

Royal Mencap Society

Royal Mencap Society - 22 Lamberts (Daisy)

Inspection report

22 Lamberts
Thetford
IP24 2EE

Tel: 01842755885
Website: www.mencap.org.uk

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10 November 2022

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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

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.

About the service

22 Lamberts (Daisy) is a residential care home providing personal care and support and is registered to support up to five people. The service provides support to people with a learning disability, autistic people, as well as support for people's mental and, or physical healthcare needs. At the time of our inspection there were five people living at the service.

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

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.

Right support: People were supported by staff who were familiar with their needs. Staff took into account any risks when providing people's care and worked collaboratively with other health and social care agencies. Families were important contributors to people's care.

Right care: The service had turned around its rating of inadequate to good. The service was able to demonstrate how they were measuring the quality of what they did. It was ensuring people had good outcomes of care and able to access the right resources and support. People were going out in line with their needs and choosing what they wanted to do. Staff had the right training and support for their roles and understood what constituted good care.

Right culture: Management were open and visible and had created a culture of learning, opportunity and reflection. Staff were encouraged to speak out and contribute to the development of the service. People were empowered to live their lives in line with their preferences and were given the opportunity to have new and repeated experiences. The environment was conducive to people's needs and a rise in living standards enhanced people's wellbeing.

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

Rating at last inspection and update

This service was inspected on 28 March 2022, report published 8 June 2022. This was its first inspection since a change of registration on 10 December 2020. The service was rated inadequate overall with four breaches of regulation. This service has been in Special Measures since 23 May 2022. During this inspection the

provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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.

This inspection was carried out to follow up on action we told the provider to take at the last inspection and to follow up on their action plan.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our 22 Lamberts (Daisy) website at www.cqc.org.uk.

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.

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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

Two inspectors carried out this inspection over two days.

Service and service type

22 Lamberts (Daisy) 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. 22 Lamberts (Daisy) 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 on 08 November 2022 and announced on the second visit 10 November 2022.

Inspection activity started on 8 November 2022 and ended on 22 November 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also liaised with the local authority to source feedback. We used all this information to plan our inspection.

During the inspection

We visited over two days at different times of the day and evening meeting the day and night staff. We spoke with two people using the service, observed the care provided, spoke with four care staff and one relative. We met and spoke with the assistant manager, the registered manager, the area manager and the regional manager. We reviewed two care and support plans and various other records relating to the management of the business. Following the service visit, we continued to seek clarification from the provider to validate evidence found.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and had improved the overall rating.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. There were also significant concerns about cleanliness. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

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

- Risks were mostly well managed but fire safety concerns were identified on the second day of our inspection by the visiting fire officer who had come to follow up previous concerns. They stated improvements had been made but indicated a moderate risk based on their findings. Some of the issues should have been identified by the provider.
- Staff had received fire training, and were clear of the procedure and had been involved in fire drills.
- The standards of the house and the levels of cleanliness had vastly improved since the last inspection. Regular audits helped to ensure high standards were maintained and helped to identify any shortfalls. However we did identify an unsecured bathroom cabinet and a small build up of limescale in the bathroom which had not been identified by the provider. This was rectified immediately.
- Individual risk assessments helped to identify what actions staff needed to take to keep people safe. These were reviewed in line with people's changing needs. Risk assessments were cross referenced with other relevant documentation and provided staff with clear guidelines.
- Accidents and incidents were recorded and reviewed, and lessons learnt were discussed with staff as necessary.
- There was an open culture of learning where staff were encouraged to speak up and supported to improve practice should mistakes be made.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- Premises were fit for purpose and regular cleaning regimes meant the service was kept clean. Staff observed good hygiene practices.
- A minor build-up of limescale was noted in the bathroom and this was addressed immediately.
- On the second day of inspection we were asked to complete a form to ascertain if we had knowingly been in contact with any one with COVID 19 or had any of the known symptoms. This helped ensure people were protected as far as reasonably possible from people carrying the virus. We brought to the attention of the

provider that all staff must follow this process in line with the providers policy.

- There was lots of PPE around the service, hand wash and guidance about infection control. Cleaning products were safely locked away.
- COVID 19 risk assessments helped ensure procedures were followed and staff and people using the service were appropriately vaccinated.

Visiting in care homes

- The provider had ensured people were able to maintain contact with relatives which now included visiting on and off site ensuring any relevant government guidelines were being followed.

At our last inspection the provider had failed to ensure there were sufficient numbers of staff at all times to ensure people's needs could be met safely in line with the regulated activity. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- There were enough staff to meet people's needs in a responsive way. Since the last inspection staff recruitment had been ongoing and there was only one full time vacancy. Staffing levels at night had been reviewed and currently there were two waking night staff at this service which was kept under regular review.
- A staff member spoken with stated, "The staffing is so much better. A few months ago, it was a nightmare even working alone but now you're never alone. Even the assistant manager will come in. Since the last inspection extra staff have meant we can take people out so much more." Relatives spoken with agreed additional staff meant the service was more responsive to people's needs
- Rotas were planned to ensure shifts were covered and there were enough drivers to support people going out.
- Recruitment had improved and where people were being supported by agency staff, these were regular members of the team and knew people well.
- Staff recruitment processes were robust which helped ensure only suitable staff were employed and they had been vetted to ensure they had suitable references, right to work in the UK, and that a DBS check had been completed. 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. A full employment history and identification check was also carried out.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse as staff understood their needs and knew what actions to take if they suspected a person was subject to harm or abuse.
- The culture of the service had improved since our last inspection, and staff felt more empowered to raise concerns.
- Management teams were on site and monitored staff practice. Concerns were raised as appropriate to the safeguarding team and CQC. Families were also notified when applicable.

Using medicines safely

- Staff were trained and assessed as competent to administer people's medicines. There were enough medicine trained staff to ensure people received their medicines in a timely way.
- We observed medicines being administered and the staff member explained what they were doing and used appropriate Personal Protective Equipment (PPE). Staff told us no one member of staff was allocated to give medicines but agreed amongst themselves and then checked each other. This should be clearer so

there is a clear line of accountability should a mistake be made.

- Medicines were safely stored in people's rooms and given in a time sensitive way.

We reviewed peoples as required (PRN) protocols which gave information about how and when people should have their medicines, any side effects or specific instructions. This helped ensure people received their medicines as prescribed.

- Regular auditing and review of medicines helped ensure adequate stock and meant any errors would be quickly identified so appropriate actions could be taken.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were undertaken before admission and kept under review to ensure the appropriateness of the service in meeting these needs. Recent local authority reviews resulted in some changes in people's hours of support.
- Care plans and risk assessments helped inform staff what support and care were necessary. Management had good oversight of these and ensure staff appropriately recorded people's needs and this helped them to identify risk or changing or unmet needs.
- Guidance was available to staff which was in line with best practice. Policies were kept up to date to reflect any legislative changes in policy and procedure.

Staff support: induction, training, skills and experience

- Staff were supported on their 'Mencap Journey' with regular access to training and support. Staff spoken with felt training had improved recently and there was more face to face training and training around providing person centred care.
- Staff had opportunity to discuss all aspects of their work and personal development and reviews of their performance and career progression were being rolled out.
- Staff had been internally promoted and roles and responsibilities being clarified with the reintroduction of work placed champions being considered.
- A staff member who had previous experience of working in care told us they had a long induction. They said, "I have learnt a lot I feel really confident now. The training has made me comfortable."

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

At the last inspection we made a recommendation that the provider implemented an individualised monitoring arrangement for people's weight and maintains required weighing equipment.

- At this inspection we found improvements had been made. People were appropriately supported with their hydration and nutrition both were recorded so this could be monitored.
- Some people had specific requirements around the meals they could safely eat, and this was clearly documented with input from the speech and language team, the GP and dieticians where necessary. Staff were familiar with guidance around people's eating and drinking needs
- A person was asked do you like the food. They told us, "Yeah I like to cook, and staff cook too."
- Meal choices were promoted around mealtime and people were supported to shop for meals and be involved in food preparation in line with their abilities.

- Weights were monitored and discussed to rule out any weight or health related condition and actions were recorded where unintentional weight loss or weight gain was identified.

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

- Extensive refurbishment across the house had meant people now had a comfortable, safe space in which to live. Living standards had improved and were in keeping with people's needs. A relative told us, "The home feels more homely and refreshed."
- We visited the kitchen which was completely refurbished and found it was clean and tidy. Fresh food and homemade food were in the fridge and freezers and it was all spotless and all open food was labelled.
- Radiators were covered. The service was clean and newly decorated. Flooring had been replaced and was suitable for wheelchairs. Bedrooms were personalised and there was good signage. It had a homely feel with people's things spread about and two cats and fish which they all looked after.

Supporting people to live healthier lives, access healthcare services and support:

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and access health care services as required.
- Staff monitored people's health and sought support and advice as required. We saw a number of referrals had been made recently and staff were proactive in chasing these.
- Hospital passports and personal profiles were in place recording important information about people's needs and shared where necessary to help promote continuity of care.
- Oral health assessments were in situ and linked to best practice around oral health care.
- A relative told us communication had improved and routine appointments were scheduled without delay.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorizations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorizations were being met.

At the last inspection we made a recommendation that the provider assesses and records people's wishes, needs and preferences, in line with MCA and make best interest decisions.

At our latest inspection we found the provider had done so and was able to demonstrate how they had considered people's needs and preferences and acted accordingly.

- Staff promoted people's choices and involved them in decision making. Most people were subject to a deprivation of liberty (DoLS) and applications had been made and chased at appropriate intervals. Where a

person was not able to make an informed choice, decisions were made collectively in the persons best interest with the involvement of staff, other professionals and discussions with family. These were recorded to show how, and when decisions were made and kept under review.

- People gave consent for different aspects of their care. For example, one person's record stated how they made decisions and told staff how choices should be promoted which included repeating information and checking back their understanding of what had been said to ensure they had retained it.

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

- Staff valued people and enjoyed supporting them to achieve what they wanted to and in line with their plan of care. The manager gave examples of value recruitment and how they hoped to match people using the service and staff with similar interests so they could share experiences.
- Staff told us how they were listened to and had increased confidence to speak up for people where necessary and ensure they had equality of opportunity.
- Relatives had noted a change in the service and felt more involved and stated that their family member had gone out more and there appeared to be more staff. They felt management were responsive and felt less worried about the care being provided.
- Over both days of our inspection we observed staff offering and promoting choices to ensure people were spending their time as they wished.

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

- People were supported by staff who were familiar with their needs. Staff understood people's communication needs, routines and behaviours. They involved people in day to day decisions and involved people's families.
- Regular meetings were held with people to discuss what they wanted to do and day to day choices were promoted. People had clear objectives around what they wanted to do and achieve. These were measured to show progress towards achieving their goals.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do what they could for themselves and staff were mindful of people's needs and abilities. Staff told us they had seen a difference in people's behaviour as they were getting out more and trying new experiences. Staff told us people now went out regularly using both local resources and further afield. This helped to develop people's skills and promote their physical and mental wellbeing.
- Staffs observations and interactions with people were positive. Conversations were personalised evidencing that staff knew people well. People were given time to respond and given choices about what they wanted to do. Christmas preparations were underway, and people had recently celebrated Halloween.
- We spoke with two people and a family member who told us that staff were kind and the home was nice.
- We reviewed people's records and saw they contained respectful information about people's needs and how they wished to be treated. Language used by staff both written and oral was respectful, and we observed staff enjoying people's company.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At the last inspection the provider was not ensuring that people received personalised care, tailored to their individual wishes needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- Care plans were in place and kept under review. These were individualised and gave us a good oversight of people's needs: including physical and mental health care needs. 'An about me' showed at a glance important aspects staff should know before supporting the person. This was shared with other professionals on a need to know basis.
- Specific risks assessments were in place for any health care needs such as epilepsy so staff would know how to support people safely.
- We noted care plans described people's routines but there was nothing specifically in place around people's night care routines which were as equally as important as their day routines. This was discussed with the management.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Experiences have improved for people living at the service since our last inspection. Staff told us, 'People are always out now.' Day centres had reopened, and people were encouraged to go out locally and further afield and participate in both new experiences and engage in activities they had previously enjoyed.
- Holidays had been planned and staff said that they were noting a difference in people's mood and motivation now they were going out more. Families had said activities had improved and had been concerned that their family member had been depressed by not getting out regularly. Consistent staff, responsive management and planning had meant most days there were activities going on.
- Two people were keen to talk about a holiday they had to Cyprus and more recently a person had been to Great Yarmouth and had been involved in the holiday planning. They told us, "We had an apartment, went to the beach and arcades." They were happy to show us photographs of their trip.
- People were encouraged to maintain relationships with people important to them and we saw people participating in activities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had varying communication needs and training was being rolled out to help ensure all staff had effective skills in different communication methods. Some communication tools were being used such as using pictures as a frame of reference and giving people appropriate choices.
- Familiar staff were aware of people's communication needs and could respond to people's needs, this was more difficult for agency staff and it would be advantageous if they could receive additional support in this area. Staff were aware of when people's behaviour was unusual for them. People had communication plans, which provided a description of how people expressed themselves, such as they were in pain.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure which was accessible. Most people would need support to raise their concerns but were regularly involved in supportive conversations about the care and support they received.
- Staff acted in people's best interest but also recognised the importance of engaging with families and involving advocates where appropriate

End of life care and support

- Staff supported people as long as it was appropriate, and they were able to meet people's needs. Staff worked in conjunction with other health care professionals and sought advice.
- People's last wishes had been taken into consideration and recorded and wider family members had been asked for their input.
- Recently a person passed away this was an expected death, staff supported them whilst in the service and whilst in hospital. Everyone staff and people using the service attended the funeral and staff spoke fondly of the person and had dressed in the colour scheme of the persons favourite football team.

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.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and had improved the overall rating.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider had poor governance and oversight arrangements in place to maintain standards and drive improvement at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Quality assurance systems were in place and were effective in identifying concerns and actions to address them. Since the last CQC inspection there had been a change in management and nominated individual with a greater oversight and vision for this service. Remedial actions had been carried out and the care and culture had improved.
- A relative told us there were many complaints before about this service but since the last inspection report, lots of improvements had been made including 'management', 'the environment' and 'staff being less stressed.' A staff member told us, "Management at all levels are very approachable and supportive."
- Risks associated with people's care were effectively monitored and management had a greater involvement in the service and were empowering staff through support and training to record effectively and report any concern.
- The environment took into account people's needs and helped ensure people's safety could be upheld. Regular monitoring of people's needs helped to identify where the gaps were and how these could be rectified.
- Records were kept under scrutiny so any unidentified or changing need could be flagged up at the earliest opportunity. It also meant that any unprofessional conduct demonstrated through negative language could be quickly identified.

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

- The previous culture of the service was poor, and the service rated inadequate. All staff spoken with as part of this inspection told us things had improved and attributed this to responsive management, improved environment, working conditions and being able to support people out into the community much more.

- We observed respectful practice and communication and staff demonstrated an openness towards the inspection. Teamwork was improving with daily oversight and in the absence of management a shift lead was in place.

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

- People and families were involved in different aspects of the service and people had more control over their daily lives. Care reviews, house meetings and individual reviews were just a few ways people were involved.
- Quality was measured by what people achieved and staff had set goals with people which were measurable. Progress towards these were monitored and recorded.
- People were present in their local communities and were encouraged and supported to spend time with their families and friends.
- Recent surveys had been issued to people, families and staff get wider feedback. This hadn't happened with any regularity before, but families were aware of the previous rating and improvements being made.

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

- Incidents were monitored so lessons could be learnt and shared. We found staff and management were open. Mistakes were used to identify improvements in practice rather than used punitively. Greater accountability and understanding of the importance of records had empowered staff to take responsibility for what they did.
- The last inspection identified people had experienced poor outcomes of care for some time. The provider acknowledged this and worked hard to improve standards of care. The nominated individual at the time met with families to listen to their experiences and apologise, sharing with them the outcome of the CQC visit and plans to put it right.

Continuous learning and improving care

- The new manager and senior management team have worked hard to ensure all levels of the service provision has improved and people receive good outcomes of care.
- A robust action plan was in place and this was communicated with relatives and staff, so everyone was working to the same goal. Staff were pleased with the changes and said the changes had led to a person-centred culture of care.

Working in partnership with others

- Changes had been achieved in the service by greater partnership working particularly with families who now felt the service was more inclusive.
- A letter from a GP complimenting the staff demonstrated how much this service was improved and staff were more proactive and confident in raising concerns and accessing support on people's behalf.