

Royal Mencap Society

# Royal Mencap Society - Fryers Walk

## 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?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This unannounced inspection took place on 15 and 24 September 2015. Fryers Walk provides personal care and accommodation for up to 34 people who have a learning disability. There were 31 people living there at the time of our inspection. Accommodation is provided in a mix of bungalows and flats.

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 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.

# Summary of findings

Improvements had been made to the management of medicines. Medicines were stored appropriately and people received them at the prescribed times. Regular audits were being carried out to identify any issues which were then dealt with appropriately.

Recruitment of new staff had taken place over the last few months and so the staff team were more consistent although agency staff were still being used for night shifts. Staff enjoyed working at the home and felt that the morale within the team was improving.

Staff knew people's needs well and worked hard to meet these. In general, people's needs were assessed and a clear plan of care was written to provide guidance to staff about how to meet individual needs. However, improvements were needed to ensure that people's capacity to make their own decisions was appropriately

assessed. Improvements were also needed to ensure that staff received appropriate training to support people whose behaviour may present a risk to themselves or others.

You can see what action we have told the provider to take at the back of the full report.

People were supported to take part in hobbies and interests that were of importance to them. They felt well supported by the staff team and felt that the staff were kind and caring. People received support to attend healthcare appointments as required.

The senior management team had recognised that the staff morale needed to improve and have taken action to address this. Whilst they have taken some action to make necessary improvements to the service the timescales for these have been slow. Improvements to the interior and exterior maintenance and décor have not taken place in a timely way.

# 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 consistently safe

Risks to people from the external environment had not been adequately assessed.

Staff had not all received appropriate training to enable them to support people with behaviours that presented a risk to themselves or others.

New staff had been recruited recently and so the staff team was more consistent.

Improvements had been made to the management of medicines.

Requires improvement



### Is the service effective?

The service was not consistently effective.

Staff did not all have the appropriate training to ensure that people's capacity to make their own decisions was fully assessed.

People enjoyed their meals and were supported to become more independent with regard to shopping and cooking.

People received support from healthcare professionals as required.

Requires improvement



### Is the service caring?

The service was not consistently caring.

People liked the staff who supported them.

Staff understood how to communicate effectively with people.

Consideration had not always been given to ensuring that people's privacy and dignity was promoted.

Requires improvement



### Is the service responsive?

The service was responsive.

People were supported to take part in a range of hobbies and interests that were personal to them.

Staff knew people's needs well and worked hard to meet them.

Good



### Is the service well-led?

The service was not consistently well led.

Audits were carried out to assess the quality of the service provided but action was not always taken in a timely way to make necessary improvements.

Requires improvement



# Summary of findings

The morale in the team was improving and the management team were taking steps to further strengthen the team.

In general, staff enjoyed working at the home and appreciated the improvements that were being made.

# Royal Mencap Society - Fryers Walk

## 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 15 and 24 September 2015. The inspection was unannounced and was carried out by three inspectors over the two days.

During the inspection we spoke to people who lived at the service and observed staff providing support to people. We also spoke to relatives and to staff working at the service. This included the area manager, the registered manager and support workers. We also looked at records relating to the management of the service as well as to individual people's care records.

# Is the service safe?

## Our findings

At our previous inspection in December 2014 we found that medicines were not always available, records had not always been properly kept and medicines were not always stored properly. The provider wrote to us and told us that staff members would be provided with additional information to show areas that needed to be improved. Medicine audits would be completed to check that improvements had occurred and continued to be completed. We found that adequate action had been taken to ensure this breach had been met.

We also received information prior to this inspection that one person had not received their medicines as prescribed. Medicines had not been dispensed prior to people going out of the home. We asked the provider to investigate the concerns in relation to the person who had not received their medicines and found that on one occasion a medicine error had occurred. This related to the way medicines were dispensed when people went out of home to attend other services. The system for medicines that needed to be given while people were out of the home had been changed to ensure that people took their medicines with them and that instructions for staff members were clearer.

People were happy with the support they received with their medicines. They told us that their medicines were always given to them at the times they expected. We found that the arrangements for the management of medicines were safe. They were stored safely and securely in locked storage cupboards. The fridge and room temperature that medicines were stored at was recorded to make sure that it was at an acceptable level to keep the medicines fit for use.

Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as intended by the person who had prescribed them. Audits had been completed and identified areas where records had not been properly completed, together with the actions taken to resolve these.

Risks to people's safety had been assessed and recorded. These were individual to each person and covered areas such as malnutrition, behaviour, moving and handling, and

personal evacuation plans. Assessments had detailed guidance for staff to follow to ensure that people remained safe. Our conversations with staff demonstrated that they were aware of these assessments and followed the guidance to minimise risks.

We observed that some people using the service displayed behaviour that may upset or cause harm to others, including staff. There was information in people's care records to guide staff in how to reduce the risk of upset to others. However, this was not always detailed enough to ensure all staff members approached the person in the same way. Staff told us that they had not all received appropriate training with regard to supporting people at these times.

We also found that risks in the environment had not always been identified and adequate actions taken to address the issues so that the area was safe for people to use. A gazebo in the garden used by people living in two bungalows had been deemed unsafe for people to use. Staff members told us that although action had been taken to ensure the roof did not fall in, the area had not been made safe enough for people to use. We also observed on three occasions during this inspection that doors providing access to different bungalows were left open or unlocked. This was a potential security risk as the complex was accessible by the general public.

People we spoke with told us that they felt safe living at the home and would know who to contact if they had concerns. Staff members we spoke with understood what abuse was and how they should report any concerns that they had. There was a clear reporting structure with the registered manager responsible for safeguarding referrals, which staff members were all aware of. Staff members had received training in safeguarding people and records we examined confirmed this.

Information we hold about the provider showed that they had reported safeguarding incidents to the relevant authorities including us, the Care Quality Commission, as is required. This meant we could be confident that the service would be able to recognise and report safeguarding concerns correctly.

## Is the service safe?

One person was able to tell us that they thought there were enough staff available. This allowed them to do what they wanted to and gave them the opportunity to take part in leisure activities and to learn new skills that may enable them to become more independent.

Staff members told us that they thought there were usually enough staff available and that staffing levels allowed them to spend time with people. They said that occasionally there was a shortage of staff due to sick leave at short notice. The manager told us that staffing levels were set at a desired level of two to three support staff for each bungalow and this was determined by the day that each person had planned. There was one support worker for each group of flats during the day. The manager said that there had previously been a high turnover of staff but that the staffing group was now more consistent although agency staff were being used to cover night shifts. During our inspection we observed that there were at least two

staff members in each bungalow and staff members in each block of flats. We determined that there were enough staff available as people were able to carry out the activities they had planned each day.

The recruitment records of staff working at the service showed that the correct checks had been made by the provider to make sure that the staff they employed were of good character. However, we found that gaps in staff member's employment history had not always been checked. This meant that not all of the required information had been obtained prior to the staff member starting work.

We received information prior to this inspection that some areas around the home were not clean. The registered manager confirmed that the service had taken steps to address these shortfalls, although we also noted that staff members had not received training in the prevention and control of infection. Areas that we visited in the home were clean and pleasant smelling. Staff members confirmed that they cleaned each day and whenever this was required.

# Is the service effective?

## Our findings

At our previous inspection in December 2014 we found that there was limited information in some people's care records in relation to the assessment of people's mental capacity and how decision making processes had been carried out. The provider wrote to us and told us that they would ensure decision making information was a part of people's support plans and that training in the Mental Capacity Act (MCA) 2005 would be mandatory for all staff. They told us that they would have met this breach by 5 June 2015. During this inspection we found that staff still did not have the appropriate understanding of the application of the MCA.

The Care Quality Commission (CQC) is required by law to monitor the MCA and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA aims to protect the human rights of people who may lack the mental capacity to make some decisions for themselves.

At this inspection on 15 and 24 September 2015 we found that mental capacity assessments had not been completed for people who were not able to make their own decisions. The manager told us that a mental capacity assessment had been completed for only a few people. We saw that risk assessments and care plans were in place that stated people did not have the capacity to make complex decisions, although only one decision had been recorded. This was the same decision for four of the people whose care records we looked at and limited the amount of money people were able to spend without obtaining permission. Best interest decisions had not been made for these or other decisions, such as leaving the home alone, that people were not able to make for themselves. A formal mental capacity assessment had not been completed for these people.

The manager confirmed that DoLS applications had been submitted to the local authority for every person living at the home. DoLS are part of the MCA and aim to protect people who may need to be deprived of their liberty, in their best interests, when there is no less restrictive way of doing so. Any deprivation of liberty must be authorised by the local authority for it to be lawful. These applications had been made even though mental capacity assessments had not been carried out to ascertain that people lacked capacity to make informed decisions about leaving the home.

### **This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We checked staff training records and saw that they had received training in a variety of different subjects. This included manual handling, safeguarding adults, first aid, and medicines management. Staff we spoke with told us that they had received training to meet the needs of the people who lived at the service. They also said that they had the opportunity to undertake additional training that was appropriate to their role. However, we identified that not all staff had received recent training with regard to MCA and DoLS. They had not been properly trained to support people with behaviours that may present a risk of harm to themselves or others.

The manager told us that staff had individual supervision and team meetings with their line manager in which they could raise any issues they had and where their performance was discussed. Staff members told us that they felt adequately supported to carry out their roles.

At our last inspection in December 2014 we found that one person's weight had not been monitored adequately and advice from a health care professional had not been followed. This had meant that the person had continued to eat in a way that did not provide a healthy balanced diet. The provider wrote to us and told us that they would provide further guidance to staff members in how to ensure each person received the appropriate support for their nutritional needs.

We also received information before this inspection that people's weight was not monitored closely enough and that they were not given a healthy enough diet, which had led to them becoming overweight. During this inspection we found that appropriate action had been taken to address these concerns. We looked at one person's records for information about how their weight was monitored and found that there was guidance for staff about how to do this. The information included advice from a health care professional and we saw that this had been followed. As a result the person had successfully lost weight. We spoke with the person's relative, who complimented staff members on their actions. They told us it meant the person was able to eat food that they enjoyed and maintain a healthier diet.



## Is the service effective?

People told us that they liked the meals that they were given. We found that either a weekly menu had been developed or people chose what they wanted to eat each day, depending on whether they lived in a bungalow or in their own flat. Although a menu had been developed for some areas, staff members discussed meal options with people before their next meal so that they had the opportunity to have an alternative if they wanted.

People's care records showed that they had access to other health care professionals, such as psychologists and their

local GP. Detailed reports and information were available following these visits. However, we saw that the minutes of a recent meeting that one person had with a health care professional did not contain any reference to all of the behaviour that the person displayed that may upset others. This meant that this potential source of advice in ensuring other people and staff were not upset by the behaviour had not been sought.

# Is the service caring?

## Our findings

We were told during the inspection of an occasion when one person's privacy and dignity had been compromised while they were helped with their personal care. This had occurred during the time when the bathroom in one of the bungalows was out of use and so people had needed to visit another bungalow for a shower. We discussed this with the registered manager and area manager who said they would investigate the incident. The bathroom concerned was now back in use and so no further similar incidents had occurred.

People we spoke with said that they got on well with staff members and that staff were caring. We spent time observing how staff members interacted with people. We saw that staff were kind to people and attended to their requests promptly. They spoke with people appropriately, addressed them in the way that they preferred and listened to their requests. Staff made eye contact with people and crouched down to speak to them at their level so as not to intimidate them. They understood the requests of people who found it difficult to communicate verbally. Staff members demonstrated a good knowledge about how people communicated different feelings such as being unhappy or in pain so that they were able to respond to these.

Staff members told us that they involved people in their care by asking them how they wanted this provided. The

care plans contained detailed information about how people liked to dress and have their hair styled which helped staff to support people to maintain their personal standards. Care records showed us that people and their relatives were involved in reviews of their care and attended meetings to discuss this and the person's plans for the forthcoming year. There was information in relation to the people's individual life history, their likes, dislikes and preferences. This helped staff to have a good understanding of people's individual needs. Reviews of people's care records had been completed regularly and included any changes that people wanted or comments where they felt things were not going as well.

Staff were seen quietly asking people whether they were comfortable, needed a drink or required personal care. They also ensured that curtains were pulled and doors were closed when providing personal care and knocked on people's doors before entering their rooms. People were able to lock their bedroom doors and we saw that for one person this was particularly important that their room was locked whilst they went out. We concluded that staff respected people's privacy.

People were able to receive visitors whenever they wished to. Relatives were made to feel welcome by the staff and people were given support to maintain contact with their relatives if they wanted staff to do so.

# Is the service responsive?

## Our findings

People had access to a number of activities and interests organised by staff members. This included attendance at education centres during the day or time with people on an individual basis. Some people had travelled to attend a music club on one day of our inspection. We spoke with other people who had been out shopping, who were keen to show us their purchases. We saw that staff members were able to spend time with people and engage them in activities of their choosing. We saw that some people chose to watch television, while other people completed craft activities.

Staff told us that the staffing levels were adequate to enable them to support people to take part in hobbies and activities away from the home. They said that additional staff were on duty at busy times so that people did not miss out on taking part in activities that were important to them.

For some people it was very important to them that they were increasing their skills in living more independently. Staff were supporting them to take more responsibility for household tasks such as shopping, cooking and cleaning their flats.

The care plans showed that the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, medicines management, communication, nutrition and with mobility needs. The information provided showed what was important to that person and their daily routine and sometimes what activities they enjoyed. Staff were able to describe people's care needs, preferences and usual routines. These matched the information recorded in people's records.

People who we spoke to told us that they would speak to the registered manager if they were unhappy about something and they would sort it out. One of the relatives we spoke to told us that they felt that the registered manager addressed any concerns appropriately. There was information available in alternative formats regarding how to make a complaint. This was to help people who may have found the formal complaints procedure difficult to understand.

# Is the service well-led?

## Our findings

The registered manager had been in post since 11 March 2014, and had been registered with the Commission as manager since July 2014 at the time of our inspection. The area manager also provided support to the service for two or three days per week. Our observations showed that the people who lived at the home knew who the manager was and appeared quite comfortable in speaking to him, as well as to the members of the staff team. This meant that people felt able to raise concerns or suggestions that they may have about the service.

The provider had a formal quality assurance process in place which this service adhered to. This involved regular audits of every aspect of the service being carried out either by the manager of the service or by managers from other services owned by the provider. This meant that the audits were carried out in a more objective view. We looked at a selection of these audits and could see that, in general, issues were being identified and action taken to address them.

However, the length of time for some areas of concern to have been identified and for action plans to be put in place was too long. This had a negative impact on some people living at the home. There were several bungalows and flats where improvements to the internal and external maintenance and décor had been identified as needing to be done. These were still outstanding several months later. People were not able to use parts of their garden due to an unsafe structure. One person's dignity had been compromised when having to use the bathroom in another bungalow as theirs was out of action. Some people's well-being was not promoted through living in well decorated and well furnished homes. The provider had started to take action and were in discussions with people about choosing the decoration of their homes.

The senior management team had recognised that the morale in the team had been low over previous months and that some of the reasons for this had been the high turnover in staffing. They also said that the lack of action that had been taken to improve the internal and external décor and maintenance of some of the bungalows and flats had also had an impact on staff morale. They felt that this was improving now as the staffing situation was more consistent and action was being taken to address the maintenance issues. Staff who we spoke to agreed with this view. A staff development day had been planned for October 2015 to further improve the morale within the team and the sense of team work.

Not all of the actions that had been identified during our last inspection had been completed within the provider's timescales in their action plan. There are issues relating to the assessment of people's mental capacity and staff training about this subject that are still in need of improvement.

Staff we spoke with were clear about their role with regards to raising any concerns and of their responsibility to do so. They said that they were confident that the manager would take appropriate action if they did raise a concern. The majority of the staff we spoke with said that they receive good support from the management team and that this had improved over recent months. Staff told us that they enjoyed working at the home and felt that they worked in a good team.

We looked at records relating to the management of complaints. Not all complaints in previous months had been dealt with in a timely way but we could see that improvements had been taken recently in order to address concerns more quickly. People were also being provided with feedback about action taken to address their concern.

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	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>People's capacity to make their own decisions was not being appropriately assessed. Staff did not have the appropriate training to fully understand the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.</p> <p>Regulation 11(1), (2), (3)</p>