

Royal Mencap Society

# Royal Mencap Society - 71 Middleton Avenue

## Inspection report

71 Middleton Avenue  
Thornaby  
Stockton On Tees  
Cleveland  
TS17 0LL

Tel: 01642750617

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 well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Royal Mencap Society - 71 Middleton Avenue is a residential care home providing personal care to 6 at the time of the inspection. The service can support up to 6 people.

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

#### Right Support:

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Medicine records were not always completed in full and the registered manager was reviewing this. The provider ensured people received care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

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.

#### Right Care:

People received kind and compassionate care. Care records were not always completed correctly, and the registered manager was reviewing this. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's care needs and keep them safe. There were not always enough staff to enable people to take part in activities and pursue their interests in their local area. The registered manager was reviewing this. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

## Right Culture:

Staff placed people's wishes, needs and rights at the heart of everything they did. People's quality of life was enhanced by the service's culture of improvement and inclusivity. People and those important to them, including advocates, were involved in planning their care.

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 8 December 2017).

## Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

## Recommendations

We have made recommendations about reviewing staffing levels and record keeping.

## Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Royal Mencap Society - 71 Middleton Avenue

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Royal Mencap Society - 71 Middleton Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Royal Mencap Society - 71 Middleton Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with and spent time with all 6 people who used the service. We also spoke with 4 relatives and 1 person's advocate about their experience of the care provided.

We spoke with 6 members of staff including the registered manager and support staff. We reviewed a range of records. This included 6 people's care records and 3 people's medicines records. We looked at 2 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.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The service had enough staff to meet people's daily care needs. However, the registered manager had recognised there were not always enough staff on duty for people to go out whenever they wanted. This was due to the additional support some people required whilst out in the community. They had shared their concerns about this with the provider and external professionals and told us reviews would be done to ensure everyone's individual needs could be met. One relative told us, "[My family member's] physical needs are looked after but staffing levels do not allow much outside activity."

We recommend a review of staffing levels in line with current best practice and people's individual support needs.

- The provider had effective recruitment processes in place. This included making sure that important information such as employment history and references had been sought. Checks were also done with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Staff knew how to take into account people's individual needs, wishes and goals.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

### Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Fire drills had taken place and following our initial feedback further drills were done to ensure all staff had recently participated.
- Staff helped keep people safe through formal and informal sharing of information about risks. One relative told us, "The staff are brilliant. [My family member] has 1 to 1 at mealtimes. They always have soft food because of the risk of choking."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Using medicines safely

- Staff followed systems and processes to administer and store medicines safely, however, records were not always completed in full.
- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff supported people to make their own decisions about medicines wherever possible.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported visits for people living in the home in line with current guidance.

#### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.



# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager had a clear understanding of people's needs but needed better oversight of people's records. Conversations with staff and observations during the inspection reassured us that care was being delivered appropriately but records were not always accurate. Some records relating to delivery of daily care were not complete and other information was not always recorded in the correct place. Medicines records were not always completed in full. When we shared this feedback with the registered manager, they made some changes immediately and put plans in place for further improvements.

We recommend the provider ensure a complete and accurate record of people's care is kept in line with current best practice and the 'right support, right care, right culture' guidance.

- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. One relative told us, "I always attend reviews and have a copy of the care plan."
- Staff delivered good quality support consistently. One member of staff told us, "I love working here. The staff team are great, we all work well together. I'm really proud of the work we have done with [person] after they came out of hospital and I'm proud of them too for how they've coped."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked directly with people and led by example. One relative told us, "[The manager] interacts well with everyone."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. One relative told us, "I like [the manager] very much, they listen."
- Staff felt respected, supported and valued by the registered manager. They felt able to raise concerns with managers without fear of what might happen as a result. One member of staff told us, "[The registered manager] is lovely, very supportive and I know I could raise any concerns I had with them and be taken seriously. They're also happy to listen if we go with any new ideas."

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 registered manager apologised to people, and those important to them, when things went wrong

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- People, and those important to them, worked with managers and staff to develop and improve the service. One person's advocate told us, "The manager actions things directly and copies me into all emails."

Continuous learning and improving care

- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The registered manager was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- The service worked well in partnership with advocacy organisations and other health and social care organisations. This helped to give people using the service a voice and improve their wellbeing. One health professional told us, "I've been into the home a few times last year and have a good relationship with the manager. From my point of view, from my last visit, I had no issues."