

Prospects for People with Learning Disabilities

# Prospects for People with Learning Disabilities - 3 Norwich Road

## Inspection report

3 Norwich Road  
Long Stratton  
Norwich  
Norfolk  
NR15 2PG

Tel: 01508536059  
Website: [www.prospects.org.uk](http://www.prospects.org.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 12 April 2017 and was announced.

Prospects for People 3 Norwich Road provides accommodation and care for up to 3 people who have autism and or learning disabilities. At the time of our inspection 3 people were living in the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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.

During our previous inspection on 22 February 2016 we found that the provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to take action to address the concerns we found. During this inspection on 12 April 2017 we found that these actions had been completed.

We found a further breach of the regulations as there was a lack of robust systems in place to routinely monitor and assess the quality of the service being delivered. The registered manager did not audit people's care records or people's medicines. The registered manager did audit the weekly health and safety checks but did not provide an action plan for any shortfalls found. Any remedial action was not taken in a timely manner. A member of the provider's quality assurance team conducted an internal monthly quality audit, again these were ineffective at addressing concerns within the service.

The registered manager was also the registered manager for another of the provider's services which meant that the registered manager was not on site all of the time. They maintained regular contact via telephone and used a staff message book to communicate with staff. Staff added that they were able to contact the manager and felt supported in their role.

Whilst permanent staff received regular supervision, we found that the staff who worked on an as and when basis did not receive any formal supervision. There were also gaps in staff training records. Staff did not have regular meetings and this was due to the difficulties with agreeing on a suitable time for everyone. In spite of this, staff felt supported in their role by both the registered manager and their colleagues.

People's care plans were not always person centred and some of what was written in people's care plans was duplicated across all three people's care plans. However, people's individual communication needs were clearly documented as were risks to people's health and wellbeing.

Staff were caring and treated people in a kind and compassionate manner. Staff engaged with people well. They supported people to make choices about what they wanted to do with their day through to how they preferred to have their care and treatment delivered. People were supported to be as independent as

possible and they contributed towards weekly health and safety checks and shopping for the home. People were given opportunities to pursue their interests and hobbies both inside and outside of the home.

The service was working within the principles of the Mental Capacity Act 2005 and no one was being unlawfully deprived of their liberty. We saw that appropriate applications had been made to the relevant authorising body to deprive people of their liberty, in order to provide safe care and treatment.

Staff knew what constituted abuse and what procedures they would follow to report any concerns. There were safe recruitment practices for new staff and appropriate references and police checks had been sought before staff started working in the home. This helped to ensure that people were protected from abuse.

People's medicines were not consistently audited but we saw that they were stored and administered in a safe way.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Shortfalls identified around health and safety were not always addressed in a timely manner.

The management of people's medicines were not consistently monitored.

Staff knew what constituted abuse and the correct procedures for reporting any concerns.

There were enough staff to support people and there were safe recruitment practices in place.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff did not always receive regular supervisions and some staff training was out of date.

The service acted in accordance with the principles of the MCA.

People were able to plan their meals.

Where concerns were raised about a person's health or wellbeing, timely referrals were made to relevant healthcare professionals.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew people's care and support needs well.

People were supported to make choices about how their care and treatment was delivered.

People were consistently treated with dignity and respect and their right to privacy was upheld.

### Is the service responsive?

Good 

The service was responsive.

People's care plans were not always person centred.

People were supported to pursue their interests and activities.

Staff knew how to support people should they wish to make a complaint.

### Is the service well-led?

Requires Improvement 

The service was not consistently well led.

There was a lack of systems in place to monitor and assess the quality of service being delivered.

Staff did not have regular meetings.

There was a lack of clear and visible leadership.

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## **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 was planned to check 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 inspection was carried out by one inspector on 12 April 2017 and was announced. We gave 48 hours' notice, due to the size of the service and we wanted to be sure that we would be able to speak with at least one person who used the service.

During the inspection we spoke with one person living in the home. We made general observations of the care and support provided. We also spoke with the registered manager and two members of staff.

We reviewed three people's care files and their medicine administration record charts. We viewed two records relating to staff recruitment as well as training, induction and supervision records. We also looked at a range of monitoring reports and audits undertaken by the service manager and provider.

# Is the service safe?

## Our findings

At our last inspection on 22 February 2016 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because fire safety procedures were not always followed and there were exposed light bulbs. This posed a risk of people burning themselves. We found during our most recent inspection on 12 April 2017 that actions had been completed and the provider was no longer in breach of this regulation.

We saw that weekly health and safety audits were taking place. These were in an easy read format so that people who lived in the home could be supported by staff to complete the audits. We saw that there was a lack of recording around the areas for improvement and timescales for when remedial action needed to be taken by was not noted. Action to rectify any issues was not carried out in a timely manner. We saw that one audit had identified that a lock needed to be put on the cupboard containing substances which posed a risk to people's health. We checked this cupboard and saw that a lock had been fitted. However, we could not be sure that the substances were being stored safely as an alternative safe place of storage had not been indicated in the health and safety audit.

People were not able to tell us verbally whether they felt safe but when we asked one person if they felt safe living in the home, they nodded their head and smiled. They also nodded their head when we asked them if there were enough staff in the home.

Staff we spoke with knew what constituted abuse and what steps they would take to report abuse. We saw that there were details of the local safeguarding team displayed on a noticeboard in the kitchen. Staff had also received training in safeguarding.

We saw from people's care records that risks to people's health and wellbeing had been identified. Risk assessments gave staff detailed information about how to manage people's individual risks. We saw that one person was at risk of falls. We saw that their risk assessment guided staff to support the person when out walking and to walk on the outside of the pavement to prevent the person from falling off the kerb.

There were risk assessments in place for the home and there was a contingency plan in place. This detailed what staff should do in the event of emergencies such as a flood. Utilities in the home were monitored, this included regular checks on fire safety equipment, water, gas and the testing of electrical equipment.

Accidents and incidents were recorded appropriately and the registered manager told us that all accidents and incidents were reported to the provider's head office within 24 hours. They added that staff at head office would look at the accident or incident report in order to identify any themes or trends. If any issues were identified staff at head office would sometimes make recommendations regarding any actions that could be taken to reduce the risk of future occurrences.

Staffing levels were continually assessed and we saw from the staffing levels risk assessment that staffing levels would be adjusted according to people's care needs. We saw from the staff rotas that extra staff would

work to support people on trips out and holidays.

We looked at the recruitment files of two members of staff and we saw that appropriate references had been sought and a satisfactory police check had been obtained before staff started working in the service. This contributed towards keeping people safe from harm.

People's medicines were stored safely and we looked at the medicines administration record (MAR) charts for three people. However, the registered manager did not carry out regular audits of the safe management and administration of people's medicines. This would identify any potential errors and ensure that these were rectified. We saw that people's MAR charts were completed correctly with no omissions and we concluded that people were receiving their medicines as prescribed. Staff told us that on occasions they were observed by the manager when they were giving people their medicines. This was so the manager could monitor staffs' competency in managing and administering people's medicines. One member of staff we spoke with told us, "Another member of staff worked with me until I was assessed as competent [at administering medicines]." Records confirmed that staffs' competencies were assessed regularly.



# Is the service effective?

## Our findings

Staff we spoke with told us that they had received training relevant to their role and that it helped them to care for people more effectively. One member of staff we spoke with told us, "[The provider] is very keen on us doing lots of different courses." We looked at the staff training matrix and noted that a number of staff were not up to date with their training. We saw from the staff training records that four staff did not have up to date training in the Deprivation of Liberty Safeguards and two staff had not received training in the Mental Capacity Act (2005). We also noted that one member of relief staff had not received training in food hygiene, health and safety and fire safety. Most of the time there was one member of staff on duty to support people. Due to the lack of training in these areas, if the staff member worked unsupervised, they may not know how to support people effectively.

There were a number of staff who were not permanent and they would work as and when they were required. We noted from supervision records that these members of staff did not have any regular formal supervision despite the fact they worked at the home a couple of times a week. Supervision is an opportunity for staff to meet with their supervisor so they can discuss any training needs and any difficulties they may be experiencing. Permanent staff told us that they were supported through regular supervisions and supervision records we looked at confirmed this. We saw from the records that staffs' role and responsibilities would be spoken about as well as any personal development needs.

We saw during our inspection that staff communicated effectively which helped ensure the support provided was effective. For example, we saw that the member of staff who worked the previous night handed over any pertinent information about people to the other member of day staff. This ensured that staff knew people's most current care needs.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the manager ensured the service operated in accordance with the MCA and DoLS procedures and noted that staff received training on the subject. We saw that DoLS applications had been made to the relevant authorising body in respect of all of the people living in the home.

During our inspection we saw that staff consistently offered choices. We only met with one person living in

the service and we saw throughout our inspection they were given choices about what they would like to do that day and what they would like to eat. We saw from the person's care record that they liked to have a lie in when they were not attending their day centre. We noted that staff respected their wishes and did not wake them up.

We saw that people were involved in planning their meals. On the day of our inspection we saw that one person went out shopping with a member of staff. Prior to going shopping, we saw them with staff writing a shopping list and the member of staff was asking them what else they thought they may need to get for the house. Meal times were flexible. One person got up later in the morning and they were supported by staff to make their breakfast.

We saw that each person had a food diary and staff would note down what people had eaten that day. This enabled staff to monitor people's food and fluid intake to ensure that people maintained a healthy nutritional intake. People were also able to access the kitchen to make drinks and snacks as they pleased.

We asked one person if they could see a doctor or nurse when they wanted. They nodded their head and said, "Yes". We saw from people's care records that staff would make timely referrals to relevant healthcare professionals where concerns were raised about a person's health or wellbeing. Any contact with healthcare professionals was clearly documented with the reason for making the contact and the outcome of any appointment attended.

## Is the service caring?

### Our findings

We saw throughout our inspection visit that staff treated people in a kind and compassionate manner. During our inspection, two members of staff popped in as they were in the area. We saw one person smile, get up and go over to give one of them a hug. One person we spoke with told us that the staff were caring.

We saw that staff spoke with people in a kind a respectful way and they knew people's needs well. Staff we spoke with were able to tell us about people's preferences and needs in detail. We saw that staff would consistently ask people what they would like to do and if they were comfortable. For example, we heard one member of staff ask someone if they would be more comfortable in the lounge after they had finished their breakfast. Staff spoke with people in an appropriate way and used humour where appropriate.

People's care plans documented people's preferred ways of communication. For example, we saw from one person's care plan that they would like staff to speak in short sentences and not give them too many choices about things. During our inspection we saw that staff communicated with this person using short sentences and we heard them offer the person choice in line with their care plan. We noted that the member of staff would also use objects of reference. We saw that the person was engaging with the staff member well by their facial expressions and body language.

People were encouraged to be as independent as possible. On the day of our inspection we saw one person helping a member of staff hang out some washing. We saw that they were smiling and laughing with the member of staff as they were hanging the washing out. We also noted that people would help staff with the weekly health and safety checks in the home. The health and safety checks were written in an easy read format so people who lived in the home could complete the checks with staff support. We saw that there was a notice board in the dining room and this had information about the service in an easy read format. We also noted that people's care plans and risk assessments were presented in this format.

Staff we spoke with told us how they respected people's privacy and dignity and our observations confirmed this. We saw that staff would knock on people's doors and wait for a response before entering. We also saw one member of staff discreetly asking one person if they would like support with their personal care.

People's relatives and friends were welcome to visit without restriction. Whilst people did not have any visitors on the day of our inspection, we saw from people's daily notes that people's visitors were welcomed.

Confidentiality was maintained and we saw that personal information about people was stored securely in the staff office which was locked when no one was there. We noted that staff would go somewhere private away from people if they needed to discuss people's care and support needs.

## Is the service responsive?

### Our findings

People's care plans were not always written in a person centred way. We saw that in one care plan the person's name was incorrect on a number of occasions in their care plan. This was an issue that we had identified during our last inspection visit on 22 February 2016. We also noted that some of the information in people's care records was duplicated across all three people's care plans we looked at. Whilst people's care plans were generic in places and contained some errors, they did contain some detailed and person centred information.

People's care plans and associated risk assessments were reviewed regularly and updated when people's care needs changed. We noted that each person had a hospital passport in their care records. A hospital passport details people's preferences about how they like their care to be delivered and their preferred way of communicating. People take this document with them when they go to hospital. This ensured that hospital staff had a good understanding of people's healthcare needs. This showed that the service was responsive in ensuring that people's care needs were communicated to hospital staff so they could be supported and treated well.

People were supported to follow a range of activities and interests. On the day of our inspection one person was doing some art work. They showed us some of the pictures they had drawn as well as all of their arts materials. We saw that staff were taking an interest in the person's artwork and were encouraging and interested. We saw from records that there were regular days out as well as holidays. People who lived in the home had recently returned from a holiday. We saw pictures of one person who had performed in a show for the Church's Christmas pantomime.

People were supported to have links with the local community and people were supported to attend Church and take part in events such as the Harvest Festival. People also attended a day centre. On the days people did not go to the day centre, they were supported to take a trip out. On the day of our inspection we heard a member of staff asking someone, "Where would you like to go today? Would you like to go for a drive?"

We noted that there was no guidance on display about how to make a complaint. When we spoke with staff they were able to tell us how they support people to make a complaint. They also indicated who they would direct the complaint to depending on the nature of the complaint. The manager was able to show us a copy of the complaints policy and explained how complaints would be dealt with. They informed us that the service had not received any complaints in the past year.

Records showed us that there were meetings for people who lived in the home every month. This gave people the opportunity to speak about how the service is run and offer any ideas for improvement. We looked at the minutes from the previous two meetings and saw that people were asked if they were unhappy with anything and trips out were discussed.

## Is the service well-led?

### Our findings

The service was not consistently well led. A member of the provider's quality assurance team carried out monthly visits to the service. We looked at the previous two reports from their visits. We noted that where concerns had been raised about the service, these were not always acted upon in a timely way. For example, in February 2017 it was noted that the cupboard containing substances hazardous to people's health was not locked and the first aid box was not being checked monthly. We saw from the report for the visit in March 2017 that remedial action had not been taken a month later. We checked these actions during our inspection and noted that remedial action had been taken in both instances.

These visits did not identify the gaps in staff training and supervision. The report for the February 2017 visit noted that only 43% of staff had completed training in fire safety but this was not listed as an action point. The report for the visit in March 2017 stated that information pertaining to staff training and supervision could not be accessed due to the manager not being at the location. This meant that this system of monthly visits was not effective at identifying and managing shortfalls in the service.

There was a lack of systems in place where the registered manager would monitor and assess the quality of the service being delivered. People's care records and medicines were not audited and we noted from the health and safety audit that where concerns had been identified, an action plan was not put in place. There were no audits of people's care records and medicines. We identified that in one person's records, they had been referred to by the wrong name on numerous occasions and this had not been identified.

Due to the lack of systems to monitor and assess the quality of the service being delivered, we could not be sure that any risks to people, the staff or the environment could be promptly identified and managed.

The registered manager also managed another of the provider's services which was located in Essex. We asked the registered manager how they managed the service considering they had to divide their time between services in different counties. They told us that they maintained regular contact via telephone and they would leave messages in the staff communication book. Although the registered manager was not at the service full time, staff we spoke with told us that they felt that they were supportive and approachable.

A yearly quality assurance questionnaire was given to people and their families to complete. The registered manager told us that the responses were sent straight to the provider's head office. They informed us that the results of one questionnaire had been sent back. The registered manager went on to say that all three people who used the service had completed a questionnaire and they were not sure why they had not been sent the results of all three. It is good practice to seek regular feedback from people who use the service and any other people involved in the service, such as, relatives, friends and professionals. This gives the provider information about what the service does well and what could be done better. The provider could then take steps to address any issues that arose as a result of the feedback.

During our previous inspection on 22 February 2016 we found that we were not always notified of significant events. Providers are required by law to notify us of any important events. Our findings constituted a breach

of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found during our most recent inspection on 12 April 2017 that improvements had been made in this area and the provider was no longer in breach of this regulation. The manager had implemented a system to ensure that events were notified as required. We reviewed these records along with the records we held which showed the provider was submitting notifications as required.

The registered manager told us that staff meetings were not as regular as they would like them to be. They told us that it was difficult to arrange a time when most of the staff would be able to attend. The manager told us that they had tried various times of the day but there was still a poor turn out at the meetings. The manager gave us the dates of the previous three staff meetings but there were no minutes from these meetings. Despite the lack of staff meetings, staff told us that they though communication from the registered manager was frequent and they felt involved in any changes.