

Royal Mencap Society

Royal Mencap Society - 9-10 Jutland Place

Inspection report

9-10 Jutland Place
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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 - 9-10 Jutland Place is a care home without nursing registered to accommodate up to 8 people with a learning disability and/or autism spectrum conditions. There were 7 people living at the home at the time of our inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

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

Right support

People's care was provided in a safe, clean, and well-maintained environment. Staff managed risks well to keep people safe. People's medicines were managed safely and staff supported people to access healthcare services when they needed them.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests and to achieve their goals. Staff supported people to take part in activities, to access their community, and to maintain relationships with their families.

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 care

There were enough staff available to meet people's needs and keep them safe. Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed. People were supported by consistent staff who knew their needs well. Relatives told us the home was a family-oriented and supportive environment which their family members enjoyed.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. People were supported to be as independent as possible and to develop and maintain skills. People could communicate with staff and understand information given to them because staff supported them

consistently and understood their individual communication needs.

Right culture

The manager and assistant manager promoted a culture in which staff valued people's individuality and protected their rights. The views of people who lived at the home, their relatives and staff were sought and listened to. Staff knew people well and were responsive to their needs and wishes.

Staff felt well-supported and had opportunities to contribute to the development of the service. Monitoring systems were effective in keeping people safe and ensuring they received good quality care. The manager and staff had established effective relationships with other professionals involved in people's care.

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 16 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 - 9-10 Jutland Place

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 Care Act 2014.

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

One inspector carried out the inspection.

Service and service type

Royal Mencap Society - 9-10 Jutland Place 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 - 9-10 Jutland Place 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 not a registered manager in post. The manager had previously been

registered as manager for the service but had left their post and cancelled their registration in February 2023. The manager had rejoined the service on 1 May 2023 and planned to submit an application for registration.

Notice of inspection

This inspection was unannounced.

What we did before 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 all of this information to plan our inspection.

During the inspection

We spoke with 2 people who lived at the home, the service manager, the assistant service manager, and 2 members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We received feedback from 3 relatives and 2 professionals about the care and support provided.

We checked 2 people's care records, including their risk assessments and support plans, recruitment records for 2 staff, and records of training and supervision. We also reviewed health and safety records, quality audits, meeting minutes, the service improvement plan, business continuity plans, and the arrangements for managing medicines.

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.

Staffing and recruitment

- There were enough staff with appropriate skills on each shift to keep people safe and meet their needs. Agency staff were used regularly to cover vacancies on the permanent staff team. The manager had minimised the impact of this on people's support by block-booking agency staff to work regularly at the home.
- One person received one-to-one support due to a recent increase in their needs. The most recent local authority review found this support was important in enabling the person was to access the community, which was important to them, and that the support was provided flexibly according to the person's needs.
- The provider operated safe recruitment procedures and made pre-employment checks before appointing staff, which included obtaining references and a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff received training on how to recognise and report abuse and knew how to apply it.
- When concerns had been raised, the manager had responded appropriately, and in an open and transparent way. For example, when a concern had been raised in June 2022 about the way in which a member of agency staff supported a person, the manager had notified CQC and the local authority safeguarding team. The manager had provided all additional information requested by the safeguarding team, which concluded that appropriate and proportionate steps had been taken to investigate the concerns and keep people safe.

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

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed risks effectively. Relatives told us staff managed risk well and in a way that minimised restrictions on people. A relative said, "The staff make it a safe and happy place for the residents to live."
- Risk assessments had been carried out in areas including falls, communication, eating and drinking, and accessing the community. Where risks were identified, management plans had been developed to minimise these. Staff were aware of measures to reduce risks and ensured these were followed to keep people safe.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Fire drills were carried out regularly, and the fire alarm system had been serviced by an engineer in May 2023. The fire risk assessment for the home was due for review, which the manager told us was scheduled for 4 July 2023.
- The provider had developed a business contingency plan to ensure people would continue to receive their

care in the event of an emergency, such as staff shortages, failure of environmental services, or damage to the property.

- Any incidents that occurred were recorded by staff and reviewed by managers to identify learning and any emerging themes. The provider had a critical incident reporting system, which ensured that records of incidents were reviewed by senior managers.
- There was evidence that effective action had been taken following incidents to address their causes and reduce the likelihood of a similar incident happening again. For example, the provider's positive behaviour support (PBS) team had worked with staff to develop PBS plans for 1 person, which helped staff identify potential triggers for behaviours and implement effective de-escalation techniques.

Using medicines safely

- People's medicines were managed safely. A healthcare professional told us they reviewed people's medicines twice a year, and described the management of medicines at the service as, "Good", saying, "They have strict protocols and policies."
- Staff received medicines training and their competency was assessed before they were authorised to administer medicines. Each person had a medicines profile which contained information about the medicines they took, their purpose, and any individual instructions for administration. Medicines profiles also contained protocols for the use of any medicines prescribed 'as and when required' (PRN).
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- There were appropriate arrangements for the ordering, storage and disposal of medicines. Medicines were audited regularly and indicated that medicines were managed and administered safely. The medicines administration records we checked were complete and up to date. Body maps were used to record any topical medicines (creams) administered.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people's friends and families could visit whenever they wished.

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.

Staff support: induction, training, skills and experience

- Staff had access to the training and support they needed to carry out their roles. This included training in areas relevant to people's needs, such as learning disabilities, autism, positive behaviour support and effective communication. All staff were expected to achieve the Care Certificate, a nationally agreed set of standards that define the knowledge, skills and behaviours expected of staff in the health and social care sector.
- Relatives told us staff had the skills and experience needed to provide their family members' care. A relative said, "All the staff are skilled to care for [family member], including the agency staff." A professional told us, "As far as I am aware, Mencap offer training for staff to ensure they are up to date and can offer the best care possible."
- There was an induction programme for new staff, which staff told us included shadowing colleagues to understand people's needs and how they preferred their care to be provided.
- Staff attended regular one-to-one supervision sessions, which they said were useful opportunities to discuss their roles and professional development. One member of staff told us, "Our progress is discussed and if there is anything we can improve on, if we need any extra training. Any feedback we get is always constructive."

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

- People's needs had been assessed before they moved to the home to ensure it was suitable for their needs. People's needs were reviewed regularly to take account of any changes and ensure their support reflected their needs and preferences.
- People's support plans were personalised, holistic and reflected their strengths as well as their needs. Support plans also recorded people's goals and aspirations and plans for how these could be achieved.

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

- Records demonstrated that people had been supported to access healthcare professionals to maintain good health, including oral health. Staff made referrals to healthcare professionals where necessary, and worked well with other professionals involved in people's care. A healthcare professional told us, "I think the care physically, medically, and from a holistic point of view is very good."
- Staff monitored people's health effectively and were observant of any changes in their needs. A relative told us staff had noticed their family member was unwell, which meant their family member received the treatment they needed. The relative said, "They got [family member] to see the doctor and he said she needed to go up the hospital. If she was at home with us, we might not have noticed."

- The relative told us staff had supported their family member well during their treatment and recuperation, saying, "One of the staff went with [family member's father] so [family member] had someone with her. She was only in hospital a night and they took her back home. They were marvellous during her recovery; she was treated like a queen."

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

- People were encouraged to make choices about what they ate and to be involved in meal preparation. Menu planning for evening meals was discussed at house meetings, and people were supported to choose what they wanted to eat for breakfast and lunch on a day-to-day basis. People could have a drink or snack at any time and were given guidance from staff about healthy eating.
- Some people needed their meals to be specific textures to enable them to eat safely. Guidance for the preparation of texture-modified meals had been provided by a speech and language therapist and was followed by staff.

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

The Mental Capacity Act 2002 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care was provided in line with the MCA. Assessments had been carried out to identify whether people had the capacity to make decisions about their care and treatment. If people lacked the capacity to make informed decisions, the service ensured they had access to appropriate support when decisions that affected them were made.
- Staff attended training in the MCA and understood how its principles applied in their work. Staff told us they sought people's consent before providing their support on a day-to-day basis, and our observations confirmed this.
- Staff empowered people to make decisions about their care and support wherever possible. Where necessary, assessments had been carried out to establish whether people had capacity to make informed decisions about their care and treatment. If people lacked capacity to make informed decisions, staff had followed appropriate procedures to ensure decisions were made in people's best interests.
- Applications for DoLS authorisations had been submitted to the supervisory authority where people were subject to restrictions to keep them safe, such as not being able to leave the home unaccompanied and constant supervision by staff.

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

- People's bedrooms were personalised and reflected their individual tastes and interests. The communal rooms of the home were clean, welcoming and homely, and included a kitchen, lounge, conservatory /

dining area, and 3 shared bathrooms.

- Some adaptations had been installed to support people's mobility, such as grab rails in the bath and handrails on the stairs. Symbols had been placed on the drawers and cupboards in the bedroom of a person who was living with dementia to help them remember where their clothing was kept.

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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff showed a genuine interest in people's well-being and quality of life. They treated people as equals and created a warm and inclusive atmosphere.
- Relatives told us staff were caring and friendly. They said their family members had developed positive relationships with the staff who supported them. One relative told us, "The staff are lovely, they support the residents really well." Another relative said, "We know [family member] is happy there; she shows excitement when she sees the staff."
- Relatives told us the home had a homely, family atmosphere which their family members enjoyed. One relative said, "[Family member] is really settled there. He gets on very well with the staff and the other residents. It is a lovely atmosphere; it is lovely to walk into." Another relative told us, "It is very homely, that is what I like about it."
- Relatives said they were encouraged to be involved in the life of the home and that staff supported their family members to maintain contact with them. One relative told us, "They have barbecues in the summer, the families are invited, and we can visit whenever we like; we don't have to phone." Another relative said, "The staff will walk [family member] round to us whenever he wants to visit."

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

- Staff supported people to make choices about their day-to-day lives and how they spent their time. Each person met regularly with a member of staff to set and review their goals and to plan the activities they wished to take part in.
- Relatives confirmed staff treated their family members with respect and maintained their dignity when they provided their care. People could have privacy when they wanted it and staff respected their right to spend time alone if they wished. A healthcare professional told us, "The staff I have worked with know the residents very well and I have always found them to be caring and compassionate and treat people with dignity and respect."
- Staff understood the importance of promoting independence and supporting people to develop and maintain the skills of daily living. People were encouraged to be involved in the routines of the home, such as cooking, cleaning, and managing their laundry. Staff said people usually made their own packed lunches when they attended the day centre.
- Relatives told us staff encouraged their family members to be independent. One relative said, "We have noticed [family member] is more independent than when she was at home with us. She likes to help around

the home and in the kitchen. They encourage that if she wants to do it. They don't push her, but they guide her." Another relative told us, "They try their best to help [family member] be independent as much as they can. They encourage him to do things."

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's care and support was planned to meet their individual needs and preferences. Personalised support plans had been developed for each person, which recorded their strengths and goals as well as their needs. Support plans were reviewed regularly to ensure they continued to reflect people's needs and wishes.
- Staff were committed to supporting people in a way that focused on their quality of life outcomes. They spent time with people understanding how their goals and wishes could be achieved. A relative told us, "They understand [family member's] likes and dislikes, and encourage her to make good choices."

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 had access to activities they enjoyed, including attending a day centre, a weekly social club, going shopping and eating out. Each person had an individual plan which recorded the activities they took part in each week. Staff knew the activities people liked to take part in and told us about recent and planned trips.
- Relatives told us staff supported and encouraged their family members to enjoy activities and to engage with others. One relative said, "They do reflexology with [family member], they go out with her and they have a bit of lunch. She is as active as she wants to be. There was a period when she did not want to go out, but with gentle encouragement from them she is going out more again now. She used to like swimming; they are trying to get her back into it. It is all encouragement in that house."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people living at the home did not use speech to communicate, instead using signs and gestures to express their needs and feelings. Relatives told us staff had developed an understanding of their family members' individual communication methods, which enabled them to respond to people's needs and wishes. One relative said, "[Family member] does a form of Makaton, but she also communicates with gestures and facial expressions. They understand her." Makaton is a communication tool which uses signs and symbols to help people communicate. Makaton training had been provided for staff in the past, and further training was planned, as some staff had started work since the last training had been delivered.
- Staff ensured people had access to information in ways they could understand. The manager told us staff

had used a range of different tools to support people's understanding of planned activities to establish which worked best. These tools included objects of reference, picture cards, videos, easy-read material, and social stories. Staff also had access to the Disability Distress Assessment Tool (DisDAT), which is designed to enable staff to recognise the signs of illness or distress in people with limited ability to communicate.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which set out how any complaints would be managed. People were encouraged to speak up about any concerns or complaints they had at regular house meetings.
- Neither of the relatives we spoke with had complained, but both they said they would feel comfortable raising concerns and were confident these would receive an appropriate response. One relative told us, "I have got no complaints, but if there was a problem, I know I could phone up and it would be dealt with."

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

- Relatives and professionals provided positive feedback about the way in which the service was managed. A professional told us, "The home is well managed, and I have never had any concerns about the home." A relative said, "[Manager] is a good manager, and I'm pleased she is back. She is proactive, genuinely cares, and is keen to improve the home."
- Relatives told us they were happy with communication from the service. They said they were kept up to date about any incidents affecting their family members and that the manager made themselves available if they wished to discuss any aspect of their family members' care. One relative told us, "They let me know what is going on with [family member], and I know I can always call if I need to." Another relative said, "[Manager] will ring every so often and we will have a chat about things. They always phone us if there is a problem."
- Staff told us the manager and assistant manager were approachable and supportive. They said staff supported one another well and that there was a good sense of teamwork.

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

- People were given information and encouraged to give their views about how the service was run at house meetings supported by staff. The notes of house meetings showed that staff had supported discussions about activities, health, wellbeing, and staying safe.
- Relatives and staff had opportunities to give feedback about the service and suggest improvements through surveys distributed by the provider. Relatives were able to be involved in planning and reviewing their family members' care. A relative told us, "I am invited to [family member's] reviews, where we discuss her care. Somebody from the day centre is there, and somebody from social services. I have always found them worthwhile to go to."
- Team meetings took place regularly and were used to share learning from incidents and ensure people received consistent care that met their needs. Staff told us the manager encouraged collaborative working to develop a service that met people's needs and welcomed their suggestions.

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 manager and the assistant manager worked together to maintain an effective oversight of the service.

Good governance systems helped keep people safe, protect their rights and ensure good quality care and support. Key areas of the service, such as medicines, the environment, and people's finances, were audited regularly. Any actions identified as needed through audits were added to the service improvement plan,

- The manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way if mistakes were made.

Working in partnership with others

- The manager and staff had established effective working relationships with other professionals involved in people's care. This included commissioners and healthcare professionals, whose input was obtained when required to ensure people received the support they needed.

- Professionals provided positive feedback about the way in which the home worked with them to achieve good outcomes for people. One professional told us, "I have worked with several residents at Jutland place and have always found the manager and staff to be open to new ideas and any advice given by professionals. The team will always update me with any concerns and communicate well with others." Another healthcare professional said, "I have a good working relationship with them."