

# Royal Mencap Society St Ives Close

## Inspection report

2-4 St Ives Close  
Leyfields  
Tamworth  
Staffordshire  
B79 8HL

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

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19 October 2017  
01 November 2017

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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

This inspection visit was unannounced and took place on 19 October 2017. We also spoke with some relatives of people who used the service by telephone on 1 November 2017. The service is registered to provide accommodation for up to nine people, and at the time of our inspection, eight people with learning disabilities were using the service. St Ives Close is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our last inspection visit took place on 17 December 2015 and the overall rating for the home was 'good.' However, the key question, 'is the service caring?' was rated as 'requires improvement.' This was because there were aspects of care that needed improvement to ensure people's dignity was promoted. At this inspection, the necessary improvements have been made, and we have been able to give a rating of 'good' in all the key questions, including, 'is the service caring.'

People continued to be safe living at the home. They were supported by staff who understood how to protect them from harm. Risks to individuals were managed for people, and there were enough staff to meet people's needs and keep them safe. Recruitment processes ensured that staff were safe to work with people and medicines were managed to reduce the risks associated with them.

People received support from staff who had the knowledge to carry out their roles effectively. When people were not able to make certain decisions for themselves, the provider followed the guidance available to ensure the care given was in their best interests. Staff understood how to support people to make decisions when possible. People were supported to maintain a balanced diet and access health care services.

Staff assisted people in a kind and caring manner, and had developed positive relationships with them. Staff knew people well and understood how to communicate with people to ensure they could make choices about their care. People were encouraged to be independent, and staff respected people's privacy and promoted their dignity. People were able to maintain relationships that were important to them.

People and their relatives were involved in the planning and reviewing of the care they received. Their support was provided in an individual manner, and care plans were personal, ensuring people received support that was responsive to their needs. People were supported to participate in activities they enjoyed and were protected from the risk of social isolation. People knew how to raise concerns and these were responded to in a timely manner.

The service continued to be well managed. There were systems in place to monitor the quality of the service. This was through feedback from people who used the service, their relatives, and a programme of audits. These were used to drive continuous improvement. There was a positive culture within the home, and staff felt supported and motivated in their roles. There was a registered manager in post who understood their responsibilities of their registration with us.

## 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 remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service was now consistently caring.

People were treated in a dignified manner, by staff who knew them well and understood how to communicate with them. Staff promoted people's independence and involved them in the day to day decisions in the home. People's privacy was respected, and they were able to maintain relationships that were important to them.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service remained well led.

# St Ives Close

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 19 October 2017 and was unannounced. We also spoke with relatives by telephone on 1 November 2017. The inspection team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan. We also received a provider information return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

Some people who used the service had complex needs and some people were unable to communicate verbally with us. Therefore, we spent time observing how staff supported people to help us better understand their experiences of their care. We spoke with four members of care staff, the deputy manager and the registered manager. After the inspection site visit, we spoke with three relatives by telephone.

We looked at the care plans of three people to see if they were accurate and up to date. We reviewed two staff files to see how staff were recruited. We checked records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. To ensure the service was continuously monitored and reviewed we looked at records that related to the management of the service including quality checks.

## Is the service safe?

### Our findings

People continued to be safe living at the home. One relative told us, "Oh yes, my relation is definitely safe here." Another relative commented, "I understand about safeguarding; if there was something wrong I would do something about it. But I have never had any concerns here. I have 100% confidence in them." Staff understood their responsibilities to ensure people were safe. One staff member told us, "We know what we have to look out for, and if we see anything that is not right, I would report this straight away. There may be a change in someone's mood or behaviour. We have to complete a standard form if we notice anything different and inform the manager." Staff understood the various forms of abuse that could affect people. They also knew about the whistle blowing policy that was in place, which encourages staff to raise concerns and protects them if they do so. Staff told us they would not have any hesitation in using this if needed. One staff member said, "It's all about us protecting people." The registered manager understood their responsibility to report any issues, however there had been no recent events. This meant that people were protected from harm.

Risks to individuals were identified, and plans were in place to minimise these risks. One relative told us, "Before my relation moved in, the physiotherapist was involved. They showed the staff how to transfer them safely, and explained about the different equipment they used." Another relative commented, "I know that there are always two staff to support my relation when they need it. They understand how to do things and to keep them safe." Staff were aware that some people were at risk of developing sore skin. One staff member said, "There are a couple of people who need to spend time on their beds, to give them a change of position." We saw that this happened. Some people had specific health conditions, and staff were aware of this. One staff member told us, "As we know people well, we know what we need to do to manage these risks, but we can refer to their care records as the information is in there as well."

We saw that people had a variety of risk assessments in place that had been reviewed to ensure they were up to date. Staff told us how they had their driving skills assessed prior to taking people out in the vehicle that was available. There was a fire evacuation plan that had been reviewed, and we saw that practice evacuations had taken place to ensure staff knew how to respond in case of emergencies. This demonstrated that potential risks were managed for people.

The provider ensured there were sufficient numbers of staff available to meet people's needs and keep them safe. One relative told us, "There are always enough staff on duty, no worries about that. And the staff team are consistent." Another relative commented, "I often call in unannounced, and there are never any concerns about the numbers of staff available." The provider used bank staff to cover any absences, and one staff member said, "The staff team know the people who live here." They added, "They are more comfortable with staff they know, as their needs and communication are better understood." We checked to see how staff were recruited. One staff member told us, "After my interview, I then had to provide two references, one from my most recent employer. They also made sure my disclosure and barring service (DBS) check was clear." The DBS is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people from working in services. The staff records we looked at confirmed the necessary checks had been made. This included employment histories and people's identify. This

demonstrated the provider had safe recruitment systems in place.

People received their medicines as prescribed. One staff member told us, "We will always say to people, 'Here are your tablets,' and give them time to take them. There are always two staff to do this, and we have to have the training before we can give people their medicines." Some people had 'rescue' medicines prescribed. These are medicines that are administered to some people if they had an epileptic seizure to assist their recovery. One staff member told us, "I had the training last week, and would now feel confident to do this." They were able to tell us about the protocol they would follow, and the records we looked at confirmed what they told us. Some people did not understand about their medicines, and could be reluctant to take them. We saw that when this happened, various professionals had been involved to ensure this was done in a safe and correct manner. We saw that people's medicines were stored securely, and that the records kept were up to date and completed fully. The information available to staff was detailed, and gave them the guidance they needed. One staff member commented, "All the information is there for people, and we can refer to it if needed." This demonstrated medicines were administered safely.

## Is the service effective?

### Our findings

People were supported by staff who had the knowledge to meet people's needs. One relative told us, "They understand my relation really well." When staff started working at the home, they received an induction to prepare them for their roles. One relative said, "I have seen how the experienced staff share their knowledge with the newer ones." One staff member commented, "When I first started here, I spent time with the manager and read up about people to familiarise myself. I then observed how things were done. I wasn't allowed to use the hoist or support people with their personal care needs until I had the training to do this." They added, "The manager then had to check I was fine to give care to people on my own." Staff told us about the various training they received, and one staff member said, "The training is ongoing, we cover new areas as they arise, and also have refresher training on a regular basis." We saw that staff completed work based observations each year to ensure their practice was of a good standard. The registered manager kept information that identified when staff training required updating.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

People's capacity to make decisions about their support had been considered throughout their care plans. We saw that people's capacity had been recognised when they were able to make certain decisions for themselves. When they were not able to, then decisions were seen to be made in their best interests. For example, we saw that guidelines had been followed regarding a holiday, and those important to the person had been included within the decision that was made. When people had been assessed as not being able to understand their finances, then guidelines were in place to protect them. One relative told us, "We are always involved in the discussions about my relations care. We all work together to make sure any decisions are the best thing for them." Staff understood the importance of following the principles of the MCA. One staff member commented, "We have to work with people to enable them to make decisions for themselves; but if they can't then we are here to make sure it's all done the right way." Staff told people about what was happening, and waited for their response before they proceeded. Some people had others authorised to make certain decisions on their behalf. For example if they had a deputy appointed by the Court of Protection. Staff were aware of this and the registered manager ensured they had confirmation of these authorisations in place. When people were being restricted, the registered manager ensured that applications had been made to the authorising local authority.

People were supported to have enough to eat and drink. One relative commented, "There were real concerns about my relation before they came to live here; they had lost an awful lot of weight. But gradually



over time, they have put the weight back on and there are no concerns now." We saw that the dietician had been involved, and once the person's weight had stabilised, they were discharged from that service. People were encouraged to make choices about their meals. One staff member told us, "We'll all sit down together at the weekend, and work out what people would like to eat the following week." We saw that when external professionals had made recommendations about people's diets, these were followed and staff understood the reasoning for this guidance. This meant that people were able to maintain a balanced diet.

Staff supported people to access healthcare services. One relative commented, "It really gives me confidence the way that staff pick things up about my relation; any slight changes are noticed, and they will act straight away." We saw that people had attended various health appointments, and that staff had accompanied them. One relative told us, "It is so reassuring; I know that the staff will be able to explain any issues to the doctor or specialist. They will always let me know of anything I need to be aware of." In the PIR the provider told us that various healthcare professionals were involved with the people who used the service. We saw that this included speech and language therapists, community nurses and consultants. This meant people were able to maintain their health.

## Is the service caring?

### Our findings

At our previous inspection, we found that whilst the provider was not in breach of any regulations, there were aspects of care that could be improved to ensure people's dignity was promoted. We detailed this in our last report. During this inspection, we found that the provider had taken note of our comments and had made improvements. We observed the lunchtime meal, and when people required support to eat their food, we saw that staff would interact with people while they did this. We also saw that staff would communicate with people whenever they assisted them and ensured people were aware of what would be happening during this support. People had developed positive, caring relationships with the staff team. We observed people smile and laugh with the staff who were with them. The staff showed patience with people and support was given at their own pace.

People's relatives were happy with the care their relation received. One relative told us, "It was a big decision for my relation to move here, but we have no regrets." Another relative commented, "When we first visited, it was the empathy that the staff showed towards my relation that was so nice. The staff continue to be lovely in the way they are with my relation; they are friendly and absolutely wonderful." One member of staff said, "One person's family would visit them every day to make sure they were alright, but now they can see how happy they are this has reduced. They have faith in how we support people." Another relative commented, "Even though my relation can't really say how they feel, I know that everything is okay. They are always happy to go back to the home, after a visit with us. I would know if they weren't happy."

Staff knew people who used the service. One relative told us, "They not only know my relation really well, but they also know all the family." Another relative commented, "It really does feel like their own home; the staff all understand about my relation, what is important to them and how to communicate with them." People were supported to express their views about their support. One staff member told us, "Even though there are some people who can't use words to communicate; we know from their facial expressions and reactions if they are happy or not. This then helps us to work out if they want to do something, and helps us to give them choices." We saw that information was included in people's care records that described how people would indicate yes or no to choices that were offered. This meant that people were involved in making decisions about their day to day care.

People were encouraged to be independent. We observed people helping to make the evening meal, and get their own drinks. When people were not able to actively participate, we saw they would sit in the kitchen area and staff involved them in the activity. One staff member told us, "For some people, it is the smaller things; like cutting their sandwiches into squares so they can reach out and help themselves." One relative said, "The facilities here promote my relations independence; the environment is accessible, and I know they are supported to do things for themselves. They are able to make their own drinks and can open the door for visitors." Another staff member commented, "All the time we have to consider what people can do for themselves, and then enable them to do that."

People's privacy was respected. One relative commented, "My relation is able to have their own privacy when they want." One staff member told us, "If people want to have times in their rooms, then we respect

that. We always make sure that the doors are closed when people are in the bathroom. And when helping them with their personal care, make sure they are covered up. It's important we put people at ease and that they feel comfortable with us."

Visitors were welcomed at the home. One relative told us, "I know I can visit whenever I like, it's never a problem." One member of staff said, "People can pop in when they chose, and we always get a lot of people coming to the various events we have during the year." We saw that people would attend various social events in the community which enabled them to maintain relationships that were important to them.

## Is the service responsive?

### Our findings

People and their families contributed to the planning of their care. One relative told us, "I visited the home with my relation and [the registered manager] spent time getting a good picture of them; their needs, their hobbies, and lots of information that was individual to them." They added, "My relation then spent a few afternoons with the staff and the other people who live here. That gave us all a chance to get to know each other and understand about my relation." People's care needs were reviewed, and one relative told us, "There is a review every 12 months, and my relation has a monthly keyworker meeting. I know I can go to those if I want to; the door is always open." We saw that people's care records were personal to them. One staff member told us, "The care plans give a good picture of people and help us to understand about them." We saw these contained information about people's histories, interests, and how staff could communicate effectively with them. This meant that people would receive care that was responsive to their needs.

People received support that was individual to them. One staff member told us, "There have been changes over the years. We do less group activities now, and things are more personalised to the people who live here. It has always been caring, but now we think more about what each individual may like. Society has changed and it's a lot more inclusive now, so that has helped." Another staff member commented, "We look at things from each person's perspective, and get lots of information from families; we know that when people's needs change the care plans get changed, so everything is up to date."

Staff supported people to participate in activities they enjoyed. We saw there were various things people could participate in during the day. One person went out to get some shopping. The staff member supporting them told us, "We'll make it more of an occasion and will also go out for a coffee and a snack." Another staff member explained how they had recently taken one person to the theatre for a concert. Some people who used the service had been on a holiday and staff reported people had enjoyed this experience. One staff member showed us the improvements that had been made in the garden. They said, "It's now more accessible for people, and there are various smells and textures that give people different sensory stimulation."

We saw there was a toolkit in place for staff called 'We Love Individuality.' This enabled staff to consider how the core values (that included inclusivity) were then put into practice when they supported people. It also gave staff a framework for challenging practice to ensure people's experience of their support was positive. The registered manager explained that the staff performance appraisals were based on these core values. One staff member told us how the toolkit was also incorporated into their induction. We also saw that a discussion had been held in a team meeting, where staff were encouraged to discuss relationships and sexuality in relation to the people who used the service. This meant that staff were encouraged to have a caring, compassionate and non-discriminatory approach to people.

People knew how to raise any concerns or complaints. One relative commented, "The manager has always insisted that if there's any problem at all I should get in touch; no issue is too small. They get things done when needed." A complaints leaflet was displayed and we saw that when issues were raised, these were responded to and dealt with in line with this policy.

## Is the service well-led?

### Our findings

There was a positive, open culture within the service. One relative told us, "It really is all about the people who live here. It is apparent that they are the important ones. The service revolves around them, rather than the other way round." Staff were encouraged to raise any concerns about poor practice they observed. One staff member told us, "I have never had to do so, but know as a staff team we would have no hesitation to do this."

People found the service to be well managed. One relative told us, "The manager and all of the staff are very obliging; I know they are always on the end of the phone if I need anything. The communication is good, and I will get regular emails to keep me updated." Another relative commented, "The manager is very approachable; they have an open door. The whole set up is reassuring to the family." One staff member said, "I love working here; the manager and deputy are very good." We saw that staff had participated in a 'reflection event' a few months previously. They had been encouraged to think about what had gone well in the service and what they had learnt. This demonstrated that the provider looked to make continued improvements with the support of the staff.

Staff felt supported, and one staff member said, "We have regular meetings and will be able to discuss any changes that are happening. We can talk about any issues or problems in the home, and are asked to share any good ideas for how we can improve things for the people who live here." We were told how staff would have a review every quarter and they would be expected to demonstrate how they were meeting people's needs. One staff member commented, "It's a good way to keep us on our toes. We all work together as a team and continue to learn. It's not about finding someone to blame when things happen, but all about learning from our mistakes and our personal development." Staff told us about the supervision sessions they had and confirmed they found these helpful. One staff member said, "Even though we have these one to ones, I know I can bring anything up at any time, I don't have to wait for the formal discussion."

Staff were motivated in their roles, and one staff member told us, "I'm coming in for the party next weekend even though it's my day off. That just shows how much I enjoy my job and the people I work with." The registered manager commented, "The staff look after each other; they are always going above and beyond to put the people first. They are flexible in the way they work."

The registered manager had effective systems in place to assess, monitor and improve the quality of care people received. We saw that a variety of audits were completed, and these were used to identify any actions required to drive improvement. For example, an audit of the medicines had highlighted that some recording errors had been made. This then led to a change in the policy and day-to-day process for staff to follow. Since this had happened, no further mistakes had occurred. The registered manager told us, "The systems we have in place really help me to keep track of things; it's helpful and will flag any actions needed before it's too late."

We saw that people were encouraged to give their feedback about the service. One relative told us, "We are sent a yearly booklet and are asked for our ideas for how things could be done differently. We are

encouraged to share any thoughts." We saw the provider had also developed a survey that was accessible to people who may not have understood written words. The feedback we looked at was positive, and the process demonstrated how the provider actively wanted to listen and learn from people's experiences.

The registered manager understood their responsibilities as a registered person. They had informed us about events that had occurred in the service as required. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the home and on their website.