Watford And District Mencap Society

Thorpedale

Inspection report

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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?	Good

Overall summary

We carried out an unannounced inspection on 7 December 2015.

The service provides care and support for up to 7 people living with learning disabilities and/or autistic spectrum conditions. There were 7 people being supported by people at the time of the inspection.

There is a registered manager 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.

The provider had effective systems in place and staff had been trained on how to safeguard people. There were individual risk assessments for each person. However, these did not give sufficient guidance to staff on how risks to people could be minimised. The risk assessments also did not provide a safe balance between enabling people

Summary of findings

to make choices about their care and effective risk management. The provider had effective recruitment processes in place and there was sufficient staff to support people safely. People's medicines had been managed safely and administered in a timely manner.

There was no evidence to show that people consented to their care and support. Also, people's care had not been provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA) because assessments had not been carried out to check whether people had mental capacity to make informed decisions about specific aspects of their care. Staff had received effective training, support and supervision that enabled them to provide appropriate care to people who used the service.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences and choices. They were supported to have sufficient food and drinks, and had access to other health and social care services when required in order to maintain their health and wellbeing.

Staff were kind and caring towards people they supported. They treated people with respect and supported them to maintain their independence as much as possible. People had been supported to pursue their hobbies and interests in order to live happy and fulfilled lives.

The provider had a formal process for handling complaints and people had been given this information in a format they could understand. People and their representatives had been encouraged to provide feedback about the quality of the service provided and their comments had been acted on.

The registered manager provided effective support to the staff. They had effectively used the provider's quality monitoring processes in order to drive improvements.

During this inspection, we found the service to be in breach of some of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 always safe.

People's risk assessments did not give sufficient guidance to staff on how risks to people could be minimised. They also did not provide a safe balance between enabling people to make choices about their care and effective risk management.

People felt safe and there were effective systems in place to safeguard them.

There was enough skilled and experienced staff to support people safely. People's medicines were managed safely.

Is the service effective?

Requires improvement

The service was not always effective.

There was no evidence to show that people consented to their care and support. Also, their care had not been provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA).

Staff received training and support in order to develop and maintain their skills and knowledge.

People had enough and nutritious food and drink to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff were kind and caring towards people they supported.

People were supported in a way that maintained and protected their privacy and dignity. Where possible, they were also supported in a way that promoted their independence.

People's choices had been taken into account when planning their care and they had been given information about the service in a format they understood.

Is the service responsive?

Good

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

People were supported to pursue their hobbies and interests so that they lived happy and fulfilled lives.

Summary of findings

The provider had an effective complaints system and people felt able to raise concerns.	
Is the service well-led? The service was well-led. The registered manager provided effective support to staff. People were enabled to routinely share their experiences of the service. The provider's quality monitoring processes had been used effectively to drive improvements.	**Good**

Thorpedale

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.

The inspection took place on 7 December 2015 and it was unannounced. It was carried out by three inspectors. The Commission had been made aware of a serious incident that occurred in June 2015. Part of this inspection considered circumstances leading up to this incident.

Before the inspection, we reviewed information we held about the service including the report of the previous inspection and notifications we had received. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with four people who used the service, two staff, the registered manager and the operations manager.

We reviewed the care records for three people who used the service. We checked how medicines and complaints were being managed. We reviewed the provider's staff recruitment, supervision and training processes. We looked at information about how the quality of the service was being monitored and managed, and we observed care in communal areas of the home.

Requires improvement

Is the service safe?

Our findings

We looked into the circumstances surrounding the fatal incident that had occurred in the service. We found no indication of any potential failure on the part of the provider or the manager that might have resulted or contributed to the cause of the incident.

Following the incident, some safety measures had been put in place to minimise the risk to people while taking a bath. These included the purchase of new individual lap straps, in line with guidance issued by the Department of Health for use by people who required the use of an assisted bath chair to get in and out of the bath. A photo of the person wearing the lap strap showed staff the correct positioning of the strap so that it was fitted correctly. An audit was carried out monthly to check that straps were in good order.

Whilst the provider aimed to promote people's rights, independence and choice, some risk management plans in place for people required further development to fully balance the needs and safety requirements of people's care. For example, a risk assessment for a person living with epilepsy identified a high risk if they were to have a seizure in the bath and yet they were left, at their request, unsupervised in the bath for up to 10 minutes. However, the provider considered the likelihood of this to be low as the person had not had a seizure for more than four years. We found this person's risk management plan lacked detail for staff on how they should review the risk and assess what measures should be taken to ensure the person's safety, at each occasion they took an unsupervised bath. Additionally, the provider had failed to show that they had assessed the person's mental capacity to determine if they understood the likely consequences of making the decision to have unsupervised time while in the bath. This put the person at risk of unsafe care.

There was no call bell in the vicinity of the bath for a person to pull in case of emergency. The manager told us that for some people, a member of staff remained in the vicinity of the bathroom to verbally check if the person was ok. Also a timer was used to monitor the time a person was left unsupervised. However we were concerned that there was no means for people to summon help if needed, particularly if they were unable to call out and be heard. This was brought to the attention of the manager during our visit. We found the provider had failed to take reasonable steps to further reduce the risks posed to people who used the service.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were other risk assessments in place for each person including those associated with road safety awareness, managing finances and personal care. The risk assessments were concise and written in simple language so that people using the service could understand them. However this meant that they lacked the detail necessary for staff to know what action they should take to minimise the risk. Some good measures had been put in place to minimise risk, such as a self-closing mechanism had been fitted to the bedroom door of a person who used a walking frame to reduce the risk of falling.

People told us that they were safe living at the home. One person said, "I feel safe because staff support me to go out and they look after me." Another person said, "It's not bad living here. If I'm worried, I will speak to staff and my keyworker." We observed that people appeared happy and comfortable in the company of the staff.

The provider had processes in place to safeguard people, including safeguarding and whistleblowing policies and procedures. Whistleblowing is a way in which staff can report concerns within their workplace. Information about how to safeguard people had been displayed near the entrance to the home so that people who used the service, staff and visitors had guidance on what to do if they suspected that a person was at risk of harm. This also contained relevant contact details of organisations that concerns could be reported to. We noted that staff had been trained on how to safeguard people and they showed good understanding of how to keep people safe. A member of staff said, "If I suspected or witnessed abuse, I will report it immediately to the manager and complete an incident report." Another member of staff said that they were confident that the manager would deal appropriately with any concerns reported to them, but they would report to the Care Quality Commission if nothing was done.

The provider had robust recruitment procedures in place because thorough pre-employment checks had been completed for all staff. These included requesting

Requires improvement

Is the service safe?

appropriate references for each new employee and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed.

People told us that they always received the support they needed and we noted that there was sufficient staff to support them safely on the day of the inspection. The service had a longstanding staff team and had very little staff turnover. A member of staff had recently started working at the service and there was ongoing recruitment to fill any vacancies as they occurred. The staff rotas showed that sufficient numbers of staff were always planned to meet people's needs safely and where necessary, shortfalls resulting from staff sickness were normally covered by other members of staff. Staffing levels varied from day to day depending on the amount of support people required. For example, more staff had been planned if people needed support to take part in activities outside of the home. A member of staff told us that they had enough staff, usually with three staff supporting people during the day and one at night.

Additionally, an on-call system meant that there was a senior member of staff available to provide support to staff at any time of the day or night. We saw that the on-call rota had already been planned until February 2016. In order to enable them to deal quickly and safely with any emergencies, an information pack had been developed for the on-call staff and this included, a brief description of the needs of each person, medicines they took and any risk concerns identified. There was also policy guidance on how to use the on-call system in order to deal effectively with any urgent incidents. Most people had their personal emergency evacuation plans (PEEP) reviewed in April 2015 and the manager was yet to develop one for a person who was new to the service.

The provider ensured that the environment where care was provided was safe because there was evidence of regular testing of electrical and gas appliances, as well as systems to prevent the risk of fire. We noted that fire systems had been checked and serviced in May and August 2015. The manager showed us that new internal fire doors had recently been fitted and they were happy that as well as meeting the fire regulations, the doors also looked homely and could be easily opened by people who used the service. The manager kept a record of accidents and incidents, with evidence that measures were put in place to prevent them from happening again. Also, all the equipment used within the home was regularly inspected to ensure that it remained safe for use by people.

There were systems in place for ordering, recording, auditing and returning unrequired medicines to the pharmacy. We saw that medicines were being administered by staff who had been trained to do so safely. We looked at some of the medicine administration records (MAR) and saw that people's medicines were being managed safely and administered as prescribed by their GP. Medicines had been stored securely. Medicine stock levels were also checked regularly to ensure that all medicines held by the service could be accounted for and we saw that appropriate action was taken when discrepancies were identified. For example, we saw that there was a discussion at the team meeting following four paracetamol tablets being unaccounted for during a stock check. During the meeting, the manager had reminded staff to ensure that they kept accurate records of medicines given to people.

Requires improvement

Is the service effective?

Our findings

Although there was written evidence that people consented to taking their medicines, there was none to show that they consented to their care and support. Also, due to some of the people's complex needs as a result of their learning disabilities, it was vital that the provider assessed whether they had mental capacity to make informed decisions about the care or support provided by the service. However, there was no evidence to show that mental capacity assessments had been completed in the records we looked at. After a discussion with the manager about this, they showed us forms they had completed to assess whether people met the thresholds to be referred for assessment in line with the Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that 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 Mental Capacity Act 2005 (MCA). We found that conditions on authorisations to deprive a person of their liberty were being met. Also on the day of the inspection, a 'best interest assessor' from a local authority had visited the home to assess if it was in the person's best interest for staff to constantly supervise them.

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. However, the provider's processes did not meet these requirements, particularly in relation to assessing whether people had capacity to make informed decisions about their care and support. Also, we found that despite being trained in the past, there were shortfalls in the manager's understanding of these processes. We were concerned that people might be at risk of unsafe or ineffective care as decisions made about their care and support were based on the assumptions that they had mental capacity to make those decisions.

This was a breach of Regulation 11 of the Health and Social Care Act (Regulated activities) Regulations 2014.

People told us that staff supported them really well. We saw compliment notes from a person who regularly wrote these and sent them to the staff team. In one of these, they had commended staff for the work they did in supporting them and others who lived at the home. Another person said that staff were "great". However, they were not able to tell us whether staff had the right skills and knowledge to support them appropriately. The manager was proud to tell us about the effectiveness of their support for a person whose condition led to them being isolated and not socialising with others. They said, "They have come out of their shell and they now communicate with others quite well."

The provider's training programme included an induction for all new staff and regular training for all staff. Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. A new member of staff said that they had an induction which consisted of five days of training, including in first aid, supporting people to move safely, positive risk taking and managing risk. Also during their induction, they had been introduced to people who used the service, as well as, working alongside experienced members of staff. They had been registered for the 'care certificate' training and we saw that they were currently working through the different sections of the workbook.

Staff also told us that they received the support they required to do their work well, including having regular supervision meetings with the manager. The staff supervision plan showed that every year, each member of staff had up to seven periods of formal support including an annual appraisal.

People told us that they had enough to eat and drink. We saw that food and drink was freely available to people whenever they wanted it. One person said, "I like the food." We saw that people had been involved in planning the menus and they took an active part in preparing meals with staff support. Staff kept a folder with food pictures to prompt people to make food choices, engage them in discussions about healthy eating and increase their interest in trying different foods. There were also visual prompts displayed in the kitchen to teach people about food hygiene. For example, there were colour coded chopping boards to reduce cross contamination. The provider's own food and safety hygiene inspection showed that they were at low risk of food contamination. In order to support people to gain skills in preparing their own meals, three

Requires improvement

Is the service effective?

people were enrolled on a 'food handling and cooking' course at a local college. They brought the recipes of whatever they were going to cook at the next lesson and staff helped them to buy the ingredients. The manager told us that the time they spent helping people to weigh the ingredients before taking them to college gave them further opportunities to talk to people about the different foods they could cook.

People were supported to access other health and social care services, such as GPs, dentists, dietitians, opticians and chiropodists so that they received the care necessary for them to maintain their health and wellbeing. There was evidence of involvement of various professionals in people's care and treatment. For example, a specialist nurse had given the service guidance on how to manage the care of a person in the event of them having a seizure and we saw that the most recent guidance had been written in July 2015. Staff kept detailed records of when people had been to various appointments and they supported people to attend these.

Good

Is the service caring?

Our findings

People told us that staff were nice and caring. One person said, "I have lived here for many years and I am happy." Another person said, "Staff are lovely and very supportive." A third person told us that they had lived at the service for many years and that they liked it.

We observed positive and respectful interactions between staff and people who used the service. There was a relaxed and happy atmosphere throughout our time at the home. Staff spoke with people whenever they came into the communal areas and were respectful when they offered people support. They regularly checked on a person who was sitting in the lounge and had limited mobility. We saw that they regularly checked if the person was fine and they offered them drinks and snacks.

People had been supported to make choices about how they wanted to be supported and these had been taken into account in planning their care, and had been respected by staff. People said that their views were listened to and they had opportunities to regularly speak with their key workers. One person said, "I talk to my key worker who works Wednesdays to Fridays." As much as possible, staff recognised what people liked and they supported them to live happy and fulfilled lives. A person was keen to show us their bedroom and they were very proud of it because they had chosen the colour of the wall paint, their bedding and other decorative items within the room. In order to determine people's preferences about their care and support, each person had a record titled, 'All about me and how I like to be supported'. This was written in first person to show that people had taken part in its development and pictures were included so that people were able to understand what each area of the support plan related to. We saw that people's views had been acted on. For example, this had resulted in appropriate support being provided to a person who was anxious about attending health appointments.

People had been supported to maintain their independence as much as possible. We noted that they had been supported to gain and maintain self-care skills. A person who was bringing their laundry basket out of their bedroom during the morning of the inspection told us that it was because this was their allocated washing day. A member of staff helped them bring this downstairs and to sort and put different loads in the washing machine. They also told us that they were supported by staff to take part in other household tasks like cleaning and cooking. They added "The home is clean because staff help us with the cleaning." The person also took pride in how they kept their bedroom tidy and clean.

We observed that staff respected people's privacy and dignity because they knocked on bedroom doors and waited for the person to respond before going in. We noted that staff also understood how to maintain confidentiality by not discussing about people's care outside of work or with agencies that were not directly involved in their care. People's care records had also been kept securely in the office.

People had been given information in a format they could understand to enable them to make informed choices and decisions. We noted that a range of information about the service and people's support plans had been given to them in an easy read format so that they could understand it. Most people's relatives were involved in their care and provided additional support if this was required. Some people also had support from social workers who were involved in commissioning and reviewing their care. When required, an independent advocacy service was available and an advocate had visited the service to introduce themselves to people.

Good

Is the service responsive?

Our findings

People were happy with the care and support provided by staff. Their needs had been assessed and the information gained from these assessments was used to develop support plans so that they received the care and support they required. People's support plans were person centred, which showed that their preferences, wishes and choices had been taken into account and as much as possible, they had been involved in planning their care. We saw that each person had an allocated key worker who reviewed their care plans regularly or when their needs had changed.

People had been supported and encouraged to set goals for personal development. Each person had a learning plan that identified areas in which they needed to develop independent living skills. For example, we saw that one person had nine identified goals that included being able to do voluntary work in a charity shop, managing their own medicines, independently using the washing machine and tumble dryer, and to learn budgeting skills. We noted that the goals had been reviewed and updated regularly to show what progress the person had made in each area. In contrast, there was no evidence of regular reviews for another person who was being supported to independently manage their laundry. This meant that staff were not able to identify if the support they provided to the person had been effective in helping them to achieve their goals.

People told us that they were supported to take part in activities they enjoyed. Each person had a 'social events activity planner' and these showed that some people attended local day centres and college. Others enjoyed outings to local shopping centres and other places of interest. There was evidence that people had daily activities planned in order for them to appropriately occupy their time. One person told us that they liked going out to the village shops regularly and they were normally accompanied by a volunteer, who they called their "friend". We also spoke briefly with a person who was getting ready to go out for the day. They showed us photographs of their family members, as well as a signed one of their music idol and they were really proud of this. The service kept some chickens at the request of people who used the service. The manager told us that prior to buying some, they had taught people how to look after them to ensure that they got the most pleasure from this. The manager also said that this has been successful in giving two people in particular, purposeful lives. They told us about one person who took pride in collecting the eggs, washing and dating them before they stored them. People could also see the benefits of having the chickens because the eggs were used in cooking and baking.

People said that they would tell staff and the manager if they were not happy about anything. People had been provided with information on how they could make a complaint or provide compliments in an easy read document titled, 'speaking up'. People were happy with their care and did not feel the need to complain. Records showed that no complaints had been recorded in the last 12 months prior to the inspection, but we also saw that the service had a 'grumbles' book where they recorded minor issues raised by people. We saw that these had been dealt with in a timely manner.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People knew who the manager was and they made positive comments about the support she had given them. One person said, "[Manager] is lovely and all staff are too."

Staff were complimentary about the guidance and the support they received from the manager in order for them to provide consistently good care to people who used the service. Staff felt valued and they also said that they had been enabled to contribute towards the development of the service and any suggestions they made were respected and considered. A member of staff said, "The management are very supportive when we need it." They further told us about how they had been supported to manage the care of a person whose behaviour sometimes presented in the form of verbal abuse towards them adding, "Because of the support, I feel safe working here and I very much love working with people we support." Another member of staff said, "I like working here. I'm constantly being asked how I am, which is very reassuring and caring." We saw that staff meetings had been held monthly for them to discuss issues relevant to their roles. Staff said that these discussions ensured that they had up to date information so that they provided good care that appropriately met people's needs. Staff also had opportunities to hold quarterly 'staff forum' meetings not attended by the manager so that they could openly discuss any issues that affected their work.

The operations manager told us that what they did really well was in how they encouraged people to be involved in all aspects of their care and for that reason, they had seen high levels of user satisfaction. They further told us that they had supported some of the people for as many as 15 years and over that time, they had got to understand really well what people liked. Surveys were conducted regularly to get people's feedback about the quality of the care provided by the service. Both the provider's own questionnaires and those sent on their behalf by an external organisation were in easy read formats so that people could understand what was being asked of them. We saw that people's comments were positive. Also, we saw a positive comment from a professional who commended the service for how well they had supported a person with their nutrition. In addition, monthly meetings were also held with people who used the service and these were normally well attended. Various issues were discussed during these including plans for day trips and holidays. In order to remind people how to safely leave the building in the event of a fire, the fire drill was discussed at each of the monthly meetings.

The registered manager completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records, health and safety of the environment, medicines management processes and staff records. The provider's senior managers also carried out audits of the service and the most recent one had been completed in June 2015. An action plan was always completed following a review and the one completed in September 2015 showed that a number of areas had already been addressed. Also, we saw a service improvement plan for 2013-2015 and we noted that some of the identified improvements had been made, particularly improvements to the furnishings, fixtures and décor of the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent There was no evidence that people consented to their care and support and the provider had not acted in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The information in risk assessments and risk management plans did not contain sufficient information to enable staff to mitigate risks to the health and safety of people using the service.