Care Quality Commission

Royal Mencap Society

# Farm Lane House

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Requires Improvement |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

## Overall summary

We inspected Farm Lane House on 15 &16 December. The inspection was unannounced. At our previous inspection in December 2013 we had concerns about the management of medicines in the home. At this inspection we found improvements had not been made in this respect and people were not protected from the risks associated with not receiving their medicines as prescribed.

Farm Lane House is a care home that provides accommodation and support for up to nine people with a learning disability. At the time of the inspection nine people were using the service. Some of these people had profound and multiple learning disabilities.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 identified in its Provider Information Return that there had been 25 medication errors in the past 12 months. In addition there had been a recent medicines error which had resulted in one person not receiving their prescribed medicines throughout the day. Staff involved and the registered manager did not take the appropriate action as laid out in the homes policies and procedures when the error was discovered.

Due to long term sickness and maternity leave staffing numbers were reduced and had been for a number of weeks. Relatives and some staff told us they believed this had impacted on the opportunities for people to go out.

Risk assessments were detailed and specific to the needs of the individual. They were written in a way which emphasised the benefits of maintaining independence and trying new activities whilst minimising associated risks.

People were involved in the recruitment of staff. The systems surrounding recruitment were robust and helped ensure people were supported by suitable staff.

The staff team benefitted from a robust system of training, supervision and appraisal. They told us they felt well supported by the registered manager and Mencap. There was some dissatisfaction amongst staff about new shift patterns which were due to be introduced. The registered manager was aware of this and was finding ways to support the staff team through the changes.

The home was well maintained and people's rooms were decorated to reflect their personal taste. Communal areas had been decorated and Christmas cards were on show creating a homely atmosphere. The communal areas were small and it was difficult to accommodate everyone in the TV area. There were plans in place to extend the property and address the problems with the environment.

We observed staff were caring in their approach to people and treated them with kindness and patience. However, we did see one incident where a person was waiting for a period of 40 minutes to go out, this comprised of 20 minutes by the front door in their coat and 20 minutes in the homes vehicle.

Care plans were detailed, informative and well laid out. Staff told us they found them a useful tool, especially when supporting someone they did not know as well as others.

People had access to a range of activities which reflected their personal interests and hobbies. Activity logs were used to document what worked well and what did not. This helped staff learn from previous events and develop better ways of supporting people.

The registered manager and assistant manager had a good understanding of the day-to-day running of the home and people's support needs. Communications between the home and Mencap were good and there was a well-defined hierarchy in place.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The actions we have asked the provider to take are detailed 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?**

The service was not safe. Arrangements for the administration, recording and storage of medicines had failed to protect people from risk.

Staffing levels were not sufficient to respond effectively to changing circumstances such as sickness and other absences.

Risk assessments were in place which helped people maintain independence whilst staying safe.

**Requires Improvement**

**Is the service effective?**

The service was effective. People were supported to make day to day choices by a staff team who knew them well.

Staff had received training in the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

There were plans to extend the property to accommodate people's changing needs.

**Good**

**Is the service caring?**

The service was not always caring. We saw one incident where a person was left waiting to go out for a period of 40 minutes.

Staff demonstrated an affection for the people they supported.

People's preferred methods of communication were identified and respected.

**Requires Improvement**

**Is the service responsive?**

The service was responsive. Care plans were informative and well laid out.

People's changing needs were clearly communicated amongst the staff team.

People were supported to take part in activities which were enjoyable for them. However relatives were concerned low numbers of staff were impacting on this.

**Good**

**Is the service well-led?**

The service was not well led. Quality audits had failed to protect people from the risks associated with medicines.

There was a strong and stable staff team in place.

Communication between Mencap and Farm Lane House was good which meant the registered manager was able to keep up to date with any developments in the field of learning disability care.

**Requires Improvement**

# Farm Lane House

**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 took place on 15 & 16 December 2014 and was unannounced. The inspection was carried out by one adult social care inspector.

During the inspection we spoke with the registered manager and assistant manager, a representative from Mencap's quality assurance team who was visiting the home, and five members of staff. We also spoke with three relatives and an external health care professional.

Due to people's health needs we were not able to communicate verbally with them to find out their experience of the service. Instead we used the Short Observational Framework Inspection (SOFI).

SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the Provider Information Return (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home including notifications. A notification is information about important events which the service is required to send us by law.

We looked at care plans for three people, staff records and records in relation to the running of the home.

Requires Improvement

# Is the service safe?

## Our findings

At our previous inspection we had concerns regarding the systems for the recording and administration of medicines and we issued a compliance action. We found the service was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we checked if improvements had been made to comply with this regulation. Before the inspection visit we saw in the PIR that there had been 25 medicines errors over the previous 12 months. This meant the arrangements for the recording, using, safe keeping, dispensing and safe administration of medicines were not robust.

When we arrived at the home we were told there had been a recent medicines error which had been reported to the local safeguarding team. On the 28 November 2014 one person had not received their medicines as prescribed. This person should have had medicines at 8:00 am, 12:00 pm and 8:00pm. None of these had been administered. When the night staff came on duty they had spotted the mistake and contacted the person responsible for the error. They did not contact the GP for advice or the on call manager, as they were required to do according to the services policies and procedures. The following day the on call manager was made aware of the error and initiated an internal investigation to try and establish why it had occurred. They did not contact the local safeguarding team to notify them of the incident until one week after the incident. This was contrary to the services policies and procedures. The procedures in place to minimise the risk of repeated incidents were not adhered to.

There was not an effective system in place to ensure that medicine rounds were not disturbed. We observed a care worker carrying out the medicines round on the first day of the inspection, 15 December 2014. We saw they left the medicines trolley unattended during the medicine round to support someone for a short period of time. This meant they were distracted from their task which increased the risk of errors in the administration of people's medicines. This meant that there were not appropriate arrangements in place for the safe administration of peoples' medicines.

We looked at Medicine Administration Records (MAR) for two people. In one we saw gaps in the records on 07 December 2014 in respect of Paracetamol and Dermol 500 lotion. Sticky notes attached to the record queried whether the medicines had been administered or not. This meant there was a danger medicines could be given twice. In another set of records we saw there were two gaps in the records in respect of one medicine on 07 and 08 December 2014. A sticky note was attached to the sheet stating; 'Tegretol not signed for 7th and 8th'. And then; 'on 8th not given.' We observed that Lactulose, a liquid form of medicine, had not been dated when it was opened meaning staff could not be sure if it was still effective due to its age. This meant that there were not appropriate arrangements for the storage of medicines.

We heard one care worker tell the care worker who was carrying out the medicines round that they had applied creams to someone living at Farm Lane House as necessary. The care worker doing the medicine round then recorded this on the MAR although they had not witnessed the application of the creams and could not be sure this had occurred. This meant that arrangements for the recording of the administration of medicines were not appropriate.

We found there was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager told us the home had been through a difficult period in respect of staffing numbers over the past two months. Due to long term sickness and maternity leave six members of staff had been off work for some time. The registered manager told us they had managed to maintain staffing levels with the occasional use of agency staff. They said they used the same agency to help ensure that people were supported by staff who knew them and their needs well. We looked at the rotas for the last week in November 2014 and saw the minimum staffing levels had been met. However the assistant manager had been unable to carry out a scheduled medicines audit that week as they were required to cover for sickness. A relative told us they did not think there was always enough staff to ensure people's safety, especially at weekends. They said this was because the cook was not on duty and therefore staff had more responsibilities. They commented, "If one person isn't happy they need support and that takes a member of staff out." We asked staff if they thought people's needs were always met. One person told us, "They're definitely getting the support they need." However another told us that staffing arrangements did sometimes

Requires Improvement

# Is the service safe?

impact on people. They said, "You plan to support people to go out but it has to change." Relatives expressed concern about the lack of staff impacting on the opportunities for people to go out as often as they wanted. One commented, "He's not been out in the day as much lately." Another was worried their family member might not be able to continue with a certain activity due to staff shortages. They said, "It would benefit him to continue going. I'd be sorry to see that go."

Care files contained risk assessments. These covered a range of areas including day to day tasks, activities in the community and environmental risks. The risks associated with activities were clearly defined and the benefit of continuing the activity identified. There was clear guidance for staff on how to minimise risk. For example, we saw one person could sometimes become anxious at meal times which could result in behaviour that could be distressing for others. The risk assessment stated it was important the person be supported to eat with others as it helped them sustain social relationships with people. Information was documented about where the person should be seated and with whom in order to help them to stay calm. There was further information as to what action to take in the event of the person becoming unsettled. This showed us risks were considered and strategies put in place to help enable people to maintain independent and meaningful activities whilst keeping them and others safe. The risk assessments were signed to indicate they had been updated regularly. An external professional told us, "[The regulated manager and assistant manager] appropriately identified a range of risks to both my client and his peers and offered suggestions around the least restrictive ways of managing risk of wandering/falls."

We saw people were confident and relaxed in the company of staff and each other. People moved around the home freely and without restriction. The office door was open throughout the period of the inspection and people came in to talk with us and the registered and assistant manager. Relatives told us they were confident their family members were safe although one expressed concerns that one person's deteriorating health meant their behaviour might start to impact on others.

Staff had all received safeguarding training and we saw information regarding the local protocols for reporting safeguarding concerns were clearly displayed in the office. Staff told us they had no concerns about colleagues working practices, but if they did suspect abuse they would report it to the registered manager who they were confident would act on it appropriately. If they felt their concerns were not being listened to staff were able to tell us who they would report to outside the organisation, for example the local authority or the police.

There was an appropriate recruitment system in place and relevant recruitment checks were carried out to help ensure new employees were suitable and safe to work in a caring role. People were involved in the recruitment process at various stages. Some were supported to take part in the initial interview. The second stage of recruitment involved candidates visiting the home and meeting the people who lived there. This gave the registered manager an opportunity to see how prospective employees engaged with people and whether people responded well to them.

Good

# Is the service effective?

## Our findings

We saw people were able to make day to day choices and were supported to do so by a staff team who knew them and their needs well. For example, one person was sitting up in bed at 9:30am on the second day of the inspection. They told us they liked to have a 'lie in'. We saw they got up when they decided to. The registered manager told us this person often went to bed late and preferred to keep these hours. We observed another person seated in the communal lounge. A staff member went over to them, explaining to us that they could tell from their head movements they wanted to communicate. The staff member offered them a laminated sheet with photographs of various objects. The person indicated a picture of their room and the staff member arranged for someone to support them there. This showed us staff were able to pick up on subtle signs which were specific to the individual, meet their needs accordingly and in a timely fashion.

Staff were supported by a system of training, supervision and appraisal. All new staff underwent an induction which comprised of; a period of working alongside more experienced staff, and training in areas identified as required for the service. Staff told us they felt they had enough general training, although they told us they would like to have more specific training to meet the individual needs of people. One member of staff said they would like to have training in Makaton (a signing language system) and positive behaviour management to enable them to fulfil their roles more effectively. Another told us they had started supporting someone whose behaviour could challenge staff, but had not received any extra training beforehand. They told us they would have liked to have had some as, "…I'd never dealt with that level before." Two members of staff had received training in Intensive Interaction, a practical approach to communicating with people with learning disabilities who do not find it easy communicating or being social. This can be particularly useful when working with people who have profound and multiple learning disabilities. Relatives told us they considered staff to be competent. One commented, "I've no qualms, they know what they're doing."

Staff told us there was a regular programme of supervision and appraisal. In addition there was a quarterly 'Shape the Future' meeting for people. This was a 'one to one' meeting which was specifically an opportunity for staff to put forward any ideas or suggestions for the running of the home.

The manager and staff had a clear understanding of the Mental Capacity Act (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to

make specific decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a 'best interests' decision is made involving people who know the person well and other professionals, where relevant. We saw examples of mental capacity assessments in people's files in respect of medical treatment and moving. Where people had been assessed as lacking capacity we saw best interest meetings had been held.

The manager and assistant manager demonstrated an understanding of the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS is part of the Mental Capacity Act 2005

(MCA) and provides a process by which a person can be deprived of their liberty when they do not have the capacity to make specific decisions and there is no other way to look after the person safely. Following a recent court ruling the criteria for where someone maybe considered to be deprived of their liberty has changed. We discussed this with the registered manager who told us they had contacted the local DoLS team and were in the process of reviewing everyone at Farm Lane House and making DoLS applications for people in light of the changes. All staff had up to date training in the MCA which incorporated DoLS. The registered and assistant manager had also had training in DoLS recently.

When we arrived at the home people were being supported to have breakfast. There were a range of foods available and staff prepared individual breakfasts for people as they were ready. Fresh fruit was available as well as hot and cold cereals. Staff prepared food to meet people's needs, cutting it up into bite sized pieces or mashing it, if required. At lunch time we heard people being asked if they wanted to eat in the living room where some people were watching a film, or in the dining room. We heard a member of staff say, "We'll give [persons' name] theirs later. They are fast asleep now." One person refused the sandwich they were offered

Good

# Is the service effective?

and the staff member went and found an alternative they were happy with. One person was respectfully supported to eat. The staff member sat next to the person and offered gentle encouragement. We heard them saying, "No, you hold it….well done." This demonstrated people were supported to maintain their independence.

We spoke with the cook who told us Speech and Language Therapist (SALT) assessments had been carried out to assess people who were at risk of choking and offer advice on how to minimise the risk. They told us they prepared the food to help ensure people got as much pleasure from it as possible. For example, they would roughly mash food to enable people to eat it safely rather than give a fully pureed diet if it was not necessary. This meant the person was still able to differentiate the different foods visually and appreciate the texture of the meal. The cook was able to tell us about people's likes and dislikes. No-one had any cultural dietary needs. A member of staff told us one person needed to be encouraged to take regular fluids. They said, "I'll sit with him, it might take 15 minutes but it's worth it, (and I) make sure he gets it." We heard people were offered drinks throughout the day and there was fresh fruit and biscuits available. The menu was available in pictorial form to help people make a meaningful choice. This was displayed on the wall in the kitchen.

We saw the refrigerator temperature was monitored regularly so any problems could be identified quickly. However, this was sometimes recorded by the cook and sometimes by night or weekend staff. They did not record the information in the same place, which meant there was a risk any problems with maintaining a safe temperature for food storage, might be overlooked.

People had access to a wide range of healthcare professionals. We saw contact details in people's files for GP's, opticians and dentists. We heard staff discussing the health of one person and deciding to contact the GP for advice. On the second day of the inspection we saw the district nurse visited the home.

The house was clean and well maintained and the approach to the front door was accessible for wheelchairs. However there was limited communal space, which comprised of a living area with a TV, a dining area and a kitchen. Some people had large wheelchairs and we observed that the rooms could quickly become crowded. A relative commented, "It can get a bit congested." If people wanted private time with staff or visitors, or they wanted a quiet space there was nowhere other than their bedrooms to go to. The needs of some of the people living at the home had changed and their behaviour could sometimes challenge staff. The limited space could make it more difficult to diffuse any incidents. We discussed this with the registered manager and the Regional Quality Business Partner for the South who was visiting on the second day of the inspection. They told us the limited space combined with the needs of the people who lived there had been identified as a problem and there were plans to add a conservatory to the building to address this.

Requires Improvement

# Is the service caring?

## Our findings

On the first day of the inspection we saw staff were busy throughout the day. People were supported to go out shopping or for drives and coffee trips. At 2:00 pm we saw one person in a wheelchair with their coat on sitting by the front door waiting to be supported to go out on the home's bus. We noted the member of staff who was going to take them out was eating their lunch. They told us, "I've explained that I'm just having something to eat." We saw at 2:20pm the person was still waiting to go out and another member of staff was asked to help them onto the bus. At 2:40pm we saw the member of staff leave the home to take the person out. This was not respectful of the person's time.

During this period two people were in the lounge with the TV on, neither were paying any attention to the programme. We noted that for 30 minutes no-one engaged with these people or spoke with them to check on their well-being. We discussed these incidents with the registered manager who agreed this was not acceptable.

Due to people's healthcare needs, they were unable to tell us verbally about their experiences of the service. On the second day of the inspection we observed interactions between staff and people using SOFI. We saw staff engaged with people in a caring and friendly manner. An external professional told us, "They [the staff team] show a good balance of personal compassion and fondness for [person's name]." A relative told us, "Anyone new, they can tell them his little quirks. They know him well."

Staff spoke about the people they supported with affection and demonstrated a good knowledge of people's likes and preferences. We saw a member of staff asking someone if they wanted coffee, they leaned towards them to establish eye contact and ensured the person had time to think about the question and answer in their own time. The staff member squeezed the persons hand and they smiled at each other. This showed the staff member understood the persons' communication needs and had a positive relationship with them.

Staff were able to describe in detail people's method of communication. For example, one care worker told us, "If he raises his eyes he wants the TV and when he makes a noise like this [made a noise] he's unhappy." Care plans also contained detailed information about communication. We saw in one person's file they had created an individual vocabulary. The care plan listed some of the words the person used along with definitions.

People were supported to maintain important relationships. People had regular visits from family members. One person had family living some distance away whose main form of contact with them had been the telephone. We were told this was difficult because the person became excited when they were contacted but were unable to speak. The home had arranged for them to use Skype as a means of keeping in touch with family using the home's lap top. This had been so successful for both the person and their family, they had supported them to buy their own tablet to use so they were not reliant on shared equipment. When people did not have family the service had arranged for advocates to support people, especially when they needed to be helped to make decisions about their future, such as moving accommodation.

Relatives told us they visited when they wanted, could pop in unannounced if they were passing, and were always welcomed. They told us they felt their family members were cared for and happy. One said, "We're very happy because [person's name] is very happy. We'd know if he wasn't, he'd let us know."

Peoples' privacy and dignity was respected. On the morning of the second day people were receiving personal care in their rooms. When staff saw we were in the corridor they ensured peoples' doors were closed to protect their privacy. Bedrooms were decorated and furnished to reflect people's personal tastes. Staff informed people of what they were doing, for example before moving someone's wheelchair a staff member told them, "I'm going to move you back now."

Good

# Is the service responsive?

## Our findings

Two people had recently moved from another Mencap home to Farm Lane House. We spoke with staff and a relative to find out how the move was managed. Staff who knew the people well visited the home with the person on several occasions. This gave people an opportunity to familiarise themselves with the environment, new staff and the other residents. The visits usually took place at key times of the day such as meal times and included an overnight stay. One staff member told us, "The transition was managed very well." Staff, who were to work closely with the people spent time shadowing staff who knew the people well. There were plans for a further four people to swap between the two homes. We saw mental capacity assessments and best interest meetings had been held to discuss the moves with the involvement of families and Independent Mental Capacity Advocates (IMCA). IMCA's are able to support people who lack the mental capacity to make specific decisions at key points during their lives, usually when moving home or undergoing medical treatment.

Care plans were comprehensive and contained information about peoples support needs which gave staff clear guidance about a range of subjects. For example, there were sections on communication, money, making choices and medicines. Information was laid out in bullet points making it accessible for staff. Staff told us they found them useful, especially when they were just starting to support someone. One told us, "It [the care plan] uses a traffic light system to describe anxiety. That was useful because it gave me a bit of an insight." We did not see any personal histories in peoples care plans. These can help staff gain an understanding of what has made the person who they are today.

When people's needs changed this was identified and recorded effectively to help ensure all the staff team were aware of any changes. Staff had verbal handovers at the start of their shifts to update them on any incidents or changes in people's needs. These were reinforced with written handover sheets and recorded in the homes communication book.

Review meetings were held for people every two months. These were an opportunity to update needs assessments, risk assessments and support plans. Relatives told us they were invited to attend. One commented, "We put our two penny worth in!"

People were asked what they wanted to do and arrangements were made to meet their preferences. One person stated in the morning they wanted to go for a trip out to Dartmoor. We heard staff discussing who could support this, and arrangements were made to ensure the trip took place. Records showed trips out and parties were arranged with another nearby Mencap home. This demonstrated people were encouraged to form and sustain social relationships. The registered manager told us one person had enjoyed running an allotment in their past. In order to support this interest a raised flower bed had been created at the front of the house with a bench alongside so the person could spend time there. We were told this activity helped the person when they became anxious.

Activity record logs were used to record what activities people had done, what had worked and what had not. These were analysed monthly and any relevant information communicated to staff at team meetings and added to people's care plans. This meant staff were able to learn from this in order to help people have meaningful and successful experiences.

The registered manager told us they regularly sought people's views about the service using different methods according to the individual's needs and communication preferences. People had key workers who supported them regularly and knew their needs well. Key workers held structured meetings with people which were used as an opportunity to identify goals and aspirations. There were also regular tenants meetings and the minutes showed these were used to discuss matters such as the décor of the home, the use of communal areas, and the planning of social events. The minutes for the July meeting stated people had said they wanted a barbeque party. In the minutes of the August meeting it stated this had taken place and had been a success.

Relatives told us they had not had reason to complain but would do so if necessary and were confident the registered manager would act upon it. No-one could recall having been given any written information about how to make a complaint. Records showed the home had not received any

Good

# Is the service responsive?

direct complaints over the last year. However we saw on the PIR that a complaint had been made about the home to Mencap and this had been investigated at the organisational level. The registered manager told us the complaint had not been upheld. Care plans contained copies of the complaints procedure.

Requires Improvement

# Is the service well-led?

## Our findings

Although there were systems in place to monitor and assess the quality of the service provided in the home these were not always effective. The systems had failed to identify the improvements required in the administration, recording and storage of medicines. Medicines were audited on a regular basis but the last audit had been missed due to staff sickness. This meant errors and gaps in the Medication Administration Records had been overlooked which had put people at risk of not receiving their medicines as prescribed.

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager told us they used an on-line quality assurance system which identified when certain actions were due. For example training updates, updates for risk assessments, fire audits and health and safety checks and health care appointments. This was monitored in the home and externally by the regional and area managers.

The home was managed on a day-to-day basis by the registered manager and assistant manager. Both had dedicated administration hours and the assistant manager also worked some hours supporting people with personal care. They told us they liked to, "keep my hand in." Both were based in an office within the home. The door was open throughout the two days of the inspection, apart from one period when an interview was taking place. The assistant manager told us they, "had a presence." Staff described them as approachable and one said the assistant manager acted as a link between the staff team and the registered manager. It was clear during the inspection that the managers worked well together to manage the home. The registered manager told us, "I believe in what we do here. We don't always get it right but we always strive to get it right."

The registered manager attended monthly manager meetings where they were updated about any developments in working practices. They then fed that back to the staff team at Farm Lane House. They also received monthly bulletin emails. This meant they were able to keep informed about best working practices.

The registered manager carried out unannounced spot checks at the home during evenings and weekends. We saw records of these which recorded what people and staff had been doing at the time of the spot check and any incidents or concerns arising from it.

The staff team described themselves as 'strong' and 'committed'. Most of them had worked at the service for a long period of time. One newer member of staff told us, "I never thought I'd enjoy it as much as I do [working in care]. The staff are lovely." Another said, "Staff tend to pull together and we all muck in. When the chips are down we all muck in." Staff meetings were held monthly and covered a wide range of subjects such as working practices and any concerns about people's support.

Staff told us they felt part of a team and also, to a lesser degree, part of Mencap. They told us there was regular communication with the bigger organisation and they were kept up to date with any developments; through the registered manager and the circulation of an organisational magazine. One person said, "This is my little Mencap."

There were changes planned to the structure of staff shifts which were due to start the month following the inspection. Some members of staff expressed dissatisfaction with the new shift patterns and said although they had an opportunity to express this at staff meetings they were not sure it would be acted on. We discussed this with the registered manager who told us they were aware of the disquiet and were taking steps to address this. People would be offered extra supervision to discuss concerns. They told us this was a trial which had been introduced in response to staff concerns about the level of support available for people in the early mornings. They added, "The door is always open. If people want to talk to me they only have to ask."

On the second day of the inspection a representative from Mencap's internal quality team was visiting the service. They told us they did this on a regular basis to support the home and help implement any changes. There was also regular contact between the registered manager and the area operations manager. The registered manager told us the support within the region was good.

Requires Improvement

# Is the service well-led?

Relatives were asked their views about the service annually via a survey. They told us communication with staff and the registered manager was good and everyone was very approachable. One commented, “Everything seems to run tickety boo.”

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations 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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers<br><br>The registered person did not have an effective system in place to regularly assess and monitor the quality of service provided and identify, assess and manage risks relating to the health, welfare and safety of people who used the service. Regulation 10 (1) (a) & (b) |

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines<br><br>People were not protected from the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purpose of the regulated activity. |

**The enforcement action we took:**
We issued a warning notice under Section 29 of the Health and Social Care Act 2008 for failing to comply with Regulation 13 on 21 December 2014. Royal Mencap Society is required to become compliant with this regulation, at the location Farm Lane House, by 31 January 2015.