

# Royal Mencap Society South Street

## Inspection report

17 South Street  
Coldmore  
Walsall  
West Midlands  
WS1 4HE

Tel: 01922642057  
Website: [www.mencap.org.uk/advice-and-support/services-you-can-count/our-cqc-ratings/west-midlands/south-street](http://www.mencap.org.uk/advice-and-support/services-you-can-count/our-cqc-ratings/west-midlands/south-street)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

South Street is a care home for people who may have a learning disability or autism. The service was registered for up to 9 people; 8 people lived there at the time of our inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 and autistic people and providers must have regard to it.

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

#### Right Support:

Care records were mostly detailed and informative. However, some records did not always contain all the information required to keep people safe. Despite this, staff knew people's care needs well and people and their relatives told us they felt safe and supported.

Records did not always show that appropriate action was taken in response to incidents at the service. Safety incidents did not always trigger a review of people's risk assessments and management plans.

The systems in place to monitor safety and quality at the service were not always fully effective. The registered manager and provider did not always report notifiable incidents to us and the local authority as required.

#### Right Care:

Improvements were needed to ensure people's weight was monitored effectively to identify any significant changes in weight.

There were sufficient numbers of suitable staff at the service. However, improvements were required to ensure the risks associated with delays in pre-employment checks were formally risk assessed.

Staff supported people in line with their individual preferences and agreed care plans. People were supported to receive their medicines when they needed them and were protected from the risk of infection as staff followed safe infection prevention and control practices.

#### Right Culture:

The auditing systems in place to assess and monitor safety and quality were not always effective.

People told us they were supported to have maximum choice and control of their lives. However, records did not always evidence that the requirements of the Mental Capacity Act 2005 were consistently applied.

People were able to receive visitors without restrictions in line with best practice guidance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (published 24 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We planned to complete a focused inspection to review safe and well-led only. However, due to concerns identified during the inspection with regards to the application of the Mental Capacity Act 2005, we also reviewed the effective key question.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed to requires improvement. This is based on the findings at this inspection

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for South Street on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement and Recommendations

We have identified regulatory breaches in relation to; the application of safeguarding processes, the processes in place for assessing and obtaining consent to care and the systems in place to assess, monitor and improve the quality of care at the service.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

**Is the service safe?**

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

**Is the service effective?**

**Requires Improvement** ●

The service was not always effective.

Details are in our safe findings below.

**Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

Details are in our safe findings below.

# South Street

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by a CQC Operations Manager who visited the service. A Regulatory Coordinator worked remotely to make calls to relatives of people who used the service.

#### Service and service type

South Street is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. South Street is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 this information to plan

our inspection.

During the inspection

We spoke with 5 people and 2 relatives about their experience of the care provided. We also spoke with 3 members of care staff and the registered manager.

We reviewed a range of records, these included 2 people's care records, medicines administration records, as well as governance and quality assurance records. We also looked at 3 staff recruitment files.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant 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.

Systems and processes to safeguard people from the risk of abuse

- Improvements were required to ensure all safeguarding incidents were reported in line with local and national safeguarding guidance.
- Incident and accident records reviewed for January 2024 showed a total of 4 incidents relating to 4 people who were involved in alleged physical abuse had not been reported to the local authority or CQC as required.

The provider failed to ensure local and national safeguarding procedures were followed to protect people from avoidable harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite this, records showed that many other incidents of alleged physical abuse had been reported to the local authority and us appropriately.
- People told us they or their loved ones felt safe at South Street. Comments included, "I feel safe because of the staff" and, "I'm happy here, we're all friends".
- Staff told us they completed safeguarding training.

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

- Although risks to people were assessed, formal reviews of risk assessments did not always take place following safety incidents. This meant we could not always be assured that appropriate action had been taken to reduce the risk of further incidents occurring.
- Despite this, staff told us and care records showed they knew how to keep people safe. This included consulting with healthcare professionals for advice where required.
- Care plans were mostly informative and detailed. However, we found 1 person's care plan did not contain all the information required to keep them safe. This was because information relating to a long-term health condition that could place them at risk of harm had not been included in their care plan. Despite this lack of guidance, staff told us how they would respond in the event of a deterioration in this person's health which included seeking immediate medical attention.
- Staff reported incidents and accidents in line with the provider's policy and procedure. The registered manager told us they analysed incidents for themes and patterns. However, improvements were needed to ensure this local analysis of incidents was formally recorded.

### Using medicines safely

- We were not assured that refrigerated medicines were stored safely. Records showed that on 6 days in January 2024, the medicines fridge significantly exceeded the recommended safe temperature levels. Staff told us and records showed that a fan had been turned on when temperatures were showing as high. However, no pharmacy advice was obtained to ensure the medicines in the fridge were safe for use. Despite this, there was no evidence people had been harmed as a result of high medicines fridge temperatures.
- People told us and we saw that medicines were managed safely. This included the ordering, administration, recording and disposal of medicines.
- Where people required 'as required' medicines also known as 'PRN' medicines, guidance was mostly in place to support staff to administer these medicines safely. We found 1 person did not have an as required protocol in place for a cream they used. Despite this, staff demonstrated they knew when and where to use administer this cream.

### Staffing and recruitment

- Staff had mostly been safely recruited. This included the completion of pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. One of the staff files we viewed did not contain a full enhanced DBS check. The registered manager told us they were waiting for this to be handed to them by the staff member and that until they had viewed the DBS they were working under supervision. No formal risk

assessment formalising this arrangement was available to view. Following the inspection, the provider informed us they would address this oversight organisationally.

- People told us and we saw there were enough suitably skilled staff to support people in line with their agreed needs.
- Staffing levels were adjusted when required to ensure people's individual needs were met.

### Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection prevention and control practices.
- Staff used PPE effectively and safely.

### Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care plans did not always demonstrate that the requirements of the MCA were met. There was no evidence that mental capacity assessments had been completed to identify if people could consent to their care and support.

The provider failed to ensure the requirements of the MCA were consistently met. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite this, care staff showed they understood people's individual needs regarding making decisions about their care. They knew who could make decisions, who needed support with this and who needed decisions made in their best interests.
- Although evidence of Mental Capacity Assessments were not present, people who were being deprived of their liberty had appropriate DoLS applications and authorisations in place.

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

- People were supported to eat and drink in line with their planned needs and preferences.
- People could choose the foods and drinks they consumed.
- Effective systems were not in place to ensure people were eating enough food to sustain a healthy weight. Weights were only taken for people who could access the weighing scales. However, these weights were not always recorded in a readable format or in a consistent manner. For example, some weights were recorded in Kilograms and some in Stones and Pounds. Sometimes an overall weight was not recorded with only the amount gained or lost recorded.

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

- People who displayed behaviours of distress and/or agitation had care plans in place that were based on best practice. This included identifying and recording people's potential triggers and how staff could best support people during times of distress and agitation.

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

- People were supported to access appropriate healthcare services.

Staff support: induction, training, skills and experience

- Staff told us the induction and training they received prepared them for their role and training records confirmed this.

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

- People told us they chose the décor in their bedrooms and communal areas.
- The service had a homely layout and design with adapted equipment available where required to meet people's individual needs.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements and continuous learning and improving care

- The auditing systems in place to assess and monitor safety and quality were not always effective and had not identified the concerns detailed in this inspection report.
- Medicines audits acknowledged medicines fridge temperatures were sometimes higher than the recommended safe levels. The audit recorded that staff were to turn on the fan when the fridge temperatures were identified as being excessively high. However, the audit did not detail the need to seek advice from a pharmacist about the excessive temperatures to ensure the medicines were safe to be used.
- Reviews of the contents of people's care records had not identified that weights were not being recorded in a consistent manner and that mental capacity assessments were not contained in care plans to show people's capacity had been assessed in line with the Act. These reviews had also not identified that a person did not have the information needed to keep them safe in the event of a deterioration in their health relating to a long-term health condition.
- Not all incidents that required reporting to CQC and the local authority had been reported as required.
- Risks relating to the suitability of staff to work at the service whilst pre-employment checks were in progress were not formally recorded.

The provider failed to ensure that effective governance systems were in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was supported by an assistant manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- People who used the service with protected characteristics had care plans in place that reflected their individual needs and preferences.
- Plans were in place to send surveys to people to ask them for feedback about the quality of their care. We will check if these are effective during our next assessment of the service.
- Systems were in place to gain feedback from relatives. We saw that action was taken in response to feedback to improve the quality of care.
- The provider requested feedback from all staff via regular surveys. Staff also told us their feedback was sought through staff meetings and they could approach the registered manager to share feedback as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- People, relatives and staff spoke positively about South Street. Comments included, "It's great here, I've just been out for lunch" and, "When I go on holiday, I miss this place. It's like a family".
- People told us and care records showed they were supported to do the things they enjoyed both at the service and in the local community.

Working in partnership with others

- Improvements were needed to ensure relevant agencies such as the local authority were informed about all safeguarding incidents that had occurred at the service.
- Referrals to health care professionals, such as GPs were made in response to changes in people's health.

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 11 HSCA RA Regulations 2014 Need for consent  The provider failed to ensure the requirements of the MCA were consistently met. Regulation 11 (1) (2) and (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider failed to ensure local and national safeguarding procedures were consistently followed to protect people from avoidable harm. Regulation 13 (1) (2) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure that effective governance systems were in place. Regulation 17 (1) (2) (a) (b) and (c)