

Royal Mencap Society

92 North Street

Inspection report

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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:

92 North Street provides accommodation to people who have learning disabilities and complex health needs. The care home is a purpose built building and is registered to provide care for up to 12 people. At the time of our inspection visit there were 11 people living at the home. This is larger than current best practice guidance, because the service was developed and designed prior to Registering the Right Support. However, the service applies the principles of the 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:

- Improvements had been made since our previous inspection to the way the quality of the service was managed and processes had improved to ensure people were supported in accordance with the Mental Capacity Act 2005 (MCA).
- People felt safe using the service.
- Staff recognised the risks to people's health, safety and well-being and understood how to identify and report abuse.
- People had access to support from staff when needed.
- Staff recruitment processes included a check of their background to review their suitability to work at the service.
- People received support with the medicines. Regular checks were undertaken to ensure people received the correct medicines by staff who were competent to support them.
- Staff understood and practised infection control techniques and had access to protective equipment to promote this.
- The registered manager ensured people's care was based on best practice and staff had training to meet people's needs.
- Staff training was reviewed and guidance on people's needs was also shared through supervision meetings and group staff meetings.
- People were supported to have enough to eat and drink to maintain their well-being.
- People were supported to obtain advice from healthcare professionals, which was incorporated into people's care.
- People had 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.
- Staff understood the importance of supporting people with empathy and compassion and provided reassurance when people became anxious.
- People were treated with dignity and their independence was promoted wherever possible.
- People and those important to them, were involved in planning their care with support.
- Staff supported people with activities that reflected their interests.

- People and their families understood how to complain if they wanted to.
- There had been staffing changes since our last inspection, including new senior management. Staff were positive about the changes and improvements to the service.
- The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

We found the service met the characteristics of a 'Good' rating in all areas; More information is available in the full report.

Rating at last inspection:

Requires Improvement with breaches of the Health and Social Care 2008 (HSCA 2008) Regulations 9 and 11 (report published 24 October 2017)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The inspection was to monitor improvements to the service the provider had promised to make to address breaches of regulations 9 and 11 HSCA 2008 (Regulated Activities) Regulations 2014.

Follow up:

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

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

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.

92 North Street

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: There was one inspector in the inspection team and one 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: 92 North Street is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during 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: We gave the service short notice on the day of our inspection to ensure the manager and staff were available to talk with us when we visited.

Inspection site visit activity started on 11 March 2019 and ended on 13 March 2019. On 11 and 13 March 2019, we visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. We spoke with some relatives by telephone after our visit.

What we did: We checked records held by Companies House. We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection: We spoke with the registered manager, the area operations manager, the assistant service manager and four members of care staff. We spoke with six people to ask about their experience of the care provided. However, some people who used the service had complex needs and could not communicate verbally. Instead, we spoke with people who knew them well and following the inspection visit we spoke with three relatives. We also spoke with two health care professionals about their experience of the service. A health care professional is someone who has expertise in areas of health, such as nurses or consultant doctors.

We reviewed a range of records. This included three people's care records and two people's medicine records. We also looked at records relating to the management of the home. These included systems for managing any complaints, checks undertaken on the health and safety of the home and compliments received. We used our short observational framework tool (SOFI) to help us understand, by specific observation, the experience of people who could not talk with us.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

We last inspected this service in October 2017 and rated Safe as 'Requires Improvement'. At that inspection we found some risks to people's safety were not always properly managed. At this inspection, we found improvements had been made in managing risks.

Assessing risk, safety monitoring and management

- Information in care plans guided staff on how to support people safely and staff understood how to reduce the risks to people's safety when supporting them. Plans included personal emergency evacuation plans, to ensure people could be supported to exit the building in the event of a fire.
- Incidents and accidents, including any falls, were monitored by the registered manager. We saw a detailed log of every event that had occurred, what measures were in place to minimise risks, and what further actions needed to be taken to further reduce any risk. This included the involvement of outside professionals when required.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they received safe care. One person explained how their belongings were kept safe and said, "I have got a cupboard with a lock for my money."
- Staff understood people's individual circumstances and how to keep them safe from harm.
- Staff had received training about the different types of abuse. Staff understood they could report their concerns to the registered manager and felt assured that these would be taken seriously.
- The registered manager understood their legal obligation to report their concerns to the relevant authorities and sent us statutory notifications in most instances to inform us of any events that placed people at risk. However, they had not sent us a statutory notification following one event, although they had taken all other relevant steps to safeguard people and had informed the local authority. The registered manager sent the statutory notification following our visit.

Staffing and recruitment

- People and their relatives told us there were enough staff to provide support when it was needed.
- The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- Recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- Only staff who had been assessed as competent supported people with their medicines.
- Protocols were in place to ensure people received their medicines when they needed them.

- Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.

Preventing and controlling infection

- All areas of the home were clean and tidy. Care staff told us they shared the responsibility to clean the home and they knew about maintaining good hygiene standards. A relative told us, "The place is spotlessly clean, there are no concerns."
- There were systems to prevent and control the risk of infection. Staff had completed infection control training, had access to personal protective equipment (PPE) and wore this when needed.

Learning lessons when things go wrong

- Staff understood the importance of recording accidents and incidents and notifying the manager of any events. The manager reviewed information to identify if any changes were required to people's care needs to keep them safe.
- Changes to people's care were shared with staff through supervision and staff meetings to reduce the likelihood of further incidents reoccurring.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

We last inspected this service in October 2017 and rated Effective as 'Requires Improvement'. At that inspection we found the provider did not always work within the principles of the Mental Capacity Act 2005 [MCA]. Improvements were required in the way people were supported to make decisions in their best interests and how these decisions were recorded. At this inspection, we found improvements had been made and there was no longer a breach of the Regulations.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where restrictions were placed on people's care, the provider had made appropriate DoLS applications for authority.
- The provider had made improvements to their processes. People's care plans identified whether they had the capacity to consent to their care. Where people were identified as lacking capacity, there was guidance for staff about how to support people to make decisions.
- Best interest decisions were made with the involvement of appropriate people such as relatives, staff and other health and social care professionals.
- It was not clear on people's care plans if they had a legal representative to support them to make decisions. Senior staff were not aware this information should be recorded to ensure people's human rights were protected. They agreed to obtain further training in this area.
- Staff confirmed they received relevant training and they could tell us how they obtained people's consent and supported people to make decisions in their best interest. One member of staff told us how they obtained consent from people who could not verbally communicate, "If people move away I can gauge what mood they are in and see if they are happy to proceed."

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

- People's needs were assessed in their care plans. Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs they had.

- People and their relatives felt confident staff understood their care and support needs. Staff were aware of people's likes and dislikes and knew people well.

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake the required training when they commenced employment. The assistant manager explained new staff worked with the same experienced member of staff to ensure they gained a thorough and consistent understanding of their role.
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us training gave them the knowledge and skills to support people according to their individual needs. Staff were very positive about the standard of the training. A member of staff told us, "Mencap training is great, everyone is engaged and included in training."
- A health care professional told us if staff needed additional support to provide care to people with complex needs, the registered manager ensured staff received specific training tailored to meet people's individual needs.
- Staff had access to regular supervision and received feedback on their performance.

Supporting people to eat and drink enough with choice in a balanced diet

- People and their relatives were asked about people's dietary needs. Where people had specific likes and dislikes, allergies and other dietary requirements, these were recorded in their care plan.
- Staff explained people had varying levels of understanding and abilities to communicate due to their complex needs. Staff supported people wherever possible to make their own food choices, by showing them what was available and using pictures to help their understanding.
- People who used the service had complex needs and required a high level of support to maintain their health. Staff knew about people's individual needs and ensured they had enough to eat and drink to maintain their well-being. They prepared meals and supported people to eat and drink in a way that met their individual needs and was safe. A member of staff explained how they encouraged people to choose a balanced diet. They said, "I encourage people to have fruit with breakfast."

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

- Where a need was identified, people were referred to other healthcare professionals such as the speech and language therapist, for further advice about how risks to their health could be reduced to promote their wellbeing. One person told us, "If I feel a bit sick or giddy, I tell (staff members name) and they will get a doctor." Staff supported people to visit health care professionals during our inspection visit.
- Health care professionals we spoke with told us they had positive relationships with staff and people received the care they required promptly.
- Care plans documented any health care requirements people had and included any recommendations made by health care professionals to improve people's well being. Staff monitored people's weight when required.

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

- The purpose-built premises were spacious enough to accommodate people's needs for mobility equipment and allowed easy access to all the rooms. There were 12 bedrooms for people using the service. There were shared bathroom facilities including a sensory bath and two communal kitchens and two communal lounge areas.

- There was a level garden area with some outdoor furniture which people used, however the furniture was in poor repair. The registered manager had already identified this and planned to make improvements.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us they felt staff cared about them and valued them as individuals. A relative told us, "Staff respect and listen to us." One person explained they liked living at the home because, "I've got some friends here." They told us staff were, "All kind." A relative said, "(Name) always seems happy and settled. They always want to go back to the home after they have visited us."
- Staff enjoyed their role in supporting people to ensure they had the best life possible. One staff member told us, "People are all happy here...I feel like they get to do what they want to do, which is amazing."
- A health care professional told us, "Staff always have the people who live at the home at the heart of everything."
- There were caring interactions between staff and people who used the service. Staff encouraged and praised people, for example, when they completed household tasks. One person was displaying signs of anxiety and a staff member gently reassured them until their mood changed and they became less anxious.
- Staff respected people's diversity. They respected people's individual wishes regarding their lifestyle choices and explained how they might need to adapt their support to best match an individual's cultural and religious traditions and preferences.

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

- Staff spoke confidently about how they supported people to make decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to be communicated with.
- There was a keyworker programme in place. Key workers knew people well and worked with them on an individual basis. They involved people and their relatives in regular reviews of their care. A relative praised how their family member's key worker had supported them to a medical appointment, bringing all the relevant documentation for the health care professionals to review. They said the key worker, "Seemed genuinely caring."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative told us, "Staff respect (Name's) dignity. For example, they support (Name) to do personal care in private." A health professional told us, "Staff always promote people's dignity. For example, they would ask me to leave the room while they made (Name) more comfortable."
- People were supported to maintain their independence wherever possible and where people required support, assistance was offered. One person explained with the support of staff they tidied their room, used the vacuum cleaner, unloaded the dishwasher and put dishes away.
- Staff understood the importance of supporting people to maintain their privacy and promoted this when caring for people. We saw that staff knocked on doors before entering, and respected that people's rooms

were their own private spaces.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

We last inspected this service in October 2017 and rated Responsive as 'Requires Improvement'. At that inspection we found not everyone had received person-centred care and support that met all their needs and preferences. At this inspection, we found improvements had been made and people were supported to take part in activities which met their preferences.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was personalised to their needs and preferences. Care plans contained personalised information and gave direction to staff that was specific to each individual.
- People's likes and dislikes were recorded within their files, and staff had good knowledge of these. For example, people's favourite foods were recorded. One person told us, "Staff know I like hot chocolate at night"
- People took part in different activities, including trips to the local swimming pool and shops. Staff supported people to celebrate their birthdays in a personalised way and people enjoyed singing happy birthday. One person showed us the cake they had chosen to celebrate their birthday. People told us they were supported to go out for meals and day trips when they wanted. A relative explained how their family member enjoyed going on holiday supported by staff and sent them a postcard.
- The provider was commissioned to support some people on a one to one basis, to engage in activities in the community. People took part in activities they had planned with their keyworkers; however, some people had not received their full amount of support. The provider was aware and was in the process of planning resources to ensure people's social support was provided in a timely way.
- A member of staff explained three people were supported to work voluntarily for a charity. They told us, "They love it and it's my favourite day of the week, because they do different jobs each week and I help them to be independent."
- The service identified people's information and communication needs by assessing them. The new manager understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. Staff used different ways of communicating with people. For example, some people liked people to draw pictures to help them plan how to spend their time.
- The service was registered with CQC before Registering the Right Support and other best practice had been developed. The care provided reflected the need for people with learning disabilities and / or autism to live meaningful lives that included choice, promotion of independence and inclusion. People received planned and coordinated person-centred support that was appropriate for them.

Improving care quality in response to complaints or concerns

- No complaints had been made in the last 12 months. The registered manager explained how they would investigate and respond to any complaints in the future, in accordance with the provider's policy.
- There was a complaints procedure which was available in an easy read format so it was accessible to

people.

- People told us they could raise concerns without feeling they would be discriminated against.

End of life care and support

- A health professional spoke positively about how staff had cared for one person at the end of their life. They said, "They (staff) supported everyone in the home to celebrate (Name's) life and to attend the funeral in a really person centred way." The registered manager explained people's key workers were supporting people and their representatives, to discuss and record people's end of life care wishes in accordance with the provider's policy.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

We last inspected this service in October 2017 and rated Well-led 'Requires Improvement'. At that inspection we found processes to monitor the quality of service were not always effective. At this inspection, we found improvements had been made.

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

- There had been a new senior management structure in the home since our last inspection and other staff recruitment. Senior staff spoke positively about how care staff had coped well with the changes and explained, "Everyone has pushed themselves to make improvements." Care staff told us, "I have only been here a short period but there's been so many improvements made and this has helped staff morale" and "The service has come a long way in terms of improving care plans and people go out a lot more."
- Staff told us they felt supported by each other and by the provider. One member of staff said, "I really enjoy working here. As an organisation they really support me." Another member of staff explained they received an award from the provider in recognition of a piece of work they undertook to improve the service. They said, "It was really hard work, but it was great to be recognised."
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care. For example, staff explained how they recorded any changes in people's needs and shared information with other staff. Staff were kept up to date with changes to people's care through staff supervision and regular staff meetings.
- Information about key events were shared with the provider for review, to check the appropriate actions had been taken to keep people safe.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as was possible.
- A health care professional told us the registered manager always provided consistent support for staff and staff were, "Receptive to any guidance given."
- The registered manager understood their obligations for reporting important events or incidents to the CQC. However, they had not sent us a statutory notification following one event, although they had taken other appropriate actions and had informed other relevant agencies. We were assured this was an oversight as other statutory notifications had been submitted as required.
- The registered manager was aware of their duties under the new general data protection regulations and information was kept securely.

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

- People told us they were encouraged to share their experiences of the service by completing surveys and attending social events at the home. The registered manager explained they received low response rates to surveys, so had organised social events instead, where people, their relatives and staff were invited to share information about the service and make suggestions for improvements. Relatives said it helped them to get to know each other better. Staff were positive about the events, one member of staff said, "It was fun, we all had a chance to think about what we could do better. The manager left a board outside and we wrote down our opinions and talked about them afterwards."

Continuous learning and improving care

- We found the provider had made improvements to the way it monitored the quality of the service. Checks were carried out by senior staff on a range of issues, including medicine records and health and safety checks. Senior managers took it in turns to check the quality of each other's services, to ensure checks were independent. Records showed actions were taken to make improvements to the service, following the checks.
- Team meetings were utilised to communicate updates and required changes to staff. These included updates on activities, staffing, people's routines, diet and health. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.

Working in partnership with others

- Staff worked collaboratively with other agencies to improve people's experience of care. These included local authority social work teams and health and social care professionals. A health care professional told us, "The registered manager has been proactive reporting concerns and working out solutions and ensuring people are supported in the right way."
- The registered manager explained how the provider was working alongside the NHS and contributing to an NHS project to improve how people with learning disabilities were treated in hospital.