

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Royal Mencap Society - 75-77 Wickstead Avenue

75-77 Wickstead Avenue, Luton, LU4 9DW

Date of Inspection: 15 October 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Royal Mencap Society
Registered Manager	Mr. Deon Reyes
Overview of the service	Royal Mencap Society - 75 -77 Wickstead Avenue is registered with the Care Quality Commission as a care home without nursing. It provides care and support for up to five people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

When we visited 75-77 Wickstead Avenue on 15 October 2012 we found that people were very happy with the care and support they received. One person told us they felt safe and the staff were friendly and supportive. They said "It's nice here, I feel safe, I really like it".

We observed that people were offered support at a level which encouraged independence and ensured that their individual needs were met. There was a relaxed atmosphere in the home and people were at ease in the company of the staff supporting them. The staff were friendly and polite in their approach and interacted confidently with people.

We noted that people were encouraged to express their views and were involved in planning their care and making decisions about their support and how they spent their time. Some people were out at day centres at the time of our visit, and others were involved in carrying out tasks to support their personal development. One person talked about the range of activities and entertainment that was available to them.

Within the care files we saw that care documentation had been signed by the individual to confirm their involvement and agreement with their particular care needs.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected, and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care

Reasons for our judgement

We found that people were treated with dignity and respect, and were encouraged to make choices about the care and support they received. We observed that people were encouraged to express their views and were involved in making decisions about their care and support. They made personal choices about all aspects of their life, this included menu choices and how they spent their time. One person said "I enjoy listening to music in my room". They went on to talk about their favourite artists.

We observed that interactions between staff and people using the service were courteous and respectful, and that peoples' diversity, values and human rights were respected. The staff helped people to understand the options of care and support that were available to them, and supported them to make personal decisions about their lives.

We noted that where people had difficulty understanding written documentation such as care plans, these were also produced in pictorial format to ensure they could understand them more easily.

There was information displayed in the home which told people about various community based leisure groups / activities and community support organisations such as advocacy groups.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We found that peoples' needs were assessed and their care and support was planned and delivered in line with their individual care plans. We looked at the care files of two of the five people who lived at this home. Each file contained care plans that had been very clearly written in a personalised way, and referred to the individual's personal choices and preferences. Each aspect of people's care was also recorded in risk assessments that were linked to their care plans.

We were told that when care reviews were carried out, this was done in consultation with the individual. One person who we spoke with was able to tell us what was in their care plan.

We observed that care plans contained specific information regarding the level of support people wanted and required. This included information which related to the management of long term conditions which affected their physical health, mood and behaviour. The care plans provided staff with clear guidance to follow when giving support and care, and in some cases identified warning signs to help staff recognise early signs of deterioration in people's health and well being. This meant that care was delivered with continuity and where necessary swift intervention from specialist health professionals could be sought to prevent further deterioration.

People had records in place which showed that they attended appointments with health professionals such as dentists and opticians. This demonstrated that all aspects of peoples health and well being were being monitored. We also noted that each individual had an 'All About Me' document completed in their file. This was a detailed profile of the individual. This document accompanied people if they needed to go to hospital, to ensure that continuity of care could be maintained through any episodes of illness where other providers may be involved.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During our inspection on 15 October 2012 we spoke with two of the five people who lived at 75-77 Wickstead Avenue. They looked comfortable and at ease in the company of staff, and one person said they felt safe and happy living there. The staff were friendly and supportive, and understood people's needs and how to meet them.

We spoke with all of the staff that were on duty when we visited. They knew there was a safeguarding policy and protocols that they should follow, and all said that they had completed safeguarding training in the past year. Staff were able to demonstrate a good understanding of safeguarding processes, and had a good understanding of the Mental Capacity Act (MCA) 2005.

They told us what sort of incidents or concerns they would report, and who they would report their concerns to in the first instant. They also explained that if they were not satisfied with the providers response, they would raise concerns directly with the local authority safeguarding team, CQC or the police. Staff were familiar with the whistle blowing process.

We observed that there were posters around the home, which provided information and telephone numbers the staff could call if they required further advice or guidance on matters relating to abuse or inappropriate treatment.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People who lived at 75 - 77 Wickstead Avenue told us the staff were kind and helped them when they needed assistance, support or guidance. We observed staff interacting confidently with people, offering support and encouraging people to be independent. Staff were understanding and courteous in their approach to people. One person said "The staff are kind, I feel safe here".

There were sufficient staff on duty to meet people's needs in this home. At the time of this inspection, five people lived at this home. During the day there was a minimum of two staff on duty to support and care for them, and at night there was one member of staff. However the manager told us that the number of staff on duty was determined by the individual needs of people on any particular day. They confirmed that if they ever needed extra staff to support individual's activities, this was never a problem, and relief staff could be called.

The staff that we spoke with during our visit were knowledgeable about the people they supported and cared for. They were confident about their role in effectively meeting peoples' needs in a way that promoted independence. They spoke about the training they had attended, and other training that was available to them. In addition to the company's mandatory training, there were courses available which were specific to the needs of the people they supported. Staff told us that the whole team had just completed some training on bi-polar disorder and autism. This was to ensure they all fully understood the needs of someone who lived in this home. We looked at some training records which confirmed that staff were attending a wide range of training.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. There were also systems in place to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During this inspection the manager told us that regular audits were carried out in relation to all aspects of health and safety in the home. We looked at records that confirmed fire safety checks, water temperature checks, carbon monoxide alarm check and environment inspections were conducted regularly. This confirmed that monitoring systems were in place and were being used effectively to protect people in this home. The provider might find it useful to note that some water temperatures were recorded as above the range specified on these documents. This meant there was a risk that people using the service could scald themselves. There were no records to demonstrate what actions had been taken to rectify this.

People who use this service had 'informal meetings' with the staff. This gave them an opportunity to share their views and make decisions about things such as menus and holidays. One person also told us that they could talk with the manager or other staff individually if they had something they wanted to discuss in private, or if they were unhappy with any aspect of their care.

People's files contained satisfaction surveys that had been completed with the staff. This demonstrated that people's views were regularly sought on an individual basis to ensure that were satisfied with the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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