

Royal Mencap Society

Royal Mencap Society - 97b Barnby Gate

Inspection report

97b Barnby Gate
Newark
Nottinghamshire
NG24 1QZ

Tel: 01636676198

Date of inspection visit:

22 May 2019

23 May 2019

Date of publication:

22 July 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Royal Mencap Society - 97b Barnby Gate provides accommodation, care and support for up to six people who have learning disabilities. There were five people living at the service and one person was in hospital.

People's experience of using this service: Timely action had not been taken to ensure the premises and equipment were safe and well maintained. The décor of the home did not fully meet people's needs. The registered manager and staff had already identified areas which needed refurbishment and redecoration. This included the lounge, bathrooms, corridors, several people's bedrooms and the garden area.

Following our inspection, the registered manager took immediate action to address the shortfalls. She sent us photographs of the decoration and refurbishment which had taken place.

Whilst we were satisfied that action had been taken to improve. We considered that an effective system was not in place to ensure that equipment and the premises were well maintained and make sure timely action was taken when shortfalls were identified.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice 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.

The size of service met current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Most people were unable to communicate verbally. We saw that people were relaxed around staff and appeared happy. There were no ongoing safeguarding concerns.

People were supported by staff who were suitably trained and supported. People's nutritional and hydration needs were met and staff supported people to access healthcare services and receive ongoing health and social care support.

There was a cheerful atmosphere at the home. Staff were knowledgeable about people's needs and what made people happy. People's independence was promoted. People helped to shop, prepare and make

meals.. Housekeeping skills were also promoted.

People were supported to pursue their hobbies and interests both inside of the home and within the local community.

There was a new registered manager in post. Relatives, staff and health and social care professionals spoke positively about the registered manager and the changes they were making at the home. One member of staff said, "She is like a breath of fresh air."

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection: Good (the last report was published 30 September 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to good governance. Please see the action we have told the provider to take at the end of this report. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

Follow up: We will return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Royal Mencap Society - 97b Barnby Gate

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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Royal Mencap Society - 97b Barnby Gate is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a new manager in post. She had become registered with CQC in March 2019. Being a registered manager with the Care Quality Commission 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: This inspection was announced. We gave the service 48 hours' notice of the inspection visit because it was small and staff supported people to access the local community. We needed to be sure that they would be in.

What we did before the inspection: We reviewed information we held about the service. We also contacted the local authority commissioners for the service and local authority safeguarding team for any information they held about the service. We used their feedback to inform the planning of this inspection.

The provider completed 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.

During the inspection: We spoke with two people , we also spoke with two relatives on the phone. We also spoke with the regional manager, registered manager, five support workers and two members of the district nursing service who were visiting the home. We looked at one person's support plan and records relating to staff and the management of the service.

After the inspection: We continued to seek clarification from the registered manager to corroborate evidence found. We also contacted a number of health and social care professionals by email, including an occupational therapist, physiotherapist and community learning disabilities nurse.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Timely action had not been taken to ensure the premises and equipment were safe and well maintained.
- We identified shortfalls relating to bathing and showering equipment.
- Checks had been carried out on the premises and equipment. Although certain water checks had been carried out to monitor the risk of Legionella, other checks had not been fully completed.
- Following our inspection, the registered manager took immediate action to address the shortfalls identified. She sent us the necessary safety certificates and invoices for the bathing and showering equipment which had been purchased.
- Systems were in place to report accidents and incidents.
- One person displayed distressed behaviours. Staff were liaising with health care professionals to ensure this person's needs were met at the service.

Preventing and controlling infection

- There were shortfalls with certain aspects of infection control relating to the premises and equipment.
- A specific infection control audit was not completed to monitor the environment and practices at the home.
- We discussed these issues with the registered manager who took immediate action to address the concerns we identified.

Whilst we were satisfied that action had been taken to improve. We considered that an effective system was not in place to ensure equipment and premises were well maintained and make sure timely action was taken when shortfalls were identified. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Using medicines safely

- Medicines were managed safely, although we identified minor shortfalls relating to storage arrangements which the registered manager told us would be addressed.
- Staff worked in partnership with local GPs and other health professionals to review and assess medicines in line with the health campaign STOMP. Stomp stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicine.
- We spoke with the registered manager about ensuring records relating to medicines reviews were easier to locate. The registered manager told us that this would be addressed.

Staffing and recruitment

- There were enough staff deployed to meet people's needs and for people to access the local community and pursue their hobbies and interests.
- Safe recruitment procedures were followed. An initial interview process was held at the provider's office. If prospective staff met the agreed criteria and demonstrated the values required, they were invited to a second interview at the home so people could meet them and be included in the recruitment process.

Systems and processes to safeguard people from the risk of abuse

- There were no ongoing safeguarding concerns. Staff were knowledgeable about the action they would take if abuse were suspected. Staff did not raise any safeguarding concerns.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The décor of the home did not fully meet people's needs.
- The registered manager and staff had already identified areas which needed refurbishment and redecoration. This included the lounge, bathrooms, corridors, several people's bedrooms and the garden area. One staff member told us, "The whole place needs a birthday [redecoration]."
- Following our inspection, action was taken to redecorate the home and garden areas.
- Whilst we were satisfied that action had been taken to improve; action had not been taken in a timely manner to address the shortfalls relating to the design and décor of the service.

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.

- Staff were following the principles of the MCA. DoLS applications had been submitted to the local authority. We had not been notified of the outcome of certain people's applications in line with legal requirements.
- People made their own choices whenever possible. Where there were concerns about people's capacity, assessments had been carried out in line with the MCA.

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

- Assessments had been carried out which were based on best practice guidelines. Support plans had been formulated following an assessment of people's needs. .

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained and supported.
- Training records showed that staff had completed training in safe working practices and to meet the individual needs of people who lived at the home. One staff member told us that dementia care training would be appreciated. The registered manager told us that this was being addressed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutrition and hydration needs. Support plans included information about people's dietary needs and preferences.

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

- Staff supported people to access healthcare services and receive ongoing health and social care support.
- A health professional stated, "I have always found them to be a good team to work with, they are caring and professional in their approaches, they will refer back to us as if they have questions, or follow up required . The staff will support people with their exercises or positioning programmes, and are always willing to help."

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and their privacy and dignity was promoted. One relative told us, "We couldn't be happier with [name of person's] care... They take time to meet [person's] needs. The staff are very caring."
- We saw positive interactions between staff and people. A staff member took one person's hand and said, "I am going home now sweetheart." Another person went over to a staff member and kissed their hand.
- There was a happy atmosphere at the home. One person enjoyed singing the song 'Gimme hope Jo'anna.' Staff encouraged some enthusiastic singing.
- Staff were knowledgeable about people and their likes. One staff member said, "[Name of person] has a lovely smile and that is when you can see she is happy with things. When I get to her room she likes a little dance and we have a little dance and I have a little jig around."
- People's independence was promoted. People helped to shop, prepare and make meals at the service. One person was not able to assist physically with the meal time preparations, however, they enjoyed being in the kitchen observing staff. Housekeeping skills were also promoted.

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

- People were supported to express their views and discuss their needs, choice and preferences about the support they received.
- Monthly reviews were carried out with people to make sure their needs were met. We read one person's review; staff had asked the person whether they were happy to which they had replied, "Of course I am" and "I like [name of staff member] she is a good dude."

Is the service responsive?

Our findings

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

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

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

- People received care which met their individual needs.
- Support plans documented people's life histories and their likes and dislikes. This helped staff deliver more responsive, person centred care.
- People were supported to pursue their hobbies and interests both inside the home and within the local community. One relative told us, "They take him shopping, go to theatre and cinema...He has a wonderful life."
- A staff member sat with a person looking through one of the person's favourite Star Wars books. Another person had been to visit friends who they used to live with and others had been to a day centre.
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- People's communication needs had been assessed and were identified in their support files. Pictures had been added to documents to make the written words easier to understand.
- Information technology was used to enhance people's wellbeing and help maintain people's contact with friends and family. Staff supported one person to make video calls to their family. The home had an iPad which was used during activities.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. No complaints had been received.

End of life care and support

- People were supported to express their wishes around their end of life care.
- A document called "When I die" was included in people's care files.
- A multi-disciplinary approach was followed to help ensure consistent and responsive care was provided to meet people's needs at this important time in their lives. A palliative care nurse was involved in one person's care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A new manager was in post. She had become registered with CQC in March 2019.
- Audits and checks were carried out to monitor aspects of the service. However, timely action by the provider had not been taken to ensure the premises and equipment were well maintained. In addition, the results of certain safety checks could not be easily located.

The failure to have an effective quality monitoring system in place and ensure timely action was taken to address any shortfalls was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- A system to ensure regulatory requirements were met, was not fully in place. CQC had not been notified of the outcome of all DoLS applications.

The failure to inform CQC of notifiable events is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents. This has been dealt with outside of the inspection process.

- The registered manager told us that she was aware of her responsibilities to notify CQC of certain events and changes at the service and immediately submitted the required notifications to CQC.
- Relatives, staff and health and social care professionals spoke positively about the registered manager and the changes she was making at the service. One staff member told us, "She is much more positive, very much proactive, innovative and willing to listen and very receptive." A relative told us, "We are very impressed with the manager she is very friendly – ten out of ten."
- The registered manager showed us a new auditing system that she was looking to introduce to ensure all areas of the service were monitored.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were systems in place to involve people and staff in the running of the service. Staff told us that communication had improved since the new registered manager had commenced at the service. They all said they felt listened to and valued.

Working in partnership with others

- The service worked with other organisations and stakeholders such as the local authority and health and social care professionals to make sure people received joined up care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system was not fully in place to enable the provider to assess, monitor and mitigate risk and ensure improvements were carried out in a timely manner. Regulation 17 (1)(2)(a)(b)(f).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified CQC of the outcome of Deprivation of Liberty Safeguards applications. Regulation 18 (1)(2)(c).

The enforcement action we took:

We did not proceed with enforcement action in respect of this breach