

Eastbourne & District Mencap Limited

Eastbourne & District

Mencap - Arundel Road

Inspection report

27 Arundel Road
Eastbourne
East Sussex
BN21 2EG

Tel: 01323431367
Website: www.eastbournemencap.org.uk

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Eastbourne & District Mencap – Arundel Road is a residential care home that accommodates up to nine people with learning disabilities, autism and associated physical and sensory needs. At the time of the inspection there were nine people living at the home.

People's experience of using this service and what we found

Risks to people were assessed and safely managed by staff. This included individual risks to their health and wellbeing. Guidance in place for staff was clear and staff knew how to support people to avoid harm from risks whilst maintaining their independence. One relative told us, "I really like that they have been able to balance quality of life with keeping people safe."

Medicines were managed safely. Each person's medicines were given by their own designated staff member who was supporting them throughout the day. Some people required epilepsy medicines to help them whilst having a seizure. Each person's guidance around this medicine was clear and staff knew exactly what should be given at what point to protect the person.

There were clear infection, prevention and control (IPC) procedures to keep people safe. People and staff's individual risks relating to COVID-19 were assessed and measures put into place to reduce the risk of infection. The registered manager told us about the importance of following infection control procedures whilst trying to maintain a homely environment.

There were systems in place to monitor the service and the provider strived to continuously develop to achieve good outcomes for people. The culture of the service focused on what people could achieve, and staff told us the registered manager provided a pro-active lead in supporting people to reach their goals and achieve new things.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and Independence.

People living at the home had been supported to personalise their bedrooms and choose the colour of their walls, their furniture and items from home. There were no signs outside the home identifying it as a care home. People were supported to move freely around the home and there was a 'safe' kitchen for people to

use as and when they chose to. The registered manager had made changes to the environment to encourage people living there to get involved in the daily running of the home. For example, the full length gate had been removed from the main kitchen door and people were able to sit in the room with staff and be involved in the preparation of food.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights.

People were supported by the same staff member throughout the day. This meant that people received continuous and focused support that promoted person-centred care. Activities at the home were designed around each individual and achievements were celebrated.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

We heard multiple accounts from staff and relatives about how the values of the service had improved and leadership of the service had led the way for people to be supported to live more empowered lives. Relatives of people were very positive about the changes the registered manager had made to the service and to people's individual lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (24 September 2019)

Why we inspected

We undertook this targeted inspection following concerns raised in relation to risk management at the service. The overall rating for the service has not changed following this targeted inspection and remains Good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Eastbourne & District Mencap - Arundel Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This was a targeted inspection to check on a specific concern we had about risk and medicines management.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Eastbourne & District Mencap- Arundel Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short notice period of the inspection. This was because of the COVID-19 pandemic. We wanted to be sure that no-one at the home was displaying any symptoms of the virus and needed to know about the provider's infection control procedures.

Due to the COVID-19 pandemic we needed to limit the time we spent at the home. This was to reduce the risk of transmitting any infection. Therefore, we had a discussion with the registered manager and discussed how we would safely manage the inspection.

What we did before the inspection

Before the inspection we reviewed information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We asked the provider to send some records for us to review. This included, a variety of information relating to the management of the service, including the infection control policy, risk assessments relating to COVID-19 and staffing rotas.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We observed interactions between staff and people and spoke to the registered manager about the service. We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service were also reviewed.

After the inspection

We spoke with five staff members about what it was like to work at the home and seven relatives about their experience of having a loved one living at the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Assessing risk, safety monitoring and management

- Risks to people were assessed and detailed in people's support plans. Instructions for staff on how to support each person to manage their risks was clear and considered the least restrictive option. Staff knew what people's individual risks were and how to support each person safely.
- We observed staff supporting people in line with their individual guidance. People who needed staff to support with guiding them around the home were seen with staff throughout the inspection. One person who was at risk from self-injurious behaviour, had detailed in their support plan that an object of distraction should be used to minimise this risk. We observed staff carrying these objects with them while supporting the person.
- Risks associated with people's health needs were well managed. Some people were living with epilepsy. There was clear guidance for staff about how to support them safely. This included potential triggers, how to support the person during and after the seizure.
- There was guidance about what steps staff should take if the person did not recover from the seizure. This included giving emergency recovery medicines, when and how this should be given and what steps to take if the person did not respond to this. Staff were able to identify different types of seizures and tell us how to respond to each person's seizure safely in accordance with their individual guidance.
- One person received their food and medicines via a percutaneous endoscopic gastrostomy (PEG) tube feeding. A PEG is a tube passed into a person's stomach by a medical procedure. It is most commonly used to provide a means of feeding or receiving medicines when people are unable to eat or drink. The registered manager had arranged for all staff to refresh their PEG training to ensure their knowledge and skills were updated and identify areas for development.
- Incidents were recorded by the staff and monitored by the registered manager. Any improvements identified or changes needed as a result of incidents were discussed in staff meetings and at handover meetings. For example, there had been a choking incident at the service. A PECS (picture exchange communication system) had been developed to help explain to the person what had happened. The incident was discussed with staff at a team meeting. Staff told us management had closely monitored people's eating and drinking since the incident and they felt confident in knowing how different people's food should be prepared safely.
- Some people at the service could express themselves through behaviours that may challenge. Staff told us they felt confident in how to support people who could become agitated or upset, they said, "There are guidelines for every resident on if things happen, how we should help that person, this often includes giving them time, backing away but staying with them to make sure they're safe and reassuring them."
- The registered manager told us that they had seen a reduction in incidents since the implementation of the 'flow' system, where one staff member was responsible for the same person's care throughout the day. People's behaviours were recorded on antecedent, behaviour, consequence (ABC) charts. This documented

what happened before, during and after a person expressed a behaviour. These were analysed and discussed by the team and led to changes in how people were supported, reducing incidents.

Using medicines safely

- There were systems in place to ensure medicines were ordered, stored, given and disposed of safely. Only staff who had received the appropriate medicine training and competency checks were able to give medicines.
- Staff were responsible for giving medicines to the person they supported each shift. This helped to ensure medicines were given in a personalised way. For example, as far as possible, at a time that suited each person. There was detailed guidance about how people liked to take their medicines, one person liked to take theirs with particular foods and this was described in the guidance.
- Staff told us there had been a number of medicine administration errors while all staff were being trained to give medicines, but this had been addressed and was no longer an issue. Staff told us the importance of taking their time when supporting with medicines and double checking everything. One staff member said, "There's no rush to do medication, we are encouraged to take our time to make sure we get it right."
- Medicine administration records (MAR) were well completed. When medicines were given, the number of tablets left in the box were recorded on the MAR. This provided an ongoing audit of medicine stock. If medicines had not been given, the reason was recorded on the back of the MAR. Medicine guidance also informed staff what steps to take if people declined their medicines.
- Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. There was guidance in place to inform staff why these medicines may be needed.
- Occasionally, some people needed emergency medicines when they experienced a seizure. Staff had received training to give these. These were stored safely in the home and were taken with people when they went out. We discussed with the registered manager the introduction of a record to show when the medicines left the home. We received confirmation after the inspection that this had been put into place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Visits took place in the sensory room in the garden. There were risk assessments to ensure visits took place safely and relatives told us they had been asked to wear personal protective equipment (PPE).
- We were assured that the provider was admitting people safely to the service. The registered manager told us that anyone admitted to the service was supported to isolate for 14 days and would have a PPE station outside their bedroom door for staff to use.
- We were assured that the provider was using PPE effectively and safely. We observed staff wearing masks at all times during our inspection and there were plenty of PPE stations around the home. Staff told us they wore gloves, masks and aprons when supporting people with personal care.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning of high touch areas had increased during the pandemic and staff told us they were all responsible for cleaning these throughout their shift.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff were assigned to support the same person or persons throughout their shift, minimising contact with other members of staff. Agency staff working in the home did not work in any other services.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. The

registered manager understood shielding and social distancing rules and had measures in place to protect people. The registered manager acknowledged that in the event of an outbreak, it would be very difficult to support people to isolate due to their understanding of the situation.

We have signposted the provider to resources to develop their approach.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection, a new manager had been appointed and registered with the Care Quality Commission (CQC) in June 2020. The service had been through a difficult time with an increased staff turnover. During this time, the registered manager had implemented positive changes at the service.
- Staff and relatives spoke highly of the registered manager and the impact he made on the people's care. A relative told us, "The new manager has transformed the place. He is caring and understands Autism and [person] is much happier now than they ever were."
- Relatives told us there had been a lot of new staff at the home. Although staff were relatively new, they knew people and their support needs well. Staff told us they had a thorough induction to the service and did not provide support until they were confident and competent to do so.
- The registered manager told us changes to the staff team were positive and staff worked well together for the benefit of people. The registered manager said this had improved the culture at the home. A relative told us, "They seem to be doing really well. I think they've made lots of improvements during a difficult time. Whilst dealing with COVID-19 they've had a change in manager and staff. They've been able to make changes for [person] which have been really positive."
- Staff told us they felt supported by the registered manager and the senior staff team and were comfortable raising concerns. One member of staff said, "I feel like if I have an issue it'll be looked at in detail. If I bring anything up it's thought about rather than given an immediate or rushed response."
- Important information and changes to people's needs were communicated to staff through a computer system, at handovers and in team meetings. Staff were well informed of any changes that happened at the service. Staff told us that messages sent to them through the computer system had to be read before they could continue to use the system, and senior staff would question them about what they had read to ensure it had been understood.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- During the inspection, we saw a positive atmosphere throughout the home. People were relaxed around staff and both staff and people seemed happy in each other's company. Staff spoke to people with kindness and respect and knew people very well.

- People's relatives told us staff had made positive impacts on the lives of the people they support. For example, one relative said that staff had worked with the person to expand their diet and had made small regular changes to support the person to have a more nutritious diet. This person had been used to eating only one type of food for many years and now ate a broader range of foods due to the innovations of staff. The person's relative told us, "Since [the registered manager] came over, [person] has really improved. They're eating again after years of not eating."
- Staff told us about a person they had been working with who had not wanted to leave the building and spent most of their time in their bedroom. The registered manager had identified that the person loved chocolate mousse and that this could be used to slowly encourage the person out of their room. Each day staff would place the chocolate mousse on a table and move the table inch by inch further from the person's door to encourage them to come and collect the chocolate mousse. The result of this was that the person's confidence increased and they were eventually supported to visit their relative at their house. The person's relative told us how special this was for them.
- Staff told us that they had seen many positive changes in people since the registered manager had joined the service. Staff felt that the registered manager's attitude towards people had encouraged them to use innovative and new ways to support people. Staff said, "When you have that kind of example, it encourages you to take the lead and try to support people in ways you hadn't thought about before."
- Relatives were positive about the impact the registered manager had had on the service. They told us, "Communication has really improved. Family feedback has got much better and there's been a complete focus on [person's] needs and their quality of life." Relatives and staff told us the registered manager was open and honest.
- The registered manager had implemented a 'flow' system for people's care throughout the day. One staff member was assigned to a person's 'flow' which meant that they were responsible for supporting that person with washing and dressing, medication, meals and activities. This provided people with stability and consistency throughout the day. Staff told us that it made the care provided more person-focused and meant they could provide individually tailored activities for people. A relative told us they had met two of the staff that were responsible for their loved one's care and that "[person] seemed to get on very well with them and seemed happy around them."