

Royal Mencap Society

Royal Mencap Society - 30 Foster Court

Inspection report

30 Foster Court
Longton Hall Road, Blurton
Stoke On Trent
Staffordshire
ST3 2HF

Tel: 01782593467

Website: www.mencap.org.uk

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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- 30 Foster Court is a care home that provides accommodation and personal care for up to eight people who receive support with learning and/or physical disabilities. Accommodation is found across two floors and people had access to communal social, dining and bathroom facilities. At the time of the inspection eight people were living at 30 Foster Court.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, somewhat bigger than most domestic style properties. However, the size of the service was not having a negative impact on people who were living there. There were deliberately no identifying signs to indicate it was a care home.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used minimal restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles. Care records indicated when and how such practices were to be used.

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

At the time of the inspection, we received mixed feedback about staffing levels; although people appeared to receive support from appropriate levels of staff, we were informed that staffing levels were under review. Safe recruitment systems were in place. People received care and support by staff who had been appropriately recruited and had undergone the necessary recruitment checks.

People's level of risk was appropriately assessed and well managed from the outset. People received support that was tailored around their support needs and areas of risk were regularly reviewed.

Safeguarding procedures were in place. Staff were familiar with safeguarding and whistleblowing reporting processes and understood the importance of keeping people safe.

Medication procedures and processes were safely in place. Staff were appropriately trained, had their competency levels regularly assessed and supported people with their medicines in a safe and effective way.

Staff received support with training, learning and development opportunities. Staff received regular supervisions, appraisals and offered a variety of different training sessions as a way of developing their skills and abilities.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received effective nutrition and hydration support from the outset. Care records contained relevant information and guidance that needed to be followed and staff were familiar with the required level of support that needed to be provided.

Staff provided kind, friendly and compassionate level of care. People were encouraged to remain as independent as possible and were supported to make decisions about aspects of care and support they needed.

Staff primarily supported people with one to one activities; one to one activities were tailored activities around people's interests, enjoyments and likes.

The registered provider had an up to date complaints policy in place. Complaints were appropriately managed and responded to in line with company policy.

We found that there was effective processes and systems in place to monitor the quality and safety of care people received. Quality assurance checks were routinely carried out and the provision of care was monitored, assessed and improved upon accordingly.

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 29 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our 'Safe' findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our 'Effective' findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our 'Caring' findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our 'Responsive' findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our 'Well-led' findings below.

Good ●

Royal Mencap Society - 30 Foster Court

Detailed findings

Background to this inspection

The 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 registered 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Royal Mencap Society: 30 Foster Court is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service had a manager registered with CQC. Registered managers and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the

provider sent us in the 'provider information return'. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection:

We spoke with the area manager, registered manager, three members of care staff, one external healthcare professional, two people living at Royal Mencap, and one relative who was visiting at the time of the inspection.

We looked at care records of three people receiving support, a sample of staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'good.' At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staffing levels were monitored, and people received support from staff who were familiar with their support needs. However, we received mixed feedback about staffing levels from the staff we spoke with during the inspection. One member of staff told us, "We have been short staffed but there has been a recruitment drive" and another staff member said, "Staffing is OK."
- The registered manager confirmed that staffing levels had somewhat reduced but there was a commitment to recruit new staff who had the correct skills to provide the required level of support.
- Safe recruitment procedures continued to be in place. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks.

Assessing risk, safety monitoring and management

- People's level of risk was assessed and well managed from the outset.
- Risk assessments were individually tailored around the support needs of people living at 30 Foster Court. These were regularly reviewed, monitored and updated accordingly.
- Positive behavioural support strategies were also clearly documented and provided detailed information and guidance for staff to follow.
- Guidance provided by external healthcare professionals was incorporated within people's risk assessments and staff knew how to keep people safe.
- All regulatory health and safety checks and compliance certificates were in place.

Preventing and controlling infection

- The home was clean, free from odour and well maintained.
- There was an up to date infection control risk assessment in place; staff understood the importance of complying with infection control procedures as a way of keeping people safe.

Using medicines safely

- Safe medication practices and procedures were in place; people were supported with their medicines by trained members of staff who regularly had their competency levels checked.
- People had the necessary medication support plans and risk assessments in place; staff were provided with the necessary information in relation to the support each person needed.
- Medication audits were regularly completed; they were effectively identifying errors and areas of improvement.

Systems and processes to safeguard people from risk of abuse

- One person told us they felt safe living at 30 Foster Court. They said, "Yes, I feel safe, the best thing about

living here is the staff, everything is the best." One relative also told us, "It's brilliant here, staff know [person] well and [person] is safe here."

- Staff were familiar with safeguarding and whistleblowing policies and procedures; they knew the importance of keeping people safe.
- Staff had received the necessary safeguarding training and could recognise the signs of abuse.

Learning lessons when things go wrong

- Accident and incidents were routinely recorded and regularly reviewed.
- The registered manager uploaded all accidents and incidents statistics on to an internal database system; this enabled the area and senior managers to review all incidents and establish if any trends were emerging.

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 the last inspection this key question was rated as 'good.' At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental and social needs were holistically assessed, and their care and support were delivered in line with legislation, standards and best practice.
- 30 Foster Court staff ensured that they worked collaboratively with other healthcare professionals as a way of providing a holistic level of care.
- People received consistent, timely and person-centred care. Each care record contained a 'health appointment monitoring form'. People were supported to attend different health checks as a way of maintaining their health and well-being.
- People received support with 'gender-specific' health-checks; health checks guaranteed that the well-being of both the male and females was regularly monitored and assessed.
- People were encouraged to live enriched lives; care plans and risk assessments were tailored around the individual needs, wishes and preferences.

Staff support: induction, training, skills and experience

- Staff were provided with the necessary training and development opportunities. One relative told us, "The staff are lovely, they know [person] so well, they're well trained and capable of supporting [person]."
- Staff received regular one to one supervision, appraisals and told us they were fully supported on a day to day basis.
- New employees completed a thorough three-month induction period and were also supported to complete 'The Care Certificate'. This is an agreed set of standards that staff within the health and social care sector are expected to complete.

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

- The design, decoration and facilities of the home met the needs of the people who lived there.
- People lived in an environment that was homely and reflected their individual's tastes and preferences. For instance, people's bedrooms were individually decorated and contained items and belongings they wanted to have with them.
- The home offered assisted equipment as a way of supporting people's independence. For instance, people had access to wheelchairs, shower chairs and walking aids.

Supporting people to eat and drink enough with choice in a balanced diet

- People were encouraged to design their weekly meal menus. Staff supported people to share their views

and suggestions about the food they wished to eat.

- People were supported to prepare their own food/drink as a way of promoting and maintaining levels of independence.
- People's nutrition and hydration support needs were established from the outset. Care records contained the required level of guidance that staff needed to follow.

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 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. 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.

- Principles of the Mental Capacity Act, 2005 were complied with and staff received the necessary training in relation to the MCA and DoLS.
- People's level of capacity was assessed from the outset; people (where possible) were involved in the decisions that needed to be made around the care and support they needed.
- People were not unlawfully restricted; 'best interest' decisions were made, and the appropriate applications were submitted to the Local Authority.
- Care records contained all the relevant information in relation to the support people required and any restrictions that may be in place.

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 the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff provided kind, compassionate and considerate care. Staff were familiar with the people they supported and offered respectful and dignified care.
- Staff engaged and interacted in a kind and friendly way with people they cared for; positive relationships had developed between staff, people receiving support and relatives. One relative said, "It's a lovely place here, staff are really good."
- Equality and diversity support needs were established from the outset. People were treated equally, and equality and diversity support needs were promoted and encouraged. For instance, people were supported to access the local community church and support groups.

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

- Care records indicated that people were involved in the care planning process from the outset.
- Care records contained information in relation to people's preferences and wishes and staff demonstrated their awareness of how people wished to be cared for.
- People were supported to share their views and suggestions and it was clear during the inspection that people were listened to and received care and support that was tailored and person-centred.

Respecting and promoting people's privacy, dignity and independence

- Privacy, dignity and independence was promoted and supported by staff. Care records contained information such as, 'I like to cook and assist to prepare simple food' and 'I like to go on short holidays.'
- One person told us the staff were the 'best thing' at the home and offered all the help and support they required. One member of staff told us, "We give them [people] as much choice as possible, we promote independence, it's all about them and what they want to do."
- Confidential information was safely stored and protected in line with General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. 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 received care and support that was tailored around their individual support needs, wishes and preferences. For instance, one person's care record stated, 'I like my hair cut every three months as I like it short' and '[Person] likes to go out in the community in the blue car.'
- Care records contained 'My goals' and 'on-going goals' that people wanted to achieve. Goals were regularly reviewed, and people were supported to achieve these. For instance, one person was supported to go on regular holidays with staff members of their choice.
- A regular and consistent staff team developed a good level of knowledge and understanding of the people they supported. It was evident that people liked being in the company of staff and enjoyed interacting and engaging with them.
- We observed staff actively encouraging people to have choice and control over their own care and support. For instance, one person was encouraged to access the local community as they knew it was something they enjoyed.

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 were supported and encouraged to participate in a range of different activities they enjoyed and were interested in. Activities provided social stimulation and enabled people to remain as independent as possible
- Activities were tailored and specific to the needs, likes and preferences of each person receiving support. For instance, people attended different church groups, local community centres, drama groups, holidays, 'craft clubs' and local country walks.
- People received visits and support from their loved ones and relatives. One relative told us they always felt welcomed in to the home, were treated with kindness when they visited and felt included in the provision of care that was delivered.

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.

- People's communication support needs were assessed and determined from the outset.
- People received 'easy read' material and were supported with alternative methods of communication.
- Care records contained 'easy read' pictorial material.

- Staff told us that different methods of communication were regularly reviewed and assessed. For instance, a visual daily timetable was used as a way of supporting people with their daily routines.

Improving care quality in response to complaints or concerns

- The registered provider had an up to date complaints policy and procedure in place.
- Complaints were recorded and responded to in line with organisational policy.
- One person told us that if they had any concerns they could always seek support and raise any issues with staff.

End of life care and support

- At the time of the inspection nobody was receiving 'End of life' care or support. However, end of life training was provided, and people had the opportunity to discuss their wishes and preferences.
- There was an 'end of life' policy in place; staff had the opportunity to consult relevant guidance and advice.

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 the last inspection this key question was rated 'good'. At this inspection this key remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Effective quality assurance measures were in place. The quality and safety of care was regularly monitored as a way of ensuring people received the expected level of care.
- Different members of staff were allocated different roles and responsibilities as a way of ensuring the high-quality and safety of care was always maintained.
- The registered manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008 and the importance of submitting statutory notifications to CQC.
- The registered provider had a range of different policies and procedures in place. Policies contained the necessary guidance and best practice for staff to follow.
- We received positive feedback about the management and leadership style of the registered manager. Staff told us, "I feel support by management and the staff team are great" and "I feel supported if I need anything."

Continuous learning and improving care

- Areas for improvement were identified and actioned.
- There was a 'continuous improvement plan' in place; this was regularly reviewed and updated.
- All accidents and incidents were closely monitored by both the registered manager and area manager; a trend analysis was completed to establish if further support measures needed to be implemented and if lessons needed to be learnt.

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

- Person-centred care was delivered and tailored around the preferences and choices of people living at 30 Foster Court.
- The registered manager and staff team were committed to enhancing the experiences of people living at the home, and ensured people were empowered and included in the care they received.
- People were supported to achieve their goals and encouraged to reach their full potential.

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 registered manager was aware of their legal responsibilities, the importance of investigating

incidents/events as well as being as open and transparent as possible.

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

- Equality and diversity support needs were assessed from the outset. People received the required level of support in relation to specific equality and diversity needs.
- People had the opportunity to offer feedback about the provision of care they received. Regular 'resident' meetings took place and annual satisfaction surveys were also circulated.
- The home offered an 'open door' policy; staff, people receiving support, relatives and professionals could access the staff team to discuss any areas of care they needed to discuss.
- Staff meetings were also taking place; these enabled staff to share ideas and learn about different aspects of care being delivered.

Working in partnership with others

- We saw that there was strong links with the local community. People were actively encouraged to access different support groups and social events that were taking place.
- People received a holistic level of care; external healthcare professionals provided the necessary support to people living at 30 Foster Court.
- The registered manager worked closely with the Local Authority; ensuring the quality and safety of care was reviewed and assessed.