

Royal Mencap Society

# Royal Mencap Society - 50 Belle Vue Grove

## Inspection report

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Date of inspection visit:  
07 June 2017

Date of publication:  
30 June 2017

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 7 June 2017 and was unannounced which meant the provider and staff did not know we would be visiting. The service was last inspected on 26 March 2015 and the service was rated good.

50 Belle Vue Grove is a large detached house situated within a suburb of Middlesbrough. It is within walking distance of local amenities. The property has a large garden and patio and bedrooms across both floors. There are also a number of bathrooms, one of which is a wet room. Belle Vue Grove provides accommodation for people who have learning disabilities, broad spectrum autism and mental health needs. There were five people living there at the time of our inspection

Risks to people arising from their health and support needs as well as the premises were assessed, and plans were in place to minimise them.

There were systems in place to ensure that people received their medicines as prescribed.

There were enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they received training to be able to carry out their role. Staff received effective supervision and a yearly appraisal.

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.

Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions. The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS).

People were cared for by staff that were trained in recognising and understanding how to report potential abuse. Staff felt confident to raise any concerns they had in order to keep people safe.

People enjoyed a good choice of meals and were supported to maintain a healthy diet.

The service worked with external professionals to support and maintain people's health.

Throughout the inspection there was lots of laughter between people and staff. The interactions between people and staff showed that staff knew the people well.

Care was planned and delivered in way that responded to people's assessed needs. Care plans contained detailed information about people's personal preferences and wishes

Staff showed us that they knew the interests, likes and dislikes of people and people were supported to enjoy various activities. We saw that staff ensured that they were respectful of people's choices and decisions.

The service had a clear complaints policy that was applied when issues arose.

The registered manager was actively involved in monitoring standards and promoting good practice. The service had quality assurance systems in place which were used to drive continuous improvements.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service remains well led.

# Royal Mencap Society - 50 Belle Vue Grove

## **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 7 June 2017 and was unannounced. This meant the registered manager and staff did not know we would be visiting.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with five people who lived at the service. We looked at three care plans and four staff files. We looked at how the service managed medicines. We spoke with the registered manager and two members of staff. We also undertook observations around the service.

# Is the service safe?

## Our findings

People said they felt safe at the service. One person said, "I feel safe as the support meets my needs and nothing goes against you." Another person said, "I feel safe and this makes me happy." And a third person told us, "I feel safe because they [staff] take everything into consideration." People were relaxed and were happy to sit with staff and talk, which indicated they felt comfortable with staff.

Risks to people were assessed and detailed plans were put in place to minimise them. We saw risks assessments for self-harm, self-neglect and finances. Signs of decline in people's mental health were recorded along with how staff were to manage and monitor this.

Risks relating to the premises and environment were assessed and monitored. Fire and general premises risk assessments had been carried out. Required certificates in areas such as gas safety and electrical testing were in place. Records confirmed that monthly checks were carried out of emergency lighting, fire doors and water temperatures. A Personal Emergency Evacuation Plan (PEEP) was in place for each person documenting evacuation plans of support people required to leave the premises in the event of an emergency. This showed that the provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

The provider had a business continuity plan, which provided information about how they would continue to meet people's needs if an event such as loss of electricity or a fire forced the closure of the service, absence of staff or an outbreak of a major illness. This showed us that contingencies were in place to keep people safe in the event of an emergency.

Accidents and incidents were analysed monthly with an action plan for any lessons to be learnt. For example one person had hurt their back carrying shopping, the action was to split one heavy bag into two lighter bags. Accidents and incidents were too few to find any themes or patterns.

The provider had systems and processes in place for the safe management of medicines. People were supported to access their medicines when they needed or wanted them. Medicines were stored securely and safely. Staff were trained to administer medicines and had their competencies checked annually. We observed one person receiving their medicines and staff asked them if they wanted the medicine before arranging to administer them then observed the person taking them. Where people were prescribed 'when required' medicines (PRN) a PRN protocol was in place. Each person had a medicines grab card, this included information on what medicines were currently prescribed, dose, how to administer, side effects, date started (if known) and last review date. This card was to be used in the event of an emergency.

Staff understood safeguarding issues and knew the procedures to follow if they had any concerns. There were safeguarding policies in place and staff were familiar with them. Staff we spoke with said they would not hesitate and would feel comfortable raising a concern. Staff could also explain how and who to raise a concern with.

One staff member said, "I know what to do and would take it seriously as well as documenting everything."

We saw there was enough staff on duty to support people throughout the day and night. All staff we spoke with said there was always enough staff on duty.

Staff we spoke with said, "We have enough staff and all one to one's are covered." Another staff member said, "There are loads of staff, more than enough."

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

## Is the service effective?

### Our findings

Staff we spoke with said they received plenty of training and felt they had the right training to carry out their role. One staff member said, "All our training is up to date and the manager is mindful not to book it all in at once. I have asked to do some training on skin integrity as we have someone with a skin complaint who I have been supporting and it is going really well." And "We are all doing or have done relapse prevention training, where a person who is in a good place and safe is at the top of the slippery slope any behaviours, or risky thoughts means they fall down the slippery slope, we are taught to work with the person and identify the risks that will lead to falling down the slope. The person really likes this and finds it a good way of coping; they and us are really engaged with it." And "We get together once a week, a day chosen by them [the person using the service] and it is about being honest and direct."

We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff completed an induction programme that incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. One staff member said, "My induction was fab, I met all the people who used the service, I shadowed for four weeks and got to know the people first including their routines before I looked at the care plans, I wanted to get to know the person first rather than their history."

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One staff member said, "I find the supervisions useful and I like the 360 degree feedback, it is very professional." 360 degree feedback is a method of performance appraisal which gathers feedback from a number of sources.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection there was no one with a DoLS authorisation. We saw evidence of signed consent in people's care files.

People were supported and encouraged to maintain a healthy diet. People made their own meals except on a Sunday when staff made a Sunday lunch. People we spoke with really enjoyed cooking their meals and a couple of people took turns and cooked for each other. They would sit together and work out a week's menu then divide the shopping between them. One person did not really know how to cook and another person was showing them. This person said, "I am teaching [person's name] to cook. We made toad in the hole on Monday, I showed them how to make the batter. We are having stew and dumplings tonight." Another person said, "I enjoy cooking, I had eggs, bacon and chips yesterday." And "We have a takeaway on a Saturday night; it could be cheeseburgers, pizza or fish and chips, anything really."

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, social worker, occupational therapists and



dentists.

## Is the service caring?

### Our findings

People told us they were very happy and the staff were really good. Comments included, "I feel better here, it's my choice and my life and I want to stay here, it makes me happy." Another person said, "I like it here, I like the house, it is big, and on a night time the staff make it fun and we laugh." And another person said, "I like peace and quiet and staff know this and support this."

Staff we spoke with all enjoyed working at the service. One staff member said, "I love working here its fab, as soon as I walked in I got a good feeling." And "It is great I never not want to come to work."

Staff promoted people's privacy and dignity. One staff member said, "I am respectful of people, never ever walk into their room without knocking and always wait to be asked to enter." And "I always keep people's confidentiality such as [example provided from the day of inspection] and keep paperwork locked away." We observed staff being respectful to people and knocking on people's doors during the inspection. One person who used the service said, "They [staff] always ring my bell and wait for me to say come in." This person was hard of hearing and when someone pressed the doorbell this triggered a light in their room to alert them when someone was at the door.

We saw people were very independent and did everything themselves. People we spoke with said, "I can do everything myself, I like to do all my own stuff. Staff ask if I want help and are there in case I need help. I have mobility problems so sometimes I have to ask staff for help. They [provider] made a walk in shower for me with seating and handrails, it is great." And "Everyone needs help sometimes; staff are there in case I need them." Another person said, "I enjoy being independent it makes me happy."

One staff member we spoke with said, "[Person's name] had never really been allowed to be independent before and did all their own washing and pegged it out, they were so proud, it was lovely to see."

Throughout the inspection we observed staff interacting with people and showing they knew each person well. There was lots of friendly banter and laughter. One staff member did an action that had the person who used the service roaring with laughter.

Three people at the service were using an advocate. Advocates help to ensure that people's views and preferences are heard. There was information available for people if they wished to use an advocate.

## Is the service responsive?

### Our findings

Staff understood what is meant by and how to deliver person centred care. Person centred care is care that is centred on the person's own needs, preferences and wishes. Staff showed good knowledge and understanding of people's care, support needs and routines and could describe the care they provided for each person. It was clear they knew people and their needs well. Staff knew how to approach people, how to speak to people and when to leave people alone. Staff also knew people's routines, where they preferred to sit and what times they preferred to do things. For example one person preferred to sit in their room where they had peace and quiet.

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people who were planning to live there. One person had recently started living at Belle Vue Grove and said, "I feel much better and happy here, I have my own room with my own television which I watch in bed. I get something to eat such as toast or a sandwich at nine thirty then go to bed at 11pm." We looked at care plans and assessments and saw these were comprehensive and included people's likes and dislikes and life stories.

We looked in detail at the care plans for three people who used the service. The care plans were written in an individual and person centred way. Staff were provided with clear guidance on how to support people as they wished. There was clear evidence of personal preferences in the care records. Care plans stated signs of people becoming unwell or anxious and how staff were to support the person at these times.

People attended a wide range of activities outside the service such as attending day services, visiting the cafe, shopping, or to play pool. One staff member had researched different activities that would be suitable for one person to prevent social isolation. They were planning on attending one place the staff member found where people get together and pursue practical interests. People who used the service were in and out all day. One person said, "I have just been to the town and put a bet on, I like to go out in the morning and stay home in the afternoon and relax." Another person said, "I love going to the gym, I get a taxi there." And "I enjoy reading, I like sports books, crime books and at the moment I am reading about wildlife in the Amazon, I have a library in my room." One staff member said, "We are always out doing something, I have just learnt [person's name] likes museums so we will be going to plenty of them. We often go out to get the bus either to Redcar, Guisborough or Whitby and we know we are going somewhere but just get on the first bus that comes along, they [people who used the service] love the spontaneity of it."

There was a clear policy in place for managing complaints. The service had not received any complaints.

# Is the service well-led?

## Our findings

The service had a registered manager in place who was qualified for the role and who had been registered with the Care Quality Commission since

Staff we spoke with were complimentary about the leadership and management of the service. Comments included, "[Registered manager's name] is brilliant, they have an open door policy and they don't mind me asking lots of questions." Another staff member said, "They are very supportive."

One person who used the service said, "[Registered manager's name] makes it all happen, we are the most important people to them. They work very well and are very good. Spot on." Another person said, "[Registered manager's name] is funny, brilliant and fantastic. You can chat with them and they are nice."

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw the latest checks that had been carried out showed how issues were identified and associated actions to make improvements. Audits we looked at reviewed areas such as health and safety, finances, training, incidents and medicines.

Feedback was sought from people who used the service and external stakeholders such as relatives and social workers. The feedback received was all positive with comments such as, "You are doing all the right things, you have my complete trust." "You could not do anything better for my relative, I feel very happy they are there." And "My client feels safe and secure at the service."

We asked staff what they thought the culture and values of the service was. One staff member said, "We have an open culture, we are honest and we don't see criticism as a negative but more of a way of developing." And "Our values are to support them [people who used the service] as individuals, to keep doing the good work we do, we [staff] are valued and they [people who used the service] value the service."

Staff meetings took place every two months. Topics discussed were handovers, medicines, Mencap growth, annual leave, upcoming events and the policy of the month. The people who used the service preferred not to have a meeting.

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Throughout our inspection we found staff to be open and cooperative. The registered manager and staff were keen to learn from any of our findings and receptive to feedback.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been

taken.