

Royal Mencap Society

# Royal Mencap Society - 51 Bellevue Grove

## Inspection report

51 Belle Vue Grove  
Middlesbrough  
Cleveland  
TS4 2PZ

Date of inspection visit:  
27 November 2018

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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

This inspection took place on 27 November 2018 and was announced. This was because 51 Bellevue Grove is a three-bedded service for people with learning disabilities, People may have been out and we needed to ensure staff were available to support us during this inspection.

51 Bellevue Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service at 51 Bellevue Grove is based in a detached house in a residential area of Middlesbrough, close to local amenities. It provides support and accommodation for up to three people with learning disabilities. At the time of our inspection there were two people living at 51 Bellevue Grove.

This was the first inspection of the service since it was registered by CQC in November 2017. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. A registered manager is a person who has registered with 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.

Safeguarding and whistleblowing policies and procedures were in place to help protect people from harm. Staff knew how to identify and report suspected abuse. There were suitable numbers of staff on duty to ensure people's needs were met. Pre-employment checks were made to reduce the likelihood of employing unsuitable staff.

Risks to people were assessed and staff knew what to do to reduce identified risks to people. Environmental risk assessments were also in place covering some of the tasks carried out by staff. Medicines were administered safely. Maintenance and equipment checks were undertaken to help ensure the environment was safe. Emergency contingency plans were in place. Staff followed infection control practices to reduce the risk of the spread of infection.

The registered manager told us that lessons were learnt when they reviewed accidents and incidents to determine any themes or trends.

Staff received the training, supervision and appraisal they needed to be able to carry out their role effectively including specialist training to equip them to meet the individual needs of the people they supported. Staff told us they felt supported by the management team.

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.

People had access to a range of healthcare such as GPs and hospital services. The service worked with a range of health and social care professionals to ensure people's individual needs were being met. People's nutritional needs were met.

People were encouraged to maintain and develop their independent living skills and carried out household tasks such as cooking and cleaning with support from staff.

Care was planned and delivered in a way that responded to people's individual needs. People were supported by a regular team of staff who were knowledgeable about their preferences. Staff were kind and respectful to people. People's privacy, dignity and independence were respected.

Policies and practices within the service helped to ensure that everyone was treated equally. Staff encouraged people to access a range of activities.

The provider and registered manager had a quality assurance system in place. Audits covered areas such as support plans, complaints and safeguarding. People knew how to complain and a complaints procedure was in place.

Meetings for staff and people who used the service were held regularly. This enabled people to be involved in decisions about how the service was run.

## 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.

Staff knew how to help protect people from abuse. Recruitment procedures helped ensure unsuitable staff were not employed.

There were sufficient staff on duty to meet people's needs.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People received support from staff with the skills and knowledge to meet their needs.

People's consent was sought before any care or support was provided.

People's health was monitored. Staff ensured people had access to external healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service was caring

Staff displayed caring attitudes towards people and spoke about people respectfully.

People's privacy and dignity were respected.

People's independence was promoted wherever possible.

### Is the service responsive?

Good ●

The service was responsive.

Staff knew people well including their needs and preferences.

People could access the local community and take part in a range of outings and activities.

People knew how to complain if they chose to do so.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager and provider completed a range of checks and audits to maintain and improve the quality of the service.

People and staff were positive about the leadership at the service. Staff told us that they felt supported.

Feedback from people had been sought and acted upon.

# Royal Mencap Society - 51 Bellevue Grove

## **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 checked 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 was a comprehensive inspection. It took place on 27 November 2018 and was announced, which meant that the staff and provider knew we would be visiting. This was because the service is small and the registered manager is often out of the building. We needed to be sure they would be in. The inspection was carried out by one inspector.

Before our inspection, we looked at the information we held about the service which included statutory notifications we had received from the provider. A statutory notification is information about important events which the service is required to send us by law. To gather their views of the care provided, we contacted the commissioners of the relevant local authority, the local authority safeguarding team, the fire service and other professionals, this included health professionals who had worked with the service.

Due to technical problems, the provider was not able to complete a Provider Information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

During this inspection we spoke with one person who used the service. We looked at two plans of support and two people's medicine records. We spoke with eight members of staff, including the registered manager, six support workers and the provider's representative. We looked at four staff files, which included recruitment records. We also reviewed a range of records involved with the day to day running and quality monitoring of the service.

We completed a tour of the premises and spent time observing people in the communal areas of the building.

# Is the service safe?

## Our findings

One person told us they felt safe at 51 Bellevue Grove saying, "Yes it's safe."

People were safeguarded from abuse and avoidable harm. Systems and procedures were in place to keep people free from harm. Records showed that staff received training in safeguarding. Staff understood how to keep people safe including what to do if an allegation of abuse was made. All the staff we spoke with said they knew how to report any safeguarding concerns and said they would feel confident to do so. Staff told us they were confident the registered manager would respond to any concerns raised.

Risks to people were assessed with guidance given to staff as to how to minimise the risks identified. These covered areas such as community participation and cooking. General risk assessments were also in place covering tasks carried out by staff such as use of equipment and lone working. Risk assessments were regularly reviewed and updated.

There were sufficient numbers of staff on duty to meet people's needs. Staff told us and records showed that this was the case. The registered manager assessed the staffing levels required to make sure enough staff were on duty. A dependency tool was not used to assess staffing levels due to the service being a very small size.

Recruitment procedures were in place which helped keep people safe. Two references were obtained prior to staff starting to work in the service. A Disclosure and Barring Service check was carried out before staff commenced working with people. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

Medicines were managed and administered safely. There were no gaps in medicine records and people received their medicines as prescribed. We identified however, that recording on medicine administration records could be improved to make the forms easier to read. This was discussed with the provider during the visit. They told us they would look at this as an area of development. The service had contingency plans in place which set out how people's needs would continue to be met in the event of an unforeseen incident such as power failure.

Household health and safety checks were carried out by staff, supported by people who lived at the service. Records showed that servicing and maintenance of systems and equipment had also taken place for example, on the emergency lighting, the fire system and gas boiler. Records showed that fire drills were held regularly. People had Personal Emergency Evacuation Plans (PEEPs) to help them leave the building quickly in case of emergency.

Infection control policies and procedures were in place. Staff had access to personal protective equipment to reduce the risk of infection spreading. During the inspection we looked at some communal areas. We



found these areas to be clean and tidy. Records showed systems were in place for reporting, recording, and monitoring significant events, incidents, falls and accidents. The registered manager audited these monthly to identify any trends and patterns.

# Is the service effective?

## Our findings

Staff were supported to work with the people who lived at the service effectively. Staff inductions included essential training and the shadowing of experienced carers. This helped to ensure the staff team was knowledgeable, competent and confident to deliver the care and support people needed. Staff told us they felt supported through regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervision sessions included areas such as staff development needs, confidentiality and goals.

The staff we spoke with told us they felt they received the training they needed to carry out their roles well. They had undertaken training in areas the provider deemed mandatory such as emergency first aid and food hygiene training as well as specialist training designed to help them meet the needs of people supported. This included positive behavioural support (PBS). The registered manager told us they were undertaking training to become a PBS facilitator. One member of staff told us, "We can always ask for more training if there's something that we need."

People's needs were assessed on admission to the service. Following this initial assessment plans of support were drawn up setting out the areas where staff would help people to meet their goals. We saw that support plans were reflective of people's changing needs and were reviewed regularly. Plans covered areas such as personal care and emotional well-being. One person told us, "They [the staff] are good, they help me." If there were areas that required the advice or input of specific healthcare professionals staff had worked alongside the relevant agency.

There was evidence that collaborative working with other professionals took place. Staff supported people to attend routine health care appointments helping ensure their healthcare needs were met. Support plans contained information on the involvement of professionals such as GPs and hospital departments. We saw that people had hospital passports. The aim of hospital passports for people with learning disabilities is to provide hospital staff with important information about them and their health if/when they are admitted to hospital.

People were supported by staff with shopping, food preparation and cooking to increase their skills and confidence. The service aimed to promote independence and staff enabled people to become more independent in this area. People decided what they wanted to eat on a day to day basis. Staff gave guidance in terms of healthy options when planning, cooking and shopping with people.

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 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 so that they can receive care and treatment with appropriate

legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Records showed the care home was following the requirements of DoLS.

We spoke to staff and they showed an understanding of the principles of the MCA and DoLS and understood the importance of seeking people's consent before providing care. The person we spoke with confirmed to us that staff offered them choice and respected their wishes.

# Is the service caring?

## Our findings

The person we spoke with told us they felt staff were caring and they were happy living at 51 Bellevue Grove. They said, "Staff are good, they are all alright."

Support was provided by staff in a caring, responsive manner. It was clear that staff knew people very well and they chatted with them about common interests. The staff we spoke with were able to give a detailed history of people who used the service, including their likes, dislikes and the best way to approach and support the person including if the person became anxious.

Positive relationships had been built between staff and people who used the service. We observed people smiling, laughing and joking with staff.

We saw that staff respected people's privacy, for example knocking on doors and asking before entering their bedrooms.

We saw that staff ensured people could express their views. Throughout the inspection care staff gave people choices about what they would like to do, for example, what they wanted to do with their day. We observed that staff made sure each person was aware of the individual choices available to them. Staff explained what they were going to do before supporting them to carry out tasks. People were given time to think and respond before staff carried out a task with them.

People's independence was promoted. We observed staff supporting people to be independent as possible. Staff were respectful and patient. We observed a staff member asking, "Would you like a hand with that?" when a person was undertaking a kitchen task. Tasks such as emptying a dishwasher were carried out at a pace appropriate to the person. One staff member told us, "We empower people, even if it is just helping them making a batch of cakes, it's an achievement for them, they get so much out of it."

Staff received training in dignity and respect and the registered manager told us that equality and diversity issues were covered within staff inductions. The registered manager told us they were in the process of enrolling staff on equality and diversity training. Information regarding people's religious and cultural needs was gathered prior to admission. The provider had a diversity policy in place.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. Staff told us they also helped advocate for people when accompanying them to appointments such as with GP's.

## Is the service responsive?

### Our findings

Staff understood how to support people in a person-centred way. Person-centred care is care that is centred on the person's own needs, preferences and wishes. People's needs and preferences had been assessed prior to their admission to the service and these assessments helped to inform their plans of support. We saw that people's plans of support were regularly reviewed to reflect changes in people's needs.

One person told us, "They know what I like to do." A staff member said, "We have seen people come along brilliantly." They gave an example of how one person had been unable to access the community independently but now was able to do so.

People's files included a one-page profile of the person which covered 'what is great about me' and information on what would make a good or bad day for the person. Staff were given guidance on how a bad day could be made better.

Advanced directives were in place for the management of behaviours for some people. This meant that staff had guidance available on how to best support someone who was becoming anxious or upset in order to de-escalate situations.

The aim of the service was for the people supported to live ordinary lives as far as possible, as any other citizen would. Staff told us and we observed that people were active and spent time in the local community rather than taking part in organised group activities within the home. People went out in the community either alone or with staff in line with their assessed needs. People accessed local betting shops, public transport and cafes. Staff supported one person to renovate furniture and we were told they were very proud of the work undertaken.

Staffing hours were flexible to meet the individual needs of people. We saw that a staff member's working hours were changed so a person could attend an event they wanted to go to at a social club.

A pictorial staff rota was displayed within the service so people knew who was coming on duty. Handovers were undertaken before staff started on shift. This meant they had the up to date information required to support people. We saw that staff recorded how people had been throughout the day and overnight and records included information about the support that had been given including any critical incidents. These records also showed that support had been delivered in line with people's support plans.

The service had a clear complaints policy and procedure in place. This was available in a pictorial format for people if needed. A copy was given to people when they moved into the home. The person we spoke with told us they knew how to complain but had not felt the need to. They said, "I would go to [name of registered manager] but I haven't needed to."

The registered manager told us they were aware of the requirement to make information accessible and that this was done on an individual basis in line with the needs of people supported.

Policies and procedures were in place to support people with their end of life care. At the time of our visit no one was receiving end of life care.

## Is the service well-led?

### Our findings

The service had a registered manager in post. One person told us the registered manager was "nice". Staff told us that the management team were very supportive. One staff member told us, "[Name of registered manager] is the best manager I have had, really approachable." Staff also told us that the registered manager was a visible presence in the home. We were told by staff that the provider actively encouraged staff development. Discussions with staff indicated there was a positive, open culture within the organisation.

A quality assurance system was in place and the registered manager and provider completed regular checks to monitor the quality of the service provided. This included spot checks and audits of finance files, medicines, and support plans as well as safeguarding incidents and complaints. The audits gave the provider and registered manager an overview of the service. They then carried out a trend analysis and took action taken to address any shortfalls.

Meetings for staff were held at regular intervals. Staff meetings covered areas such as training, the people being supported and events. Staff were given the chance to contribute to the meetings and minutes were recorded. Records showed and staff told us that they were given opportunities to share their views. A staff member told us, "You are encouraged to come forward with ideas." One to one meetings also took place monthly between people who used the service and staff. These meetings included discussions about areas such as how the person was feeling and upcoming events.

Feedback was sought from people and through surveys and informal chats and then analysed and used to inform the service's development plans. This enabled people to be involved in decisions about how the service was run. The registered manager gave us an example of how, following feedback from people, tenant's meetings had ceased, with one to one meetings taking place instead.

The registered manager gave us examples of how lessons had been learnt from adverse incidents. Such incidents were shared with the staff team to ensure the risk of similar incidents in the future was minimised. For example, they told us about an incident that occurred in the community and the actions they had put in place to prevent such events happening in the future.

The management team worked in partnership with other health and social care agencies to meet people's needs. One healthcare professional told us, 'When I have met with members of the care team they have been engaging and positive.'

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.