

Royal Mencap Society

Royal Mencap Society - 12 Wales Street

Inspection report

12 Wales Street
Rothwell
Kettering
Northamptonshire
NN14 6JL

Website: www.mencap.org.uk

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06 April 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Royal Mencap Society – 12 Wales Street 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.

Royal Mencap Society – 12 Wales Street is registered to provide support to four adults with learning disabilities and physical health needs. At the time of our inspection, two people were receiving support from the service.

At our last inspection on the 24 February 2016, we rated the service "Good." At this inspection we found that the service 'Required Improvement'.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The quality assurance processes in place to monitor the quality and safety of the service and drive improvement required strengthening. Audits had not resulted in sufficient action to mitigate risks to people's health and safety. Health and safety checks had not been carried out as scheduled and staff did not consistently adhere to environmental fire safety measures. Records relating to medicines stock levels were incomplete and did not allow this aspect of medicines to be audited effectively.

The provider had recognised that the environment at 12 Wales Street was no longer suitable to meet people's needs. People, their relatives and staff had been consulted and people were due to move to alternative accommodation in June 2018. The provider informed us that they would then apply to remove 12 Wales Street from their registration.

Staff understood their responsibilities to keep people safe from harm. Safeguarding procedures were in place and staff understood their duty to report potential risks to people's safety. Staffing levels ensured that people's care and support needs were safely met. Safe recruitment practices were in place.

People received their medicines as prescribed and risk assessments were in place to manage risks within people's lives. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff induction training and on-going training was provided to ensure that staff had the skills, knowledge and support they needed to perform their roles. Staff had regular one to one supervisions.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

People were encouraged to make decisions about how their care was provided and staff had a good understanding of people's needs and preferences. Staff treated people with kindness, dignity and respect and had spent time getting to know them and their specific needs and wishes.

Staff supported people to access healthcare professionals, and encouraged them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement. The provider had a process in place, which ensured people could raise any complaints or concerns.

At this inspection, we found the service to be in breach of one regulation of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The actions we have taken are detailed at the end of this report.

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 has deteriorated to Requires Improvement

Improvements were required to ensure that health and safety checks were carried out as scheduled and arrangements were in place to mitigate environmental risks.

Procedures were in place to ensure that people received their medicines as prescribed. However, records of medicines stock levels required improvement.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Individual risk assessments were in place and were reviewed and managed in a way which enabled people to receive safe support.

Requires Improvement ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Requires Improvement

The quality assurance processes in place required strengthening to ensure sufficient oversight of the service.

A registered manager was in post; they encouraged a culture that was positive and supportive of people and staff.

People, their relatives and staff were encouraged to contribute to the running of the service and their feedback was valued.

Requires Improvement ●

Royal Mencap Society - 12 Wales Street

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This second comprehensive inspection took place on the 29 March and 6 April 2018. The first day of the inspection was unannounced and we spoke to a relative on the telephone on the second day.

The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in October 2017 and we considered this when we made judgements in this report.

We also reviewed other information we held about the service, including statutory notifications that the provider had sent us; a statutory notification is information about important events, which the provider is required to send us by law. We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people, which are paid for by the local authority. We also contacted Healthwatch; an independent consumer champion for people who use health and social care services.

During our inspection, we viewed the accommodation and facilities used by people and observed the interaction between people and the staff in the communal areas. We spoke with two people who used the service and the relative of one person on the telephone. We spoke with four members of staff including support workers, the registered manager and area manager. We looked at two people's care records and

three records in relation to staff training and recruitment. We also looked at other records related to the running of the home and the quality of the service provided. This included medicines records, quality assurance audits, maintenance schedules, training information for staff, and arrangements for managing complaints.

Is the service safe?

Our findings

People could not be assured that the environment they lived in was always safe. Health and safety checks were in place; however, these were not always carried out consistently. Water temperature checks were scheduled to be carried out monthly, however many areas had not been checked since December 2017. Fire alarm checks were scheduled to be carried out weekly, however records showed that these had not been carried out from 22 August 2017 to 4 October 2017. The registered manager explained that this was because staff thought there was a fault with the mechanism required to carry out the check. There was no fault but sufficient timely action had not been taken to investigate this. Fire safety checks had not identified that some of the doors to communal areas had been propped open manually. These doors would not close in the event of a fire at the property placing people and staff at increased risk of harm. These concerns were discussed with the registered manager, who recognised the need to ensure that staff did not prop doors open and that health and safety checks were carried out as scheduled. The registered manager took immediate action to ensure that doors were not manually propped open and assured us that they would address these concerns directly with all staff working in the service.

The bath hoist currently used by one person had been due an external safety check in January 2018, this had not been undertaken; this safety check is a legal requirement for equipment that is used to lift people. These concerns were discussed with the registered manager who arranged for the external safety check on the hoist to be undertaken.

The provider had a policy in place to guide staff in the receipt, storage, administration, recording and disposal of medicines. However, improvements were required to the recording of stock levels of medicines in the home. The procedure in place to record stock levels of medicines was unclear and had not been consistently implemented; meaning there was no clear record of the medicine quantities held in the home. This was discussed with the registered manager, who agreed to ensure staff followed clear processes to record medicines stock. Staff had received training in medicines administration and their competencies were tested regularly. Staff had detailed knowledge of people's medicines and people received their medicines as prescribed.

People using the service and their relatives continued to feel safe with the support they were receiving. People we spoke with told us that they felt safe and comfortable with staff. One person said, "The staff are very nice, they do good work." The person's relative told us, "We've always been happy with the way [person's name] has been treated, all the staff are very good." Staff were aware of safeguarding procedures and had received training in this area. One member of staff said, "I would report to the manager, if I had to go outside I would report it to CQC, (Care Quality Commission). I know about whistleblowing, we have a policy for that."

Staff worked with people consistently and told us that they felt competent to support people to manage risks in different areas of their lives. One member of staff said, "There is always someone here to support [people's names] and we do everything we can to keep them safe." People had risk management plans in place to mitigate risks and facilitate positive risk taking. For example one person had agreed to have a

sensor mat on the floor next to their bed so that staff would know when they got up and required support to minimise the risk of them falling. Risk management plans covered all areas of people's lives including, social activities, health conditions and personal finances. We saw that assessments were completed in a way which promoted people's choices and independence.

There were enough staff to support people safely. One person's relative told us, "There are plenty of staff to help [person's name] to do whatever they want to do." Staff said they felt there were sufficient staff to meet people's needs and contingency plans were in place to manage unplanned absences. One member of staff told us, "Yes, there are enough staff and we have relief staff who can step in if needed." We observed sufficient numbers of staff on shift during the inspection. We saw that the service carried out safe recruitment procedures to ensure that all staff were suitable to be working at the service. All the staff files we viewed contained evidence that criminal records checks and satisfactory references were in place before staff began work.

All staff understood their responsibilities to record and investigate any accidents and incidents that may occur. Where incidents had occurred within the service, these were reviewed by senior staff and action taken as necessary. We saw that updates on people's care were regularly shared within the staff team to enable learning and improvement around people's safety. Records were updated to reflect any changes in people's behaviour to enable staff to support people in the safest manner possible.

The home was clean and free from any unpleasant odours. There was information around the home for people, staff and visitors in relation to infection control. Cleaning schedules were in place to ensure that regular cleaning took place. Staff were trained in infection control as part of their induction and had the appropriate personal protective equipment to prevent the spread of infection.

Is the service effective?

Our findings

People's care needs were assessed to identify the support they required. The service had not received any new admissions since the last inspection; however, appropriate arrangements were in place to ensure people's needs would be assessed before the service agreed to provide their care and support. The assessment process covered people's health, medical, social and communication needs.

Staff had a good knowledge and understanding of the needs of the people they were supporting. One person's relative said, "I can't speak more highly of the staff, they know [person's name] so well."

All new staff undertook a thorough induction programme. New staff received an induction, which included classroom taught training courses and shadowing experienced members of the staff team as they got to know the people living at the home. Staff did not work with people on their own until they felt confident to undertake the role. The provider's induction incorporated the Care Certificate, which covers the fundamental standards expected of staff working in care.

Staff received on-going training and supervision to enable them to confidently and competently support people. One member of staff said, "I had lots of training when I first started and we re-do training in things like safeguarding and medicines regularly."

People were supported to maintain a healthy and balanced diet and we saw that people were offered extra drinks and snacks throughout the day. Any special requirements people had, for example, special diets or modified crockery were clearly documented within care plans. For example, if people required a particular diet due to being diagnosed with diabetes or required equipment such as a plate guard to assist them to eat independently. People were involved in deciding what meals they had each day and staff had a good knowledge of people's likes and dislikes.

People were supported to access a wide variety of health and social care services. Staff had a good knowledge of other services available to people, including multi-disciplinary health and social care services such as podiatry, speech and language therapy and the community learning disability team.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. Staff that knew people well were available to accompany them to healthcare appointments and provide support. We saw that the outcome of healthcare appointments were documented clearly in people's care files, as well as any required action that staff needed to take to ensure people's continued wellbeing.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA 2005). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care records contained assessments of their capacity to make decisions for themselves and consent to their care. These assessments accurately reflected people's needs but would benefit from more regular review; this was discussed with the registered manager during the inspection. Staff sought people's consent before providing any support and offered explanations about what they needed to do to ensure the person's care and welfare.

The provider had recognised that as people's needs had changed the structure and layout of the home was no longer suitable. There were elements of the design of the premises, which posed a risk to people's safety and limited their independence. In consultation with people and their relatives, the provider had sought alternative accommodation for them and people were due to move out of their current accommodation in June 2018. The provider would then apply to remove 12 Wales Street from their registration. The registered manager told us that people had visited their new home and would be involved in decorating and furnishing this. Whilst people remained at 12 Wales Street, the provider had suitable risk assessments and staff support in place to maintain their safety and well-being.

Is the service caring?

Our findings

Staff treated people with kindness, respect and compassion. We observed good interactions between the people and staff and people clearly felt comfortable in the company of staff. People told us that they had positive relationships with staff, one person said, "I like it best here because of the staff." Another person's relative said, "The staff are brilliant with [person's name]."

Staff supported people to maintain relationships with the people who were important to them, One person's relative told us, "[Person's name] is able to come and visit us, the staff come with them and stay to support whilst [person's name] is here."

People's individuality was respected. Care plans contained detailed information to inform staff of people's past history, likes and dislikes, their preferences as to how they wished to be cared for and their cultural and spiritual needs.

People's choices in relation to their daily routines and activities were listened to and respected by staff. One person told us that they enjoyed going out for dinner, they told us that staff supported them to do this as much as they wanted to. We saw that staff knew the type of music people liked to listen to, ensured they had the opportunity to listen to this and talked enthusiastically about people's choices. We observed interactions between staff and people and saw that people were given the time they needed to express themselves and make decisions.

People had access to advocacy services, to support their right to have choice and control over their lives and be as independent as possible. No one currently using the service required an advocate, but the registered manager had a good understanding of how to access advocacy services on behalf of people. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

The privacy and dignity of each person was respected by all staff. We saw that people's personal care was discreetly managed by staff so that people were treated with compassion and in a dignified way. Staff spoke to people in a respectful manner and asked their permission to provide support. Care plans outlined how people should receive care in a dignified manner.

People were supported to be as independent as they were able to be; staff encouraged each person to achieve as much as they could by themselves. People living at the service attended a day centre and staff communicated with staff at the day centre to ensure people got the most out of their time there.

Is the service responsive?

Our findings

People had individualised care plans, which detailed the care and support they required; this ensured that staff had the information they needed to provide consistent support for people. Throughout our inspection, we observed that staff supported people in accordance with their care plans. People were involved in the assessment and planning of their care through regular reviews. Care plans clearly demonstrated that people had been central to deciding how their care and support would be provided.

The provider was aware of the protected characteristics under the Equality Act; their policies and guidelines reflected this. The culture of the organisation was open to providing care that met people's needs without the fear of discrimination about their age, sex, culture or religion and this was reflected in the care planning process.

People were supported and encouraged to follow their interests and take part in activities. People had been supported to develop person centred plans and were encouraged to identify goals and activities that they hoped to accomplish. Records showed that people had been supported to achieve the things they had identified. For example, going to the seaside for the day or seeing a particular theatre show.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, pictorial menus were available to show people what meals were planned on a daily basis. One person's care plan described how staff used pictures of reference to minimise the person's anxiety when making choices.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. One person's relative told us that they had made a complaint in the past and they had been happy with the way this had been dealt with. The service had a clear complaints procedure in place; all complaints were logged and investigated by the registered manager, who provided the complainant with an outcome of their investigation. Information regarding how to make a complaint was provided in different formats to support people's understanding.

The service was not providing end of life care to anyone at the time of our inspection. However, the area manager was aware that this may be an area where staff would need development in the future. They were sensitive towards the needs of people in relation to end of life care and told us that they were currently looking at training for staff in this area.

Is the service well-led?

Our findings

At the previous inspection in February 2016, we rated 'Well-led' as 'Requires Improvement'.

At this inspection, 'Well-led' continues to be rated 'Requires Improvement'. At the time of our previous inspection, there was no registered manager in place at the service, although the manager in post had applied to register as manager. At this inspection, we found that the manager had now registered with the Care Quality Commission (CQC). Alongside 12 Wales Street, they were also the registered manager for another home in Kettering, as well as providing managerial oversight of a supported living service run by the provider. Staff told us that the registered manager spent on average two days a week at the service. The home was run on a daily basis by support workers who could access support from senior staff via telephone in an emergency.

Improvements were required to the quality assurance systems in place to monitor the quality and safety of the service. The registered manager carried out audits to monitor quality and safety however, these were not always effective in identifying shortfalls and driving improvements. Audits had not identified that internal safety checks were not implemented as scheduled or that lifting equipment used to support people to bathe had not been checked as required by legislation. Staff in the service were not adhering to safe practice in relation to fire safety; however this had not been addressed. Improvements were also required to the recording of stock levels of medicines in the home to ensure that staff had access to accurate, up to date information regarding the amount of medicines that were held for people.

These concerns constitute a breach of Regulation 17: Good governance (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other arrangements in place to monitor the quality of the service that people received were effective, as regular audits had been carried out by the senior management team and registered manager; for example accidents and incidents and people's care records.

Staff said the registered manager was supportive and approachable. One member of staff said, "[Registered manager] is friendly and helps us to do our job." Staff also confirmed that there continued to be a positive culture that emphasised teamwork. Staff told us that they felt valued and that their effort and contribution towards providing people with the care they needed was recognised by the registered manager.

The service had an open culture where staff had the opportunities to share information; this culture encouraged good communication and learning. One member of staff said, "We are always able to get help and support from the senior staff." We saw minutes of team meetings held, and these reflected an open and transparent culture with discussions about people's needs, the move to the new house and the support that was in place for staff.

People's experience of the service, including that of their relatives, continued to be seen as being important to help drive the service forward and sustain good quality care and support. We saw records of

questionnaires that had been sent to people's relatives, and one to one meetings with people where they had been asked for their feedback on the service. All the feedback that we viewed was positive.

The registered manager reviewed the quality of care people received on an on-going basis. They spoke with people about their experiences and periodically worked alongside staff to check they were working in line with good practice.

The service worked in partnership with other agencies in an open honest and transparent way. Staff maintained positive relationships with external health and social care professionals, as well as commissioners of the service. They continued to support external professionals to have access to the information they required and to use feedback from them to sustain a good quality service. Safeguarding alerts were raised with the local authority when required and the service ensured any learning required was disseminated to all staff.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required. The registered manager was aware of the responsibility to submit notifications and other required information to CQC and had provided the appropriate information when required.

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 The provider did not have sufficient arrangements in place to monitor the quality and safety of the care and support provided in the home. 17 (1) (2) (a) (b)