

Royal Mencap Society

# Royal Mencap Society - 32 Kings Lane

## Inspection report

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

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Royal Mencap Society – 32 Kings Lane provides care and support for up to eight people with physical and learning disabilities. At the time of our inspection there were eight people living in the service.

We expect Health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 or autistic people

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

The service could show how they met principles of Right support, right care, right culture. People lead confident, inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

The needs and quality of life of people formed the basis of the culture at the service. Staff understood their role in making sure that people were always put first. They provided care that was genuinely person centred.

The leadership of the service had worked hard to create a learning culture. Staff felt valued and empowered to suggest improvements and question poor practice. There was a transparent and open and honest culture between people, those important to them, staff and leaders. They all felt confident to raise concerns and complaints.

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.

People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.

People were protected from abuse and poor care. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People were supported to be independent and had control over their own lives. Their human rights were upheld.

People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood each person's individual needs. People had their communication needs met and

information was shared in a way that could be understood.

People's risks were assessed regularly in a person-centred way, people had opportunities for positive risk taking. People were involved in managing their own risks whenever possible.

People made choices and took part in meaningful activities which were part of their planned care and support. Staff supported them to achieve their aspirations and goals.

People's care, treatment and support plans, reflected their sensory, cognitive and functioning needs.

People received support that met their needs and aspirations. Support focused on people's quality of life and followed best practice. Staff regularly evaluated the quality of support given, involving the person, their families and other professionals as appropriate.

People received care, support and treatment from trained staff and specialists able to meet their needs and wishes. The provider ensured that staff had relevant training, regular supervision and appraisal.

People and those important to them, including advocates, were actively involved in planning their care. Where needed a multidisciplinary team worked well together to provide the planned care.

Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.

People were supported by staff who understood best practice in relation to learning disability and/or autism. Governance systems ensured people were kept safe and received a high quality of care and support in line with their personal needs.

People and those important to them, worked with leaders to develop and improve the service.

#### Why we inspected

We undertook this inspection to provide assurance that the service is applying the principles of Right support right care right culture.

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.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Royal Mencap Society - 32 Kings Lane

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by an adult social care (ASC) inspector, a mental health inspector, a medicine 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 – 32 Kings Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission at the time of our inspection. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

The provider has advertised externally to fill this position and was in the process of recruiting to the post. The service was being managed by an experienced interim manager who had been in the deputy manager post at this service for a number of years.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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 all of this information to plan our inspection.

#### During the inspection-

We met all people who live in the service and spoke with four people who used the service. We spent two days in the service observing different activities and the interaction people have with staff. As part of our observations we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six members of staff including the interim manager, senior care worker and care workers. On our third day of inspection we spoke to three relatives about their experience of the care provided.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We used the Quality of Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This including quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

- ☐ People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment. The environment met people's sensory and physical needs.
- ☐ People were kept safe from avoidable harm. The service had enough staff, who knew the people and had received relevant training to keep them safe.
- ☐ People were safe from abuse. Staff understood how to protect people from abuse and the service worked well with other agencies to do so.
- ☐ People were involved in managing their own risks whenever possible, for example one person living at the service was proud to show me their electronic wrist device which alerted staff to them having a seizure. They knew this helped to keep them safe but also enabled them to have more privacy.
- ☐ Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking. For example, one person living at the service was empowered to manage their own medicines and was able to tell us that, "Every Tuesday I fill my own Dossett (medicine container) box. Staff had a high degree of understanding of people's needs. People's care and support was provided in line with care plans.
- ☐ Restrictive practices were only used where people were a risk to themselves or others, as a last resort, for the shortest time possible. For example, one person is always supported by a member of staff when other people are accessing communal spaces.
- ☐ Staff understand that restrictive interventions include restraint, segregation and seclusion.
- ☐ The service recorded all incidents of distressed behaviours. However, at the time of our inspection there had been no incidents within the last 12 months.
- ☐ People's care records were accessible to staff, and it was easy for them to maintain high quality clinical and care records – whether paper-based or electronic.
- ☐ People were supported to make their own decisions about medicines. Information about medicines was available in an accessible format. People received the correct medicines at the right time. People's medicines were regularly reviewed to monitor the effects on their health and wellbeing. Staff followed systems and processes to safely order, receive, administer, record and store
- ☐ The manager and staff understand and implement the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensure that people's medication is reviewed by prescribers in line with these principles. Each person had a specific capacity assessment in place around their medicines and the level of support they needed with these. It included their personal preferences of how their medicines should be given to them.
- ☐ The service kept people and staff safe. The service had a good track record on safety and managed accidents and incidents well. Staff recognised incidents and reported them appropriately. Managers maintained people's safety and investigated incidents and shared lessons learned with the whole team and the wider service.

## 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 meeting shielding and social distancing rules.
- ☐ 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 accessing testing for people using the service and staff.
- ☐ 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.
- ☐ We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service effective?

## Our findings

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

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

- ☐ People's human rights were upheld by staff who supported them to be independent and have control over their own lives. One person showed us a 'goals' scrapbook they had put together with staff. This included both short- and long-term goals. They were visibly proud showing us the goals they had already achieved and talked to us openly about what their next goals were and how staff were supporting them to achieve it.
- ☐ Care and support plans were holistic and reflected people's needs and aspirations. These reflected a good understanding of people's needs with the relevant assessments in place, such as communication and sensory assessments. We spoke with staff about people's care plans and they were very knowledgeable about the contents of the care plan and the needs of the people they support.
- ☐ People were able to input into choosing their food and planning their meals. Staff supported them to be involved in preparing and cooking their meals. People could access drinks and snacks at any time. We observed one person living in the service preparing the lunch meal for everyone living at the service with the support of staff. Another person told us how they have a takeaway every Wednesday, and they now call up to order it themselves.
- ☐ Support focused on people's quality of life outcomes and met best practice. Support was provided in line with people's care plans including communication plans, sensory assessment and positive behaviour support plans.
- ☐ People had access to a range of meaningful activities in line with their personal preferences. Support with self-care and everyday living skills was available to people who needed it, this was provided in a person-centred way. One person told us she likes to call this service her "Learning Home", as she is learning how to be more independent so that she can move into her own home independently.
- ☐ People were referred to other professionals such as psychological therapies where appropriate. Staff were knowledgeable about the input people had and knew where people were on certain pathways and what next steps looked like.
- ☐ People had good access to physical healthcare and were supported to live healthier lives. Relatives confirmed that people were supported to see their GP, dentist, chiropractor and other health professionals when needed. Relatives felt that people had good care.
- ☐ People chose the activities they took part in. These were part of their care plan and supported people to achieve their goals and aspirations. For one person, it was important to them that they learnt how to bake and had the time to do it. During our inspection we observed them baking a cake for another person's birthday. We could see that this person was proud to be given the responsibility and happily showed us what they had made.
- ☐ People received support from staff who had received relevant training, including around learning

disability, autism and mental health needs. Staff were also trained by specialist trainers in specific health care needs such as specialist feeding methods and epilepsy awareness.

- ☐ Staff had regular supervision and appraisal. Managers provided an induction programme for any new or temporary staff. Staff were positive about their experience on induction and training courses.
- ☐ Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. This meant that people who lacked capacity or had fluctuating capacity had decisions made in line with current legislation, people had reasonable adjustments made to meet their needs and their human rights were respected.
- ☐ People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards (DoLS). For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. Staff were knowledgeable about this, and confidently informed us which people living at the service had a DoLS in place.

# Is the service caring?

## Our findings

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

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

- ☐ People were enabled to make choices for themselves and staff ensured they had the information they needed.
- ☐ People or their families told us that they received kind and compassionate care. Staff protected people's privacy and dignity and understood people's needs. A relative we spoke with said; "They (staff) treat [person] with dignity and respect. His face lights up and he grabs their hands when they sit with him."
- ☐ People spoke highly of staff and the care they received. We observed very positive interactions between people and staff. Staff knew people well and knew how to communicate and work with each individual appropriately. For example, staff spoke with people at eye level, and knew how to engage people into conversation that interested them. People laughed and smiled at staff as they entered the room. One person was laughing, and we heard a staff member tell them, "[Name], your laugh and smile is exactly the reason I come to work, you make us all so happy." It was evident from interactions that the staff enjoyed working with people as much as people liked the staff.
- ☐ People, and those important to them, took part in making decisions and planning of their care. People were empowered to feedback on their care and support. They felt listened to and valued. One person living at the service had informed the service they wished to move to another part of the country to live closer to their family. Both the manager of the service and the Local Authority were in the process of facilitating this move.
- ☐ People were supported to be independent, one relative said, "They encourage her independence. Routines are carefully planned around her."
- ☐ People had easy access to independent, good quality advocacy. Specialist advocates were also signposted to people, for example an advocate specialising in working with people with learning disabilities and/or autism regarding their sexuality was currently involved.
- ☐ Staff supported people to maintain links with those that are important to them. During the COVID-19 pandemic staff had supported people to keep in contact with friends and family through video calls and telephone calls. As lockdown measures had eased people told us their relatives had joined them for dinner in the garden and had begun planning visits out.
- ☐ Staff maintained contact and shared information with those involved in supporting people, as appropriate. Relatives confirmed that staff kept them involved and supported people to maintain contact, including visits and visual technology.

# Is the service responsive?

## Our findings

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

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

- ☐ People's privacy and dignity was promoted and respected by staff. Each person had their own bedroom. People could personalise their room and keep their personal belongings safe. The service's design, layout and furnishings supported people and met their individual needs. For example, one person gave us permission to see their room and it was completely decorated in a theme chosen by them.
- ☐ People had access to quiet areas for privacy. People had sections of the garden they were responsible for. This included plants and vegetables they had grown. One person had been supported to plant a rose garden outside their bedroom in the garden in memory of their mother. They were very proud to show us this and told us they like to spend time on their own in the garden. They also told us that staff were supporting them to buy a memory bench. It was evident that this was important to the person to be able to keep a memory of their mother nearby, and staff and the manager had responded to this need.
- ☐ The service met the needs of all people using the service, including those with needs related to equality characteristics. Staff helped people with advocacy, cultural and spiritual support. Staff and the manager recognised when additional support from specialist would be beneficial and ensured that people had access to them.
- People's communication needs were met. People had access to information in appropriate formats. Staff had identified different ways to support communication with pictures and symbols and were in the process of implementing these in the service. Staff also used ways of communicating important to the individual. One person living at the centre was non-verbal, however staff knew that he liked to give staff a high five when they walked into the room or greeted him. During our two days on site we observed this without exception and all staff greeted him and began any form of communication with him with a high-five.
- ☐ People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service had not received any complaints in the last 12 months; however, the manager was confident that any complaints or concerns would be dealt with appropriately.
- ☐ Relatives we spoke with told us that the staff and manager always deal with any concerns they raise, said, "They always deal with it asap."
- ☐ People were supported to raise any concerns or improvements required within the service. A person told us that they had contacted the housing provider earlier in the week to report the repairs required. This person felt evidently empowered to be able to raise issues and have them dealt with.
- ☐ The service worked in a person-centred way to meet the needs of people with learning disability and autistic people. They were aware of best practice and the principles of Right support, right care, right culture and were ensuring that these principles were carried out. Staff ensured that people's choice was followed, including in situations which differed from usual practice. For example, one person, chose to remain in bed throughout the day and get up mid-afternoon. Due to medicine and health needs, with professional guidance the care plan reflected this choice. Staff were flexible with his routine ensuring that it was his decision and ensuring that there were no risks to the person's health. One the day of our visit he decided to

get up early to watch football on the TV, and staff ensured that support was available for him to do this.

# Is the service well-led?

## Our findings

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

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

- ☐ The manager had the skills, knowledge and experience to perform their roles and understood the services they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff. Relatives spoke highly of the manager and confirmed that they had already been contacted by the interim manager in the short period since the previous registered manager left.
- ☐ Staff knew and understood the provider's vision and values and how to apply them in the work of their team. Staff were positive about the support provided from the provider and told us that they receive emails of support and provide all necessary information. People living at the service felt supported by these values. One person's care plan contained the voice of the person and said, 'The best thing about living at [this service] is learning to cook food, wash my own washing, and being an independent woman.'
- ☐ Staff felt respected, supported and valued. The provider promoted equality and diversity in its work. They felt able to raise concerns without fear of retribution. Staff said, "The support from my manager is second to none, I have never known anything like it, it feels like a safe haven."
- ☐ Our observations during the two days of the culture and atmosphere within the service were incredibly positive. People appeared happy and content. Some people at the home were planning to move out of the service in the future and were being supported by the staff team to ensure that they were ready, and that their next home was right for them. Interactions between people living in the service, people and staff, and staff together were respectful, appropriate and happy.
- ☐ People at the home had very different needs and wishes to one another, and staff and the manager ensured that each person received the support they needed to meet their needs. The manager led by example. It was evident that the service was people's home and the staff team respected that.
- ☐ Our findings from the other key questions showed that governance processes helped to keep people safe, protect their human rights and provide good quality care and support.
- ☐ Staff had the information they needed to provide safe and effective care. Where required, information was also reported externally.
- ☐ People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. A relative told us that the service work together with families to provide a good service, and said, "It is a two-way thing."
- ☐ A relative told us, "[Person] would tell me if they were not happy and if I do not hear I know he is happy".
- ☐ The service 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. Relatives told us that they are contacted yearly regarding their person's care and to gain feedback on if they felt the service

were meeting peoples' needs.

- The service was very well – led. Even though there was not a registered manager at the time of our inspection, the service was being managed by an experienced interim manager, who had been the deputy manager of the service for a number of years. This ensured continuity both to people living at the service and the staff.