recorded as being able to, 'prepare vegetables, make boiled egg, washing up, keeping room tidy'.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. 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's support plans contained sufficient information to guide staff on people's needs. This included personal care, communication, sleep, nutrition and any emotional support needs.
- People's support plans gave a one-page profile outlining a person's likes, dislikes and what interested them. As staff had worked at the service for a number of years they knew people well and this was evident in the way they spoke about people.
- A staff member said, "It's about knowing what people need and why they do things. Like [name] wanting towels on the floor when she had a shower. That was what she wanted. And [name] has learnt behaviours from her stay in an institution."
- Where people's needs changed, staff responded to this. One person's mobility declined and as such they were moved to a downstairs bedroom to avoid them having to use the stairs.
- An annual 'reflection event' was held, with family present, where visual/pictorial documents were prepared with each individual and everyone spoke about the things they were most pleased with, what they were proud of and what they had enjoyed.
- The provider had considered other areas where people may need support. We read a 'What is Grief' booklet produced in pictorial format. This was important to people living at the service as one person had passed away last year. One person told us how much they missed them.

Meeting people's communication needs

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

- The service had ensured information relevant to people had been produced in a way which was appropriate for people. For example, there were easy-read fire evacuation procedures and complaints policy's.
- The provider's PIR stated, 'Information is broken down in a way that person can understand, through use of easy read, pictures, objects of references, having time to process information, ask questions etc. Use of videos, other specialised support teams to help with accessible information.' It also stated, 'House meetings template, PWS surveys, complaints procedure are in an easy read format'. We found both of these statements to be true.

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 had access to a range of activities and chose how they liked to spend their time.
- Everyone attended a day centre on various days during the week, with some people independently travelling to it. Other activities included going to the cinema, shopping, taking holiday's or going to local clubs.
- A taxi collected people on a Sundays to take them to Church where a volunteer met them.
- On the first inspection day one person said they, "Sometimes go to Camberley theatre and golf but would like to go bowling like we used to." On our second day we saw this and a second person getting ready to go bowling. A staff member said they had overheard [name] telling us and had acted on it.
- We read in 'house' meeting minutes that people would like to do some different activities. The registered manager told us more support hours had been added and this would give them the opportunity to do this. They said, "Now we have more hours, we can utilise the hours and do more activities. Although we do a lot already."
- Staff supported people to develop relationships, either within the service or with people from neighbouring services. One person told us, "I have just spoken to [name] on the phone. She lives at another house, but we speak to each other." One person had a girlfriend and two people within the service had a close relationship.

Improving care quality in response to complaints or concerns

- People told us if they had any concerns they would speak with staff.
- We reviewed the complaints folder and read of few complaints having been received since our last inspection. All had been responded to and resolved.

# 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 rating. 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

- The provider's PIR stated, 'Recruitment is value based, applicants have to demonstrate that they can meet the organisations values. The induction entails core training courses along with workbooks that are completed whilst shadowing other staff. The courses start with 'Welcome to Royal Mencap Society,' this looks at Mencap's values, what the organisations vision and ethos.'

Staff were aware of these values and their approach towards people and the culture within the service impacted positively on people. People were smiling and clearly comfortable with staff.

- In addition staff had 'shape your future' meetings with their line manager where they reflected on the values of the organisation and what impact they had made to people.
- Staff told us they felt very supported and valued. One said, "If I have a problem, I will speak to [registered manager]. She is the best manager I have ever worked for." A second told us, "I feel supported by other staff, people who live here and the manager. She is always saying thank you."
- In turn the registered manager told us they felt supported by the registered provider and that, "All the staff teams are very capable and have been here for a long time. I am confident in that respect."

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

- The registered manager had duty of candour information displayed in their office and concerns received by the service were acted upon with honesty and integrity.
- The registered manager was aware of their legal responsibilities and understood when CQC and other external agencies were required to be notified of significant events.
- The registered manager carried out continuous auditing to help ensure regulatory requirements were understood and met.
- The service had a monitoring tool and service improvement plan which was reviewed regularly. Other audits, carried out by a manager of another of the provider's services were based on CQCs KLOEs. Any learning was shared with staff.
- Safeguarding audits ensured all procedures had been followed correctly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People had regular 'house' meetings where they were fully involved. Topics covered included anything

needed for the house, concerns, household tasks, the menu, activities, staffing levels and what to do in an emergency. At the end of the meeting people arranged between them who was responsible for putting together the minutes, who would file the previous months minutes and who would chair the next meeting.

- Similarly staff held meetings. Staff took the opportunity to reflect on each person, any changes to their needs, how they had spent their time, their likes, dislikes or any concerns. General topics about the service were also discussed, including training, health and safety and lessons learnt.
- Surveys were completed by people and their relatives and used as a way to improve the service. People were asked if they felt they had choice, opportunities, felt happy, safe and healthy. Everyone responded positively.
- There was also positive feedback from relatives, with one writing, 'completely different person since she has been with [staff name]. Without all of you at the house [name] would never have been herself.'
- From feedback more 'crafty' activities such as gardening and more personal and proactive activities were planned. The registered manager told us, "We need to record what we have done and take more photos. That's something we could improve on."

#### Working in partnership with others

- The registered manager told us the service worked well with the learning disability service from a local hospital. They also engaged with other health agencies as and when people required it.
- The service had good links with volunteers from a local church.