

FMS Scunthorpe Limited

Amber 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?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



Overall summary

We undertook this unannounced inspection on 14 and 15 July 2015. The last inspection was undertaken in February 2014 when the service was compliant with the regulations looked at.

Amber House is registered with the Care Quality Commission [CQC] to provide accommodation and personal care for up to 13 people who may have learning disabilities or autistic spectrum disorder. Each person has

their own en-suite bedrooms which comprises of bathing and toileting facilities. There is choice of communal areas available for people to use and the garden is easily accessible.

At the time of the inspection there was no registered manager in post; the deputy manager had been promoted to the post of acting manager. They intended to submit an application to the CQC for registration following an assessment as to their capability and suitability to undertake the role of registered manager by

Summary of findings

the provider. A registered manager is a person who has registered with the CQC 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.

We found the registered provider was in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in regard to safe care, staff training, providing person centred care, obtaining consent and working within the requirements of the Mental Capacity Act 2005 [MCA] and assessing and monitoring the quality of service provision.

Staff could describe the different types of abuse they may witness or become aware of, however, their training had not been updated in line with current good practice guidelines. Risk assessments in people's care plans were not clear enough for staff to follow and did not provide enough information to keep people safe. Despite accidents and incidents being recorded, there had been no analysis of this information to establish trends and patterns so systems could be put in place and risk assessments rewritten to keep people safe.

We found that the provider had not followed the principles of MCA. People living at the home were subject to restrictive practice which had not been identified or managed in line with MCA and the Deprivation of Liberty Safeguards [DoLS.]

People's care plans lacked evidence they had been involved with its formulation and had agreed the care and treatment they received. This meant people could be receiving care and treatment which was not of their choosing or preference.

Staff had received some training but the majority was out of date and not relevant to the people who they cared for. Staff had not been given the opportunity to undertake training which was specific to meet the needs of the people who used the service. This meant that people could be cared for by staff who lacked the training to effectively meet their needs.

The registered provider did not have the monitoring systems in place to ensure people were consulted about the running of the service or the service was being effectively managed to ensure it was safe, effective, caring, responsive and well-led.

There were enough staff on duty to meet people's needs and they had been recruited safely. People were cared for by staff who were kind and caring and who they enjoyed good relationships with. People were provided with food which was wholesome and nutritious and was of their choosing.

People were provided with activities on a daily basis and staff supported them to access the community and be part of it.

You can see what action we have asked the registered provider to take at the back of this 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?

Not all areas of the service were safe

Staff knew how to report and recognise abuse; however their training needed updating in line with current good practice guidelines.

People's risk assessments did not keep them safe as they lacked information for staff to follow.

Staff were provided in enough numbers to meet the needs of the people who used the service. Staff had been recruited safely.

Accidents and incidents had been recorded but no analysis of these had been made to identify trends.

People's medicines were handled safely and they received them as prescribed.

Requires Improvement



Is the service effective?

Not all areas of the service were effective.

While staff had received training, most of this was out of date and had not been updated in line with current good practice guidelines.

Despite staff receiving training in the principles of MCA and the use of DoLS people were not supported to make informed choices and be protected by the legislation.

People were provided with a wholesome and varied diet of their choosing.

People had contact with health care professionals but not all aspects of their health had been supported.

Requires Improvement



Is the service caring?

The service was caring

People had good relationships with the staff.

Staff understood people's needs.

Staff upheld people's dignity and ensured their choices were respected.

Good



Is the service responsive?

Not all areas of the service were responsive.

People were not always involved with the planning of their care and they did not always receive person-centred care.

People were supported to undertake activities of their choosing both inside and outside the service.

Systems were not in place to effectively deal with complaints.

Requires Improvement



Summary of findings

Is the service well-led?

Not all areas of the service were well-led.

There was a lack of audits and quality monitoring to ensure the service was safe for people.

People were asked for their views about how the service was run, but these were not analysed and concerns were not dealt with.

The acting manager's management style was open and inclusive and staff found this supportive.

Inadequate



Amber 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 registered 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 14 and 15 July 2015 and was unannounced. The inspection was completed by two adult social care inspectors.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people who used the service and one of their relatives who was visiting during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We spoke with the acting manager, the administrator and four care staff.

We looked at six care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and six medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus.

Is the service safe?

Our findings

People we spoke with told us they trusted the staff and felt safe. Comments included, “I like [member of staff’s name] he looks after me when I go out” and “The staff are ok.”

Staff we spoke with displayed a good understanding of the reporting and the identification of abuse. However, they were not aware if the provider had a safeguarding policy for them to follow and relied on using their knowledge gained through previous training and experience. We saw the provider did have a policy for staff to use which was in the policies and procedures file, but it was unclear whether staff had read it. We saw staff had received training in how to identify and report abuse but this needed updating in line with recent good practice guidelines.

Staff we spoke with told us they had never had to use any physical interventions and found that distracting the person verbally was usually enough. We did see this in action on the day of the inspection and saw staff using distraction techniques to avert potentially stressful situations. This was done with kindness and compassion, with staff showing clear empathy for the person and their actions.

People’s care plans contained risk assessments and these described what behaviours the person may display which could potentially put them and others at risk. The quality of the instructions for staff to follow to keep people safe was varied. Some instructions were brief, for example, ‘use distraction techniques’ but there was no description of what these distraction techniques should be or for how long these should be used. However, we found no evidence that people had come to any harm due to lack of information in their care plans.

The care files we looked at referred staff to the P.R.I.C.E guidance for the use of physical intervention measures, [P.R.I.C.E stands for Protecting Rights In a Caring Environment and is a behaviour support approach based on prevention and de-escalation]. However, again the guidance was not descriptive enough and was open to individual interpretation. For example, in one person’s care file the instructions stated, ‘leave the room’ and ‘use only light holding techniques’ but there was no description of what this should be. This could potentially be open to interpretation and put the person at risk of receiving improper support. We did not see any plans which

instructed the staff in what to do if there was an emergency which put the people who used the service at risk, for example, flood or a failure of essential service like electricity or gas. The lack of assessing risks to people’s health and safety is a breach of Regulation 12, 2 (a) (b) Safe Care and Treatment, of the Health and Social Care Act 2008, [Regulated activities] Regulations 2014.

We saw there had been a fire risk assessment of the environment undertaken. There had been an infection control assessment undertaken and cleaning schedules were in place for staff to follow. However, during the inspection we found some aerosols in an unlocked cupboard and rolls of unused clinical waste management bags in people’s en-suite bathrooms; this could pose a risk to people and should have been stored away safely. We also saw a store room which was unlocked; it contained items which might pose to a risk to people, for example, paint cans and tools. When we pointed these things out to the acting manager, she removed them immediately and made sure the door to the store room was locked.

People had personal emergency evacuation plans in their care files and these instructed staff in how to evacuate the person safely in the event of a fire.

We have received one notification from the service since the last inspection; this was in June 2015. This concerned an allegation made by one of the people who used the service. We saw the registered manager at the time undertook an investigation and involved the local safeguarding team. We have received further notification since the inspection about incidents involving the people who used the service, these have shown the local authority has been consulted and advice sought.

Accidents and incidents had been recorded in people’s care files and the accident book; however, we were told by the acting manager that no analysis of these had taken place. This would have identified any patterns or trends so people’s risk assessments and the care provided to them could be amended and reviewed accordingly. This could have the potential to put people at risk and not be supported in an effective way by the staff.

We were told that there were 11 staff on duty for the 11 people who were using the service on the day of inspection. Everyone received 1:1 care; some people needed 2:1 care while they were out in the community and this was provided. We saw rotas which confirmed the

Is the service safe?

numbers of staff on duty. The acting manager had identified the care staff needed more support with domestic tasks as this was part of their and they felt it took them away from caring. They had placed an advertisement for more staff.

We looked at the recruitment files of the most recently recruited staff and saw these contained application forms, health checks, references from previous employers and checks with the disclosure and barring service [DBS]. This meant people who used the service were not exposed to staff who had been barred from working with vulnerable adults.

We looked at the way medicines were handled, stored and administered. We found checks were in place to ensure

there was an ongoing stock control. People's medicines administration records [MARs] were up to date and staff had signed to indicate they had given people their medicines as prescribed by their GP. Storage was secure and only staff responsible for the administration of medicines had keys to the medicines cupboard. Some medicines were stored more securely and recorded as a 'controlled drug'; the acting manager discussed this with us as they had received conflicting guidance about which medicines should be stored in this way. We advised that she seek further clarification with regard to which drugs should be stored as 'controlled drugs' from a reputable source and implement the required protocols as needed.

Is the service effective?

Our findings

People told us they enjoyed the food they were provided with. Comments included, “The food is very, very nice” and “I like it all, it’s all good.”

Staff told us they felt the training they received was adequate enough for them to meet the needs of the people who used the service. We saw records which showed staff had received training in epilepsy awareness, restrictive physical intervention, safer people handling, health and safety, food safety, MCA and DoLS and loss and bereavement. Records also showed staff had received training in emergency first aid, medication awareness, SOVA, fire safety, nutrition and hydration, and understanding autism. However, some of the training had not been updated for a few years and very few staff had undertaken specific training about the needs of the people who used the service. For example, only 13 out of 30 staff had received training in restrictive intervention despite this being a large part of the risk assessments in people’s care files. Only two staff had completed autism training and this was a number of years ago. Despite records showing staff had received training in MCA and DoLS, they showed a lack of understanding of the process and the principles of the legislation.

We saw records which showed staff had received supervision and appraisal but again this was not on a regular basis and long periods of time had elapsed between supervision sessions. For example, some staff had not had any supervision for over 12 months. This meant people were cared for by staff who had not had their skills updated and may not fully understand or be able to meet their needs. The lack of relevant training and supervision is a breach of Regulation 18, 2 (a) (b) Staffing, of the Health and Social Care Act 2008, [Regulated activities] Regulations 2014;

The CQC is required by law to monitor the operation of the MCA and DoLS and to report on what we find. The principles of MCA are to protect people through the use of legislation who need important decisions making on their behalf. We found that two DoLS had been applied for and the applications were with the local authority awaiting approval. However, we could not see any evidence of MCA assessments being undertaken prior to the decision being made to apply for DoLS. There were also inconsistencies with regard to the application of DoLS and the

understanding of people’s capacity to make informed decisions. For example, one person was able to agree to smoking restrictions due to health and cost implication and was quite happy with the arrangements in place. However, a DoLS had been applied for which restricted their access to a previous partner and their family despite no assessment of their capacity being undertaken or best interest meetings being recorded in their care file.

The service had a locked door policy and all the people who used the service were supervised on a 1:1 basis at all times within the service. Some people were supervised on a 2:1 basis outside of the service; this amounted to constant supervision. The acting manager could not show us any applications for DoLS had been undertaken for these people or an MCA assessment to establish their insight and understanding. They could not show us assessments which would indicate the treatment and support the people who used the service received was provided in the least restrictive way. We did see, however, that one best interest meeting had been held for a person whose behaviour and self-harming had resulted in physical conditions which were detrimental to their health. Those present at the meeting had decided that to receive medical intervention would not be in the person’s best interest, as they would not tolerate or cooperate with the aftercare. The poor application of MCA and DoLS legislation and codes of practice is a breach of Regulation 11 (1) (3) Need for Consent, of the Health and Social Care Act 2008, [Regulated Activities] Regulations 2014.

People were provided with food which was of their choosing and varied. There were systems in place which enabled people to prepare their own food with the help of staff; this helped to maintain their independence and choice. People told us the food was good and they enjoyed it. The meal on the day looked appetising and well-presented. People’s weight was monitored and risk assessments were in place for people who lived with eating disorders, for example compulsive eating. These described how staff should support people to be safe and not at risk. Records showed people’s food intake was monitored and health care professionals consulted when needed.

People’s care plans showed there had been health care assessments undertaken and they had regular access to health professionals. One person’s file documented visits to a consultant on a regular basis and the outcome of those visits. However, some people’s health care needs had not

Is the service effective?

been met. For example, some people who used the service had not seen a chiropodist since October 2014. This was discussed with the acting manager. They told us they were aware of this situation and had plans in place to ensure everyone was seen and had booked the appointments.

Is the service caring?

Our findings

People told us they liked living at the service, one person said, "It's like one big happy family, we all get on well." People told us they liked the staff and they were supportive of them.

We saw staff had good relationships with the people who used the service; there was lots of banter and sharing of jokes with people. Staff were also sensitive when dealing with people and gave them time to absorb information and respond to questions. Staff used a variety of different methods to communicate with people; these ranged from verbal prompts, sign language and non-verbal communication.

Care plans we looked at described the person's needs and how the staff should support them. However, evidence of people agreeing the care and support they received was variable. Some parts of the care plan had been agreed and others hadn't. For example, consent to share information had been signed by some people but others were blank. Risk assessments had not been agreed by the person or their representative.

We saw and heard staff providing explanations of what they were doing with the person and how they were supporting them. We also heard staff explaining why certain behaviours were not appropriate and the impact and consequences this could have on the person and those around them. This was done sensitively and supportively. We observed staff during the inspection supporting people who were displaying behaviours which put themselves and others at risk. This was done sensitively and calmly with

staff ensuring people were protected and ensuring others were protected and not upset by the behaviours. We saw no physical intervention being used and staff told us they never had to use it relying mainly on using verbal calming techniques and distraction.

Records showed people had access to advocacy services and advocates attended reviews and meetings about the person's care and welfare.

Staff were aware of the importance of maintaining people's dignity and independence. People were encouraged to keep their rooms tidy and get involved with preparation of meals and the general running of the service. Staff made sure people's dignity was maintained during personal care tasks by closing doors and curtains.

Staff told us they understood the importance of keeping people's information confidential. All information pertaining to people's needs was locked in a cabinet and staff only accessed this when required. These records were stored in separate files so staff could access information quickly and only needed to access relevant information at any one time.

People were dressed appropriately and were clean and tidy.

Despite lack of risk assessments and poor documentation staff had a good understanding of people's needs and could describe these to us and how they kept people safe. The interaction between staff and people who used the service was good and staff treated people with dignity and respect at all times.

Is the service responsive?

Our findings

People told us they knew they could complain and who they should speak to. One person said, “I would see [acting manager’s name] she’s nice and easy to talk to.”

All the people who used the service had a care plan. The care plans had been reviewed and changes made when people’s care needs had changed. They also contained evidence of involvement with other care professionals like the specialist team for people living with a learning disability. However, the quality and content of these varied. For example, we looked at a care plan of a person who lived at the service on a permanent basis and found this to be complete and gave a good picture of the person and their needs and preferences. We then looked at a care plan of someone who used the service on a respite basis and found this lacked essential information about the person, their preferences and choices and lacked evidence of agreements to the care and treatment provided.

All the care plans we looked at contained information from the placing authority about the person and their care needs. However, this information had not always been transferred into the person’s care plan, making information difficult to find about behaviours which might put the person and others at risk and how staff should support people with these. The lack of person-centred information in care plans is a breach of Regulation 9, 1(a) (b) (c) Person Centred Care, of the Health and Social Care Act 2008, [Regulated Activities] Regulations 2014.

People were provided with activities within the service and supported to pursue interests outside of the service. On the day of the inspection, people went out bowling in the morning then had archery in the afternoon. Staff understood what activities people liked doing and suggested these. For example, for those people who did not go out, staff were seen pursuing one to one activities which ranged from looking at books to walking around the garden looking at and talking about the plants. We saw staff playing pool with one person and singing songs which they liked; they also played with a balloon which the person seemed to enjoy.

One person’s care file described how they could isolate themselves if they felt threatened or if unfamiliar people come into the building. The care plans described how this could quickly affect the person’s sense of wellbeing and make them depressed. Staff were instructed in how to engage the person and try to distract them so they don’t feel the need to isolate themselves, thus becoming depressed. We saw examples of staff supporting this person during the inspection; they understood their needs and were calm and supportive.

Staff were seen, and heard, to offer people choice throughout the inspection. This was noticeable with regard to activities and how people wanted to spend their day. Care plans described people’s rituals and how staff should support people with daily tasks, for example, their personal hygiene. The care plans also described what triggers the staff should be aware of and how to distract people if they displayed behaviours which put themselves or others at risk; however, the quality of these varied. For example, one person’s care plans were very clear about their daily routines and rituals and how staff should support them, for example how they got up in morning, how they ate their meals, but others lacked the same clarity and amount of information.

People’s care plans contained a complaints procedure which had been written in a style they could easily understand using pictures and symbols. This explained they had the right to complain and their complaint would be taken seriously, investigated and resolved wherever possible to the complainant’s satisfaction. People told us they would approach the staff if they had any concerns and felt supported by the staff to be able to do this. The complaint file contained a record of an investigation into an allegation about a member of staff and their conduct, which was over a year ago; it did not contain a record of any other complaints despite some being raised at a recent residents meeting and through questionnaires. The complaints procedure was included in the procedures manual but it was unclear whether staff had read and understood its content. **It is recommended that the provider uses good practice guidelines in how to effectively deal with complaints.**

Is the service well-led?

Our findings

There was no registered manager in post at the time of the inspection; the deputy manager had been promoted to acting manager. They intended to submit an application to the CQC for registration following an assessment as to their capability and suitability to undertake the role of registered manager by the provider.

We saw no questionnaires had been undertaken with the people who used the service since 2013, when only one had been completed by one of the people who used the service. We saw seven questionnaires had been completed by relatives and health care professionals within the last 12 months. One response had raised concerns about missing clothing; however, there was no indication this had been followed up or investigated. The other responses were all positive about the service. We asked the acting manager if any analysis of the results of the questionnaires had been undertaken; they told us this had not been completed.

We saw that some environmental audits had been undertaken but these had failed to identify the issues raised during the inspection. For example, the rolls of clinical waste bags in people's rooms, the storage of aerosols and the unlocked store room; which could potentially put people at risk. We found no evidence of analysis of accident and incidents to identify patterns and trends so systems could be put in place to prevent harm to the people who used the service. We saw the previous manager had recorded information with regard to a medication error which had occurred. However, we did not see what action had been taken as a result of the error, what protocols had been put in place to stop it reoccurring or what actions were taken with regard the member of staff concerned. The acting manager could not show us any other documentation pertaining to this incident.

We saw evidence of meetings which had been held with the people who used the service and their opinions had been recorded. However, we found no evidence that any concerns raised had been looked at and resolved. We saw risk assessments in people's care plans lacked clarity and detailed guidance to instruct the staff in how to keep

people safe. We saw care plans had been audited but could find no evidence that shortfalls identified had been followed up or what systems had been put in place to ensure care plans were completed effectively by the staff. Staff training was out of date and needed updating; however this had not been audited or actioned. The lack of an effective quality monitoring system is a breach of Regulation 17 (1) (2) (a) (b) (f) Good Governance, of the Health and Social Care Act 2008, [Regulated Activities] Regulations 2014.

The acting manager told us they had identified lots of failings in the service and had developed an action plan which they were working through with the registered provider to ensure the service addressed any shortfalls.

We saw the acting manager had an open and inclusive style and their interactions were open with the staff and visiting relatives of the people who used the service having a good open dialog with them. Staff told us they respected the acting manager and were supporting them with any changes or new ways of working they had implemented. They told us they found acting manager approachable and supportive and felt they could go to her for advice and guidance, and that no question was a 'silly question'.

During the inspection, we saw and heard staff discussing issues with the acting manager and approaching them. The interaction was open and staff were supported in their work. The acting manager had a good knowledge of all the people who used the service and was able to offer guidance and support to all the staff.

The acting manager was open and honest during the inspection and openly admitted they did not have all the procedures or monitoring systems in place which we asked to see. They were cooperative and welcomed any advice or guidance we gave.

The fire risk assessment was up to date and fire drills and equipment tests had been carried out. Equipment had been serviced at the intervals recommended by the manufacturers'.

We saw staff meetings had been held and minutes of these were recorded.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulation 9, 1(a) (b) (c) Person Centred Care of the Health and Social Care Act 2008, [Regulated Activities] Regulations 2014;

People living in the home were not receiving person-centred care.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulation 11 (1) (3) Need for Consent of the Health and Social Care Act 2008, [Regulated Activities] Regulations 2014;

The registered provider did not have suitable arrangements in place for people to consent to their care or follow legal requirements when people could not give their consent.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

Regulation 12, 2 (a) (b) Safe Care and Treatment, of the Health and Social Care Act 2008, [Regulated activities] Regulations 2014;

Care and treatment was not provided in a safe way. The registered provider had not taken steps to properly assess the risks to the health and safety of people living in the home.

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18, 2 (a) (b) Staffing of the Health and Social Care Act 2008, [Regulated activities] Regulations 2014;

Staff had not received training to enable them to deliver care and treatment to people in the home safely and to an appropriate standard.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (f) Good Governance of the Health and Social Care Act 2008, [Regulated Activities] Regulations 2014;</p> <p>There were no systems or processes in the home to ensure that the service provided was safe, effective, caring, responsive or well-led.</p>

The enforcement action we took:

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.