

Royal Mencap Society

Royal Mencap Society - 25 Barossa Road

Inspection report

25 Barossa Road
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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

About the service

Royal Mencap Society - 25 Barossa Road is a residential care home providing accommodation and personal care support to up to seven people living with learning disabilities and/or autism and other physical and health related support needs. At the time of our inspection seven people lived in the home.

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

People and their relatives told us they felt safe with staff and in their home. Staff knew people well and supported them to stay well. Staff knew what to do if people were at risk of avoidable harm, abuse or neglect. There were enough staff to support people.

People received personalised support which considered their wishes, preferences, interests and involved others important to them. People were supported to eat and drink well, to access healthcare services when needed and to have their medicines safely as prescribed. Staff knew how to communicate with people effectively.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence; People told us they chose to live in the home and we saw staff supported people to be as independent as possible and respected their choices.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights; People were spoken with in a caring, kind and respectful way and given opportunities to express their views and to make their own choices. People had their privacy when they wanted to and staff supported them in a non-intrusive way. People were in control of their home and their lifestyle.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

Staff spoke about people and their team members in a positive and appreciative way. Staff felt supported by the management. People told us it was a nice place to live in and they liked staff.

The provider made sure staff carried out quality and safety checks in the home, so people were safe. The assistant manager had a good oversight of the support people received and ensured people accessed other health and social care services when needed. Improvements to the support and home environment were made based on people's feedback and provider checks.

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

Rating at last inspection

The last rating for this service was good (published 12 March 2020).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Royal Mencap Society - 25 Barossa Road

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Royal Mencap Society - 25 Barossa Road 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. Royal Mencap Society - 25 Barossa Road 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This 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.

At the time of our inspection there was a registered manager in post but the service was temporarily

managed by the acting manager.

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 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 used information gathered as part of monitoring activity that took place on 22 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We communicated with six people and three relatives of the people who used the service about their experience of the care and support provided. We spoke with four members of staff including the acting manager and support workers.

We reviewed a range of records. This included elements of five people's support plans and other care records, and multiple medicines records. We looked at recruitment checks for two staff members and staff training records. A variety of records relating to the management of the service, including quality and safety assurance checks, policies and procedures were also reviewed.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe in the home. One relative said, "Yes, [person] would soon let us know if they didn't feel safe." We saw people were confident and comfortable approaching staff and voicing their needs and preferences.
- Staff knew how to recognise and raise any concerns, so people were protected. Staff told us they would report concerns to the assistant manager or other senior managers, and they trusted action would be taken to safeguard people. Staff also knew who to contact outside of the home and told us they would approach social services if nothing had been done to address the concern.
- The provider had good systems in place around reporting and investigating any safeguarding concerns and reported them to the local authority safeguarding team. The assistant manager took action to minimise risks to people.

Assessing risk, safety monitoring and management

- People told us staff knew how to support them safely and we observed that. For example, staff knew how to help people to keep active to support their mobility, or how to care for their individual health needs. People's relatives confirmed this.
- People had individual risk assessments and other guidance in place so staff knew how to support them safely. People's risks around their home environment, daily activities, health needs, personal safety or finances were assessed.
- Staff knew people's risks and what to do to help them to keep well. We observed staff supported people in line with their risk assessments and proactively managed any changing risks, for example around people's mobility or health.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw people could find or ask for support and this was available, both at home and when wanting to go out. People and their relatives told us there were enough staff.
- Staff supporting people knew them well and were consistent. One relative said, "Yes, staff turnover is low and the staff that work with [person] have been there for years and know them well." We saw temporary staff supporting the home also knew people well and people had good rapport with them. Staff rosters were consistently managed and staff told us they could ask for support from management when needed.
- New staff were recruited safely and had to complete an application form and an interview before being employed. They also underwent a range of checks including DBS, references, right to work and identification checks. 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.

Using medicines safely

- People received safe support with their medicines and were encouraged to be independent. One person told us how staff supported them to manage their specific medicines and to monitor their health condition. Staff completed medicines administration records when supporting people and we saw this was done in line with the national guidance.
- People had individual medicines records which included information on their medicines, support needs around taking it, using homely remedies or 'when required' medicines. People were supported to have regular reviews with the prescribers to make sure their medicines were safe and worked for them. People we spoke with knew what medicines they were taking and why.
- Staff were trained in supporting people with their medicines safely and competency assessed by the managers. Staff knew what medicines people were taking, which ones were time sensitive and when to offer 'when required' medicines. People's records confirmed staff followed their support plans. Staff also carried out regular checks of the medicines stock and storage temperatures.

Preventing and controlling infection

- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. We observed some staff's face masks were not always fitting properly throughout the day and good infection prevention and control could be hindered in some instances by inappropriate clothing. We discussed this with the assistant manager who assured us they would address this with staff and monitor going forward. We have also signposted the provider to resources to develop their approach.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People told us they could have visitors coming in to see them when they wished to and staff would support them to keep safe from the risk of spread of any infections.

Learning lessons when things go wrong

- There were no incidents or accidents in the home recently. The assistant manager was aware of what action would be needed to investigate any if they happened and how to identify lessons learnt to prevent ongoing risks to people.
- Where medicine errors occurred, the provider took action to improve the support people received. For example, a meeting was held with staff where the provider's medicines management policy was discussed. We saw staff were now checking medicines administration records and medicines stock daily to minimise risks to people going forward.

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. The rating for this key question has remained 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

- People were supported to create a plan on what help they will need and when. People's abilities, wishes and preferences were discussed with them. People's relatives told us they were involved in these plans and asked to contribute and review them.
- The assistant manager was aware of the current national best practice and CQC guidance, including those relating to supporting people living with learning disability and autistic people. For example, they explained to us how by providing person-centred care they promoted choice, control and people's rights in line with the Right Support, Right Care, Right Culture.
- People were supported in line with the national guidance on restraint reduction or stopping over medication of people with learning disability. For example, people's medicines were regularly reviewed by a specialist, people had access to learning disabilities services and staff ensured they followed their advice.

Staff support: induction, training, skills and experience

- People told us staff knew how to support them and did it well. Staff we spoke with confirmed they were offered training and support and had to complete regular refresher courses. Staff also told us they had regular opportunities to talk to the manager and felt supported in their roles. One staff said about the management, "They are great, always there for you and you can always ask for help."
- Staff received a range of training, for example around health and safety, infection prevention and control, safeguarding or positive behaviour support. The assistant manager also ensured staff had access to specialist training available from local NHS partners which was relevant to people's individual needs.
- New staff completed induction training and were supported by the management to ensure they had the right skill set and were competent to support people. They also completed Care Certificate where relevant. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People told us they chose what they ate and enjoyed the meals in the home. We saw people were involved in preparing food and drinks and were enabled to be independent when they could do so.
- People had free access to drinks and snacks and were encouraged and supported to eat healthy. People spoke excitedly about eating out with their friends. One relative said, "I think [person] helps with planning meals and shopping, so I assume they eat the food they enjoy."
- People were supported to maintain a healthy weight and to contact dietician for guidance when needed. If people needed help to eat safely, for example due to risk of choking, appropriate guidance was in place

from speech and language therapist. Staff then helped people to follow specialist advice and we saw this brought good results for people.

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

- People told us they could access other healthcare services and staff knew how to help them. One person explained to us how they needed specific help and were regularly visited by a healthcare professional. They told us staff knew how to help as well and would inform the doctor of any changes. A relative told us, "[Person] is always taken to the GP or dentist when they need to go."
- People were helped to access a range of healthcare services, for example occupational therapy, dietician, dentist, optician or audiologist, GP, specialist hospital and community learning disabilities services. Staff advocated on behalf of people to ensure equal access and that they could get extra support, for example from specialist learning disabilities nurses when in hospital.

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

- The home was decorated and run by people, from the day to day routines to the décor of each room. People spoke proudly of their bedrooms and the home as a whole and were very vocal about the works which were needed and planned or ongoing to improve it. We saw people felt at home and each bedroom reflected the owner's personality and interests.
- People had access to the communal garden and accessible facilities in the home. Where needed, there were adaptations in their rooms to support safe mobilising. Further improvements were planned due to people's changing needs.

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.

- People were supported to express their choices and make their own decisions. Staff worked in line with the MCA. People told us they were always asked for their choices. We saw staff chatting with people before supporting them and encouraging them to choose for themselves. A relative confirmed this, "[Person] doesn't really do anything they don't want to."
- Where people needed support to make decisions, they were helped to gain a better understanding of the matter. The assistant manager explained to us videos, individual chats and easy read information were used to enable people to decide.
- Staff applied for DoLS when appropriate and took part in best interests' decision making process where relevant for people. Staff ensured they advocated on behalf of people and supported them to express their wishes. People could access independent advocacy or support of their family and friends and staff were able to facilitate that appropriately.

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 good. The rating for this key question has remained 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

- People told us staff were kind and listened to them. One person said, "Oh, they are nice people." We saw people had positive relationships with staff supporting them and even gave them endearing nicknames at times.
- Staff addressed people with respect and valued their individual qualities. For example, staff we spoke with were able to tell us what they appreciated about people, such as making others feeling welcome or being hardworking. We saw staff talked with people in a patient, understanding and encouraging way.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were involved in their support and told us what their plans were, what they wanted to do and how staff supported them to do so. For example, we saw staff discussing with one person their personal shopping and what they needed before they went to town together. Some people were going out on their own and staff respected their privacy and independence at the same time being available to support them to stay safe.
- People we spoke with knew what was in their support plans. Staff confirmed people were involved in meetings about their care and support. Where appropriate, people's family and representatives were also consulted. One relative told us, "I do go to the annual review." □
- People had access to private space which was respected by staff. Staff knew when to give people space and time for themselves and were not intrusive in offering support. Staff supported people in a way which promoted their skills. For example, people were proudly explaining to us how the housework was organised to everyone chipped in and it was distributed fairly. Such matters were also discussed during house meetings where people were asked about ideas, comments and suggestions.

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 good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People told us they were living the life they wanted and they received personalised care, hence they felt settled. One relative told us why they thought support was personalised, "Because [staff] have been working there a long time and they know [person] well."
- People's support plans included information on what was important to them, what their interests and preferences were, what their good and bad day looked like. For example, one person's preferences were different than the others. Staff knew that and tailored the support they provided in a way that respected this person's choice.
- People were consulted around any changes and supported through times that were difficult for them. For example, people had a say around what they wanted to do on a daily basis and which places they wanted to attend. People were also supported to have what they needed when they were unwell. For example, one staff explained to us how they discussed with a person what would bring them comfort and supported the person to have those items with them in a hospital.

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 chose how they wanted to communicate and staff supported them to do so freely and effectively. Staff were aware of different methods of communication, such as signing, photos, object of reference, easy read materials.
- Some people chose to communicate verbally in a way best suited for them, some used signs or objects of reference and were supported to do so. Others found short videos useful to understand certain events and to comment on their wishes.
- Each person's communication needs were described in their support plan so staff knew how to support them best. This included how people expressed their physical needs as well as emotions. Where people showed how they were with their behaviour, staff knew about it and could recognise when the person needed support, for example when in pain.

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

- People living in the home knew each other well and formed friendships. For example, some people had

similar interests and we observed them chatting about it. People told us they liked spending time together and we saw staff supported people to reach consensus and enjoy their time respecting each other's wishes when needed.

- Staff also supported people to maintain good relationships with others and to keep in touch with people important to them, such as family, friends or partners. People also talked about going to church or to vote and told us they would be able to do so and could access support.
- People received support to go out, to attend local groups and centres and to follow their interests. Staff valued people's talents and input. For example, where people had particular interest in music, art, or sports, staff talked about it, praised their expertise and incorporated their interest into the wider events organised for everyone in the home.

Improving care quality in response to complaints or concerns

- The provider had clear information accessible to people on how to raise a complaint. This was also regularly discussed with people during house meetings. People told us they had no complaints about their support. People's relatives confirmed that. One relative told us, "I've got no concerns."
- There were no complaints raised with the assistant manager in the recent months. The assistant manager knew how to record and respond to complaints. They also told us how they would work with people and their representatives to reach a satisfactory resolution.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they felt at home and liked the support they received. They told us they were not bored and spoke animatedly about things they were interested in. Where people needed specific health support, staff organised that for them and helped them to keep well which brought good outcomes to people who were mainly older adults.
- The assistant manager was able to clearly explain to us how they continuously improved the support people received. For example, as people's mobility and health had changed throughout the recent years, staff had worked with healthcare professionals to address that to make sure people were safe and well. They also implemented a new daily support recording system which staff commented was helpful to save time and to improve how people's support was monitored. It was also more environment friendly.
- The assistant manager had a clear plan of what they needed to address to ensure continuous improvement of the service. For example, they were in the process of reviewing people's support documentation to streamline the records to ensure consistency. This was in order to transfer it to the new electronic system which would enable better monitoring of the quality and safety of daily support. We saw that work progressed in the recent months and staff were assigned additional training to build their skills in risk assessing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 assistant manager was clear about their role and responsibilities. People knew them well and were freely approaching them with questions and queries. The management monitored people's support and their care documentation was reviewed by the assistant manager when people's needs changed.
- Staff completed a range of safety checks in the service, including infection prevention and control, fire safety and health and safety checks. The findings of those checks were actioned and we saw changes were made when necessary or issues escalated and resolved.
- Where needed, the provider notified CQC about important events in the home. Although there were no incident or accidents, the assistant manager knew about the importance of working in an open and transparent way and people's relatives told us they would be informed about any untoward events in the home.

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

characteristics; Working in partnership with others

- People were involved in the home. There were regular house meetings held in a format which people could engage in. We saw their feedback was actioned and people were discussing their views freely. People told us staff listened to them.
- The provider undertook satisfaction survey and was regularly gathering feedback from people, their representatives and others involved in the home.
- Staff told us they felt supported and listened to and they could approach the assistant manager with any suggestions and ideas which would be considered and implemented if they improved people's experience and staff's work. For example, when they were worried about person's health the management supported them to make appropriate referrals to other professionals.
- The home worked in partnership with other local services, including healthcare, social care and learning disabilities community services. People could access a range of services and opportunities to remain well and live the life they wanted. Where needed, the home worked with social services to increase people's support to enable them to do what they wanted.