

Royal Mencap Society

# Royal Mencap Society - 50 Belle Vue Grove

## Inspection report

Mencap  
50 Belle Vue Grove  
Middlesbrough  
Cleveland  
TS4 2PZ

Tel: 01642851160  
Website: [www.mencap.org.uk](http://www.mencap.org.uk)

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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

50 Belle Vue Grove is a detached residential care home providing personal care for up to five people living with learning disabilities. At the time of inspection three people were living at the service.

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 told us they felt safe and happy living at 50 Belle Vue Grove. People and a relative said staff were supportive and listened to them. Risks to people were thoroughly assessed and staff took measures to reduce those identified. Staff knew how to safeguard people from abuse. They were recruited using systems to reduce the risk of unsuitable candidates being employed.

Staff had the right skills and knowledge to deliver care and support in a person-centred way. They received the appropriate training and support to carry out their roles well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's health needs were met. The service worked with a range of professionals to best meet people's needs.

People's care and support was based on their individual needs and choices. They were encouraged by staff to maintain and develop their hobbies and attend events that interested them. People were encouraged and supported to actively play a part in their local community.

The service was well led with an established staff team. The provider and staff team ensured people and staff contributed towards the running of the service.

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

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](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was good (published 30 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Royal Mencap Society - 50 Belle Vue Grove

## **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

This inspection was carried out by one inspector.

#### Service and service type

50 Belle Vue Grove 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 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 contacted Healthwatch to gather information. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give 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. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the registered manager, assistant manager and seven support workers. We spoke with two visiting professionals.

We reviewed a range of records. This included two people's care records and two people's medication records. We looked at two 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 looked at some policies and staff training 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding people from abuse. They knew the potential signs of abuse. They told us they felt confident concerns they raised would be handled appropriately by management.
- People told us they felt safe living at the home.

Assessing risk, safety monitoring and management

- Risks to people were assessed. Actions to be taken to reduce the risks identified were in place to guide staff. Risk assessments were regularly reviewed.
- Where able, people were assisted and supported to take positive risks. For example, accessing local shops independently.
- Checks of the premises continued to be carried out to help ensure people's safety. Plans were in place to support people in emergency situations. We identified the fire risk assessment for the service was last completed by a fire safety professional in 2010. The registered manager told us they had reviewed the risk annually but would address this issue.

Staffing and recruitment

- Staffing levels met people's needs. One person told us, "I get support when I need it."
- The registered manager reviewed and adapted staffing levels to ensure people received the right level of support.
- The provider's recruitment processes minimised the risk of unsuitable staff being employed.

Using medicines safely

- Medicines were generally managed safely.
- We found two gaps in one person's medicine administration record for one medicine. We discussed this with the registered manager who told us they would address this with staff and increase the frequency of their own audits.
- A monthly audit of people's medicines took place by the management team, however the last full audit by the registered manager was in 2018. The registered manager told us they would review the frequency of their overarching checks.
- The registered manager followed the principles of STOMP. STOMP is a national project to help stop the over-medication of people with a learning disability, autism or both.

Preventing and controlling infection

- The premises were kept clean and tidy.

- Staff were trained in infection control and took measures to control the potential spread of infection.
- Gloves and aprons were in plentiful supply for staff. Checks of staff hand washing techniques were carried out.

#### Learning lessons when things go wrong

- Accidents and incident were reviewed by the registered manager and provider. Where lessons had been learnt from adverse events, these were shared with the staff team.



# Is the service effective?

## Our findings

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

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

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

- People's needs and preferences were assessed before they moved into the service so the right support could be provided. People's support plans were reviewed and updated regularly.
- The registered manager and staff team were knowledgeable about national guidance and best practice and used their knowledge to deliver effective support.
- The service did not use restrictive practices. The registered manager and other members of staff were receiving training in positive behaviour support (PBS). PBS is a set of strategies to help staff better understand individuals and the reasons behind the behaviours they may show. Staff gave examples of how this had been used effectively to reduce one person's anxieties. One staff member said, "You can really see how it helps people."
- People had outcomes they were working towards. For example, to be able to manage their own medicines or money.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people well.
- Staff were trained in areas the provider felt key to their roles, such as emergency aid and health and safety training. They also received specialist training to meet the individual needs of people supported. One staff member told us, "Mencap is very good at providing service specific training." Where there were gaps in staff training, dates had been scheduled.
- Staff were very positive about the training they received.
- Staff received support through regular supervision meetings with management and had an annual appraisal.
- New staff attended the provider's induction programme. They also worked alongside more experienced staff until they felt confident enough to work unsupervised.

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

- People had enough to eat and drink.
- People went shopping with staff and planned their own meals. Staff provided people with information and support about healthy lifestyle choices.
- People told us the food was good. One person told us, "The food is nice, I cook with support."
- We observed people's evening meal being prepared. People had chosen different options and were fully involved in creating their meals with staff support provided as needed.

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

- The service worked closely with health professionals to meet people's individual needs.
- People were supported to access health services. They were accompanied by staff to appointments where needed. Records showed advice given by external professionals was followed by staff.
- People had health action plans and hospital passports to ensure hospital staff knew their needs if they were admitted into hospital.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and provider continued to ensure the requirements of the MCA were met.
- The registered manager had ensured DoLS applications were made appropriately.
- We observed that where they could, people were actively encouraged to make their own decisions. Staff sought permission from people before assisting them with tasks.

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

- The building was homely and met people's needs.
- Bedrooms had all been personalised to meet individual tastes.

# Is the service caring?

## Our findings

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

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

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

- People told us they were happy living at the home. One person told us, "Staff are alright, they are all nice."
- We observed staff were kind, patient and caring in their interactions with people. Staff used light hearted banter when appropriate to do so, which people enjoyed. People were relaxed. We observed lots of laughing and joking between people and staff as well as positive affirmation.
- Staff supported people to develop and maintain the relationships of importance to them. A relative told us they were always made very welcome. They said, "I take my hat off to them[the staff], they are amazing... they are wonderful."
- Staff received training in equality and diversity.

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

- Feedback was sought from people and acted on. This tended to happen in an informal way due to the small nature of the service. The registered manager told us they were currently reviewing the way they sought feedback from people and relevant others.
- People were involved in the running of the service.

Respecting and promoting people's privacy, dignity and independence

- Staff understood and respected people's rights. They knew the people they were supporting very well.
- People were supported by staff to maintain and develop their independent living skills. Staff told us how they promoted people's independence.
- We observed staff supporting people with their independent living skills such as baking and cooking. They ensured tasks were broken down into small steps for people to achieve and supported as needed.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had choice and control of their lives wherever possible. People's support was planned around their needs and preferences. People were involved in the planning process.
- Plans of support were person centred and gave a clear picture of the person as an individual.
- People were able to plan how they wanted to spend their time.
- Staff rotas were flexible. Staff shifts would change so people could take part in events or go on outings.

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 was meeting the requirements of AIS.
- A range of information was provided to people in an accessible format. This included an easy read complaints procedure.
- Where people required information in alternative formats, the registered manager told us this would be provided on a bespoke basis for people.
- Communication care plans were in place. Detailed information was available for staff as to how they could best communicate with people. This enabled people to express their thoughts and feelings in a positive way with staff.

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 were able to follow their hobbies and interests and were able to access a range of activities in the community. This included people attending social clubs, libraries and the cinema.

Improving care quality in response to complaints or concerns

- Complaints were managed appropriately. The provider had a complaints policy and procedure in place. We identified the easy ready version of the providers complaints procedure required updating. The registered manager sent us information following this inspection which showed this had been done.
- People told us they knew how to make a complaint. One person said, "I could go to [name of registered manager]."

#### End of life care and support

- End of life care was not being provided by the service at the time of this inspection. End of life care policies and procedures were in place for when needed.

# Is the service well-led?

## Our findings

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

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

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

- The service had a positive, person centred culture
- People said they were very happy living at the service and this was due to the management team and staff.
- One staff member told us the staff team aimed to be, "Caring, nurturing, supportive, helping people develop new skills and live their best lives possible."
- Staff told us they said they enjoyed working at the service. They understood their enabling role. They were enthusiastic and very proud of the work they had undertaken to ensure people developed more independence.
- A relative and professionals we spoke with told us communication with the service was good.
- The registered manager understood their duty of candour requirements.

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

- The provider and registered manager carried out a range of checks to monitor and improve the service.
- Notifications about incidents that affected people's safety or welfare were sent to CQC appropriately.

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

- The registered manager ensured people were involved in the running of the service.
- Regular staff meetings took place. Staff said they felt confident to speak up at team meetings if they had any issues and told us their views were listened to and suggestions acted upon. One staff member told us, "It runs pretty smoothly, training is always up to date, any issues I've had, the manager has sorted."
- The service had a range of links with the local community.

Working in partnership with others

- The service worked with a range of other agencies to develop and improve the quality of the service.
- Professionals told us the service worked well with the outside agencies involved, to meet people's needs.

Continuous learning and improving care

- The management team were keen to continue improving service delivery and shared their plans in this

area.

- Staff including the management team were updating their knowledge and skills using various training resources including Teesside University.