

Royal Mencap Society

# Royal Mencap Society - 12 Wales Street

## Inspection report

12 Wales Street  
Rothwell  
Kettering  
Northamptonshire  
NN14 6JL

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24 February 2016

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

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on the 24 February 2016 and was unannounced.

The home provides care and support for people with learning and physical disabilities who had limited communication. At the time of the inspection there were 4 people living at the home.

At the time of the inspection there was no registered manager. 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. There was a manager in post who was in the process of applying to become the registered manager.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns. There was enough staff deployed to support the individual needs of people.

Staff undertook training which focussed on helping them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People received support and care from staff that were friendly, kind and respected them as individuals. Staff had taken time to understand people's likes, dislikes and enabled people to participate in activities. This was evident in the way staff spoke to people and the activities they encouraged and supported individuals with. Relatives spoke positively about the care and support their relative was receiving and felt that they could approach management and staff to discuss any issues or concerns they had.

The manager was approachable and open to feedback; actively enabling staff to look at ways to improve and develop the service. There were a variety of audits in place to ensure people were receiving a good service and action was taken to address any shortfalls.

## 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.

People said they felt safe and appeared relaxed around staff.

Risk assessments were in place which identified areas where people may need additional support and help to keep safe

Staff understood their roles and responsibilities to safeguard people and were supported by appropriate guidance and policies.

There were safe systems in place for the administration of medicines.

### Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and had the skills, knowledge and experience to meet their needs.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care and sought consent from people to support them.

People's health care needs were regularly monitored.

### Is the service caring?

Good ●

The service was caring.

People received their support from staff who were friendly, kind and who respected them as individuals.

People were encouraged to express their views and to make choices.

Family and friends were welcome to visit anytime.

### Is the service responsive?

Good ●

The service was responsive.

People were assessed prior to coming to the home to ensure their needs could be met and detailed care and support plans were developed.

Staff spent time with people and understood people's individual needs.

There was written information provided on how to make a complaint and people were given the opportunity to raise any complaints at weekly house meetings.

### **Is the service well-led?**

The service was not always well-led.

At the time of the inspection there was no registered manager; a manager had been appointed and was currently going through the process to become the registered manager.

People using the service, their relatives and other services which the people accessed were encouraged to provide feedback about their experience of care and about how the service could be improved.

There was culture of openness and a desire to continually improve to provide the best possible person centred support and experience for people.

**Requires Improvement** ●

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## **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 took place on 24 February 2016 and was unannounced. The inspection team comprised of one inspector.

We looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service.

We observed and spoke to four people who used the service, four members of care staff and the manager. We were also able to speak to a relative who agreed to be contacted.

We looked at two records for people living in the home, three staff recruitment files, training records, duty rosters and quality audits.

## Is the service safe?

### Our findings

People told us they felt safe and they looked happy and relaxed around staff. One person we spoke to said "I feel safe and looked after." Relatives we spoke to said they felt their relative was safe and they generally had no concerns. Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern if they needed to do so. Staff told us that they felt able to raise any concerns around people's safety to the manager and outside agencies if they needed to. There was information available detailing who to contact and an up to date policy to support them. All the staff had undertaken safeguarding training and this was regularly updated. Notifications in relation to safeguarding issues had been sent to the local authority and Care Quality Commission and the provider had taken appropriate action to investigate any concerns raised.

There were a range of risk assessments in place which identified areas where people may need additional support and help to keep safe. For example, people who needed support to climb the stairs to access their bedroom had a risk assessment in place. Some of the risk assessments did not always give enough information to guide staff on what actions to take to keep people safe, however the manager had already started to address these issues and more detailed risk assessments were in the process of being written.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at three staff files; appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants' identity.

There were sufficient staff to meet the needs of the people living in the home. There was a tool in place to work out the ratio of staff required to meet the needs of the people which also took account of any forthcoming appointments or events for individuals which would require additional staff to support them. Records showed that staffing levels were in line with the assessed needs and that where needed relief staff were used to ensure that the levels of staff remained consistent. The staff told us that they felt there were sufficient staff.

Health and Safety audits were in place and appropriate action had been taken to address any shortfall; for example a ramp had been built to assist people with mobility needs. Each person had a personal evacuation plan in place; there was also information about each person held within an emergency folder which detailed how each person liked to be communicated with and what things may upset them, this would be shared with relevant people in the event of an emergency. Fire alarms were tested each week which meant that procedures were in place to keep people safe.

There were systems in place for the safe management of medicines. Staff had received training in the safe administration, storage and disposal of medicines. Medication Administration Record Sheets (MAR) had been completed and all medicines were kept in a locked cabinet. Staff told us that the manager undertook observational competency reviews with them annually which we saw recorded on staff training records. We

were satisfied staff were able to provide people's medicines safely and there were adequate systems in place to support this.

## Is the service effective?

### Our findings

People received support from staff that had the skills, knowledge and experience to meet their needs. All new staff undertook an intensive and detailed induction programme which comprised of seven days classroom based training and four to six opportunities to shadow more experienced staff before working on a shift. New staff completed an induction handbook which involved undertaking competency based training and observations. One member of staff told us that they felt the induction was very good.

The provider had in place a programme for all staff called 'Shape your future'. These were a combination of supervision and on-going appraisal and personal development meetings which should be held every twelve weeks with staff. Some of the staff told us that these sessions had not always been as regular as they would have liked. We spoke to the manager about this who explained that this was being addressed and they were in the process of ensuring a schedule was in place for all staff.

All staff had completed the training they needed to support the people they cared for and there was regular updated training available to help refresh and enhance their learning. The staff had identified that they would benefit from refresher training in relation to supporting people with epilepsy and were raising this with the manager. The staff told us that they felt all the training they had undertaken was good and very relevant to the work they undertook.

People were involved in decisions about the way their support was delivered; for example we observed staff asking people where they wished to sit and asking them what they wanted to do. People's care was regularly reviewed with them and their families where appropriate. One relative told us that they were always involved in any reviews of the care plan and were contacted if there were any concerns or issues involving their relative.

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 decisions 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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals.

People were supported to eat a healthy balanced diet. Each week the people living in the home planned



together a weekly menu. The staff knew people's likes and dislikes. Staff were aware of individual dietary needs and supported people to make healthier choices. Each person had a daily diary which included what they had eaten during the day and this enabled staff to be aware of any shortfalls or excesses in people's diets. The staff had sought advice from a dietitian when they had concerns about someone's weight loss and plans had been put in place to ensure the person was receiving enough nutrition.

People's health care needs were regularly monitored and yearly health checks were undertaken by a GP. We saw from people's support plans that they had accessed other professionals such as a diabetic nurse, dentist and chiropodist when needed. There was a system in place which identified when routine health checks were due which enabled the manager to ensure there were enough staff to support an individual to attend appointments. Information was available to share with professionals explaining how an individual liked to be approached and how they may show whether they were happy or not.

## Is the service caring?

### Our findings

People received their support from staff who were kind, friendly and showed empathy to their needs. One person told us "The staff are nice." And another said "...very nice, they look after me."

One relative told us "The staff are brilliant; [name] always looks well looked after." People's individuality was respected and people were supported to express themselves through their own choices such as what they chose to wear. The staff took time to interact with people and were patient in trying to understand what a person needed. The people in the home had different ways of communicating their needs and we could see that staff knew how to respond to people's individual communication methods. People looked happy and contented.

Staff and people had worked together to personalise their environment to make them feel at home and comfortable. The lounge area had people's own things around such as a reclining chair which someone had bought for themselves and a toy dog which one person told us about. People were happy for us to look in their rooms and we could see lots of pictures of family and friends and people had chosen their own bedding and decoration. A relative told us their family member was always happy to return to the home after they had visited them.

Staff were mindful and considerate of people's wishes when asking if they could enter their rooms. People's individuality was respected by staff; responding to people by their chosen name and talking to people about the things they had been doing that day. It was clear from the interactions we observed that the staff knew people very well and were able to respond to people when they wanted something; for example the staff knew instinctively what one person wanted as they came home and made sure that a particular item they liked to have was where they could reach it.

People were encouraged to express their views and to make choices. Care plans included detailed information about people's preferences, their likes and dislikes, how they liked to be treated and gave comprehensive accounts about individuals to enable all staff and any professionals working with a person to gain as much knowledge and understanding of the person's individual abilities and goals.

There was information available about an advocacy service. The staff and manager said they knew they could contact the advocacy service if they needed to but currently no one needed the support of an advocate.

Family and friends were welcome to visit anytime. One relative told us "I can visit when I need to and everyone is friendly." One person told us they had a friend who visited them every week.

## Is the service responsive?

### Our findings

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met. Three of the people that lived at Wales Street had lived there for many years, one from when the home first opened. One person had only lived there for a couple of years and had an opportunity to visit the home and the other people living in it before deciding whether it was the right place for them.

Care and support plans had been built up over time and contained all the relevant information that was needed to enable people to be as independent as possible and achieve their goals. They contained a history of people's lives which assisted staff in getting to know the people they supported. We could see that over time the plans had become more person-centred and people had continued to contribute to their plans with what they had done and achieved. For example we saw pictures and read about trips people had taken and celebrations they had enjoyed with family and friends.

Staff demonstrated a good understanding of each person in the service, some of the staff we spoke to had supported people for a number of years and had developed a good rapport with people. One relative told us "The staff know [name] and understand their needs." Staff interacted well with people; and were responsive to individual needs; as people came back from their daily activities staff knew their routines and helped people to get the things they liked to do such as for one person being able to look at a catalogue and another colour with their pencils.

Some of the people who lived in the home had a full programme of activities which included attending a local day centre and spending time out shopping or visiting local coffee shops. The manager liaised with commissioners of the service to secure sufficient funding to enabling people to access the activities to live a fulfilled life.

The manager and staff liaised with other agencies to enable people to access the activities they needed which would enable them to live a fulfilled life. Support plans were reviewed on a regular basis and all staff were asked to sign them to ensure they understood the support needs of each individual and provide the necessary consistent approach required. Each person had their own key worker who took lead responsibility of reviewing the support plan with the individual person.

Staff had time to spend with people and encouraged people to assist them in some of the daily living tasks. One person was asked what they would like to eat and did they want to help in preparing their lunch. As people came back from their daily activities they were welcomed back by the staff who spoke to them about their day. One staff member asked a person "Did you have a good day, what have you been doing?" People appeared contented to spend time together in the lounge areas chatting, watching television or colouring.

There was information provided on how to make a complaint which was also available in easy read versions with pictures to ensure that everyone had access to the information. We saw from the information about the weekly house meetings that people had the opportunity to express whether they were happy or not with the service. Relatives said that the new manager was approachable and that if they had any concerns they

would also be happy to talk to any of the staff team. The manager told us that they would try to resolve any concerns as quickly as possible. Any complaints had been resolved within timescales. One person told us that following a complaint they had made about waiting for someone to answer the door to them when they came to visit a door bell had been fitted which ensured wherever the staff were in the house they could hear whether someone was at the door.

## Is the service well-led?

### Our findings

The manager had been in post since September 2015 and was in the process of applying to be registered with the Care Quality Commission to become the registered manager. It was clear when we inspected and spoke with the manager they had begun to recognise areas of the service which needed to be improved and developed. They had identified that the risk assessments needed to be strengthened and also felt that the support plans could be improved; in the longer term the house itself may not be suitable to meet the physical needs of some of the people living there as they got older, the manager had begun to highlight this with the provider.

The staff team responded well to the manager, one member of staff commented that the manager was approachable and listened to them. We could see that both the people living in the home and the staff reacted positively towards the manager. The manager also covered shifts regularly to ensure they gained a better understanding of the people who lived there and what pressures there may be on staff at specific times.

Staff worked well together; one member of staff told us "We get on well as a team and respect each other's experience." Team meetings took place and notes of these were held within the staff communication book. This ensured all staff could read and comment on them especially if they were unable to attend the meeting. The meetings enabled staff to give feedback on current practices in the home and gave an opportunity to share good practice. Staff told us that they felt the new manager gave everyone the opportunity to put their suggestions forward and listened to them. There was culture of openness and a desire to continually improve to provide the best possible person centred support and experience for people. We could see from the way staff spoke and encouraged people that they were determined to support people to have as much control of their own lives as possible and decide things for themselves.

Communication between people, their families and the service was encouraged in an open way. Relatives told us that they felt involved in the care of their relative and always felt welcome at the home. One relative told us that they were regularly sent questionnaires asking about their views of the home and how it could improve. We could see from recent questionnaires that everyone had responded positively about the home. There was a nice relaxed and friendly atmosphere about the home. Regular house meetings were held which enabled people to express what they would like to do and whether they were happy or not with the support they received. People told us they were happy and the staff were nice. A relative told us "[name] would say if they were not happy at the home."

Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. The relatives we spoke to said they were happy with the service and that the new manager was visible and approachable.

Quality assurance audits were completed by the manager to help ensure quality standards were maintained and legislation was complied with. Where audits had identified shortfalls action had been carried out to address and resolve them. Regular audits were in place to ensure that all systems were being safely

managed. The area manager visited on a monthly basis to undertake an audit to ensure all procedures were being adhered to and any health and safety concerns were being effectively managed.