

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: 30 April 2013

Date of Publication: May 2013

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

Consent to care and treatment	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Royal Mencap Society
Registered Manager	Miss 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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	6
Management of medicines	7
Requirements relating to workers	8
Complaints	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

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 30 April 2013, 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 Royal Mencap Society - 75-77 Wickstead Avenue on 30 April 2013, we spoke with two of the five people using the service about their experiences in the home, and observed how staff supported them. One person told us, "The staff are nice." and "I always get a choice."

We observed positive engagement between staff and people who used the service, and noted that people's consent was sought before care and support was delivered. People were encouraged and supported to make their own decisions. Where people lacked the capacity to make decisions for themselves, appropriate processes had been followed to ensure best interest decisions were made on their behalf.

We observed people in this home were at ease in the company of the staff that supported them, and people told us the staff were kind. We found the recruitment systems were sufficient to ensure the staff employed were suitable to work in this environment.

There was a complaints procedure in place, and people who used the service knew who they should report any concerns to. However, we noted that although a summary of the complaints policy was displayed in the staff office, it was not readily accessible to people visiting the home.

Robust medication systems ensured people received their prescribed medication on time and in a way that suited their 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We found that before people received any care or treatment, they were asked for their consent and the provider acted in accordance with their wishes.

The provider had systems in place to gain and review consent for people in this home. As part of this inspection we spoke briefly with two people who lived at Royal Mencap Society - 75-77 Wickstead Avenue, and observed staff interactions as support was delivered to people. We observed that staff explained the options of activities with people, and sought their agreement before support was delivered. One person told us, "I always get a choice." They told us the staff looked after them well, and spoke about their wish to return to Jersey on holiday.

The staff we spoke with understood the importance of obtaining consent to care from the people they supported. They told us that four of the five people who lived at this home, were able to make their own decisions with some staff support. They explained how pictures were used to support this process for one person in particular. We saw decision making forms in place, which were used to record when someone needed support making a decision. However the provider might find it useful to note that the staff's knowledge and understanding of who required mental capacity assessments was inconsistent. We discussed this matter with the registered manager, who advised us that further training on this subject was planned, however dates were not yet confirmed.

Where people did not have the capacity to consent, records demonstrated the provider had acted in accordance with legal requirements. We saw mental capacity assessments had been completed for one person who had recently required surgery. This showed that the appropriate support from external health professionals had been sought in order to make a best interest decision in this regard.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During this inspection we found that all medicines were kept safely. Each individual's medication was stored in a locked safe in their bedroom. Where medication had been discontinued or refused, this was logged on a record sheet. This unused medication was returned to the pharmacy each month. All returns were signed for by the pharmacy representative on collection.

There were written protocols in place for each medication that was prescribed for people on an 'as required' basis. This was carried forward from month to month, and carefully monitored to ensure the stock did not run out. We saw records that supported these processes.

Appropriate arrangements were in place in relation to the recording of medicine that was given. We looked at the individual Medication Administration Record (MAR) sheets for four of the five who lived in this home, and found they had been appropriately completed. Where people had been given 'as required' medication, this was clearly recorded on a separate sheet in order to monitor the stock levels. We checked the stock for six of these medicines, and found they accurately corresponded with the records.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

As part of this inspection we looked at the recruitment records for four of the seven staff who worked at Royal Mencap Society - 75-77 Wickstead Avenue. We found they contained documentation, which provided a clear audit trail, and demonstrated that appropriate checks had been undertaken before staff commenced employment with this provider.

We found the information specified in Schedule 3 of the Health and Social Care Act 2008 was present in all staff files. This included references, Independent Safeguarding Authority (ISA) and Criminal Record Bureau (CRB) checks. There was information recorded about staff skills and previous work experiences, and the interview process involved various knowledge and competency assessments. This demonstrated that the provider had taken appropriate steps to consider the suitability of staff to work in this home.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The provider had a complaints policy in place, which outlined the process people should follow if they had any concerns or wished to make a formal complaint. A summary of this information was displayed in the staff office, However, the provider might find it useful to note that the expected time scales for responses to complaints, were not included in this summary, and it was not prominently displayed for visitors entering the home.

People who used the service were made aware of the complaints system. This information was provided within the Service User Guide document, in a format that met peoples' needs. Each person had a copy of this document in their personal file, and we noted they had been signed and dated to indicate that people had been shown, and had been given the opportunity to discuss this information. We spoke with two of the five people who used this service, about how to complain. One was very familiar with this document, and both knew who to approach if they wanted to make a complaint. We also saw notes from a 'resident's meeting' which took place in September 2012. This noted that a discussion had taken place, reminding people how to raise concerns if they were unhappy or felt bullied.

The staff on duty at the time of this inspection showed us the complaints file, however told us they were not aware of any complaints over the past year. This was confirmed by the registered manager, who joined us at the end of the inspection. The manager told us they were usually visible and accessible in the home, and encouraged informal discussions with people who lived there and their relatives on an ongoing basis. This promoted a proactive approach to addressing any emerging concerns for people, and prevented matters escalating to complaints.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. Two people that we spoke with as part of this inspection told us the staff were approachable, and they would feel able to talk to them if they had any concerns.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
