Eastbourne & District Mencap Limited

Eastbourne & District Mencap - Arundel Road

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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

Arundel Road provides support and accommodation for up to 9 young people with learning disabilities, autism and mental health issues. The home is one of three homes that are owned by the Eastbourne and District Mencap charity. There were 9 people living in the home during the inspection and all required some assistance with looking after themselves, including personal care and support in the community. People had a range of care needs, including limited vision and hearing; some could show behaviour which may challenge and people were unable to share their experience of life in the home because of their learning disability.

Summary of findings

The home is a purpose built bungalow, made up of two separate units, with lounges and dining rooms in each unit. There is a large garden surrounding the building and all areas are accessible to wheelchair users and are secure.

A registered manager was responsible for the day to day management of the home and had been in post for several years. A registered manager is a person who has registered with the Care Quality Commission (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.

This inspection took place on the 21 October 2015 and was unannounced.

The provider and registered manager had not informed CQC of incidents that had occurred within the home, which may have affected the support provided.

The quality monitoring and assessing system used by the provider to review the support provided at the home was not effective. It had not identified issues found during this inspection, including the gaps in records and support plans.

The staffing levels were not appropriate and staff were unable to evidence that they met all the needs of people living in the home. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home.

Staff had attended safeguarding training and demonstrated an understanding of abuse and how to protect people.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training and had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The registered manager had followed current guidance by making appropriate referrals to the local authority for DoLS assessments.

People were able to choose what they ate and where and relatives said the food was very good.

People had access to health professionals as and when they required it. The visits were recorded in the support plans with details of any changes to support provided.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. A range of activities were available for people to participate in if they wished.

A complaints procedure was in place. This was displayed on the notice board near the entrance to the building, and had been given to people and their relatives.

Staff said the registered manager was approachable and they felt they were involved in developing and improving the support provided.

We found a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration Regulations 2009). You can see what action we told the provider to take at the back of the full version 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?

Requires improvement

The service was not consistently safe.

The staffing levels were not sufficient and staff were unable to evidence that they met people's needs.

Risk to people had been assessed and managed as part of the support planning process.

Recruitment procedures were robust to ensure only suitable people worked at the home.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Medicines were administered safely and administration records were up to date.

Is the service effective?

Good

The service was effective.

Staff had received relevant training and provided appropriate support.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

The manager and staff approach was to promote independence and encourage people to make their own decisions.

Staff communicated effectively with people and treated them with respect.

Staff ensured that people's equality and diversity needs were respected.

People were encouraged to maintain relationships with relatives and friends, and they were able to visit at any time

Is the service responsive?

Good

The service was responsive.

People's support was personalised and staff had a good understanding of people's needs and how they could be met.

Summary of findings

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

People and visitors were given information about how to raise concerns or to make a complaint.

Is the service well-led?

Requires improvement

The service was not consistently well led.

The quality assurance and monitoring system was not robust and did not identify areas where improvements were needed.

The registered manager was responsible for managing the service and provided clear leadership and guidance.

People, staff and relatives were encouraged to be involved in developing the support provided.

Eastbourne & District Mencap - Arundel Road

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 checked 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 was unannounced and took place on the 21 October 2015. The inspection was carried out by an inspector and an expert by experience in learning disabilities. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection we looked at information provided by the local authority, contracts and purchasing (quality monitoring) team. We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the provider and/or registered manager are required to send us by law.

As part of the inspection we spoke with all of the people living in the home, three relatives, six staff including the deputy manager and the registered manager. We observed staff supporting people and reviewed documents; we looked at three care plans, medication records, four staff files, training information and some policies and procedures in relation to the running of the home.

Some people who lived in the home were unable to verbally share with us their experience of life at the home due to their disabilities. Therefore we spent a large amount of time observing the interaction between people and staff, and watched how people were cared for by staff in communal areas.

Requires improvement

Is the service safe?

Our findings

Relatives felt people living in Arundel Road were safe. One relative told us, "The staff know how to support people and keep them safe." The registered manager and staff said they had a good understanding of how to protect people from harm and felt they supported people safely. Relatives had some concerns about the changes that had occurred at the home due to decisions made by management of the charity and the impact it had on people living in the home. In particular the changes in staffing levels. The registered manager told us there had been some changes in the staff team, but they concentrated on providing support for people and said they had been able to meet their needs.

Staff told us they had been able to provide the support people needed, but said if they had more staff they could offer the support people wanted by taking them out into the community more. For example, one person had been unable to go into town regularly each week, in addition to their training day when they spent time with their keyworker. Risk assessments had identified they needed the support of two staff members and there were not enough staff to support them.

A team leader had been transferred to one of the charity's other homes to support staff working there, two staff were working their notice at the time of the inspection and another member of staff had just returned from long term leave.

Staff had a handover at the beginning of the afternoon shift in one of the lounges. It was not clear if this was because there was no member of staff available to support people in the lounge while their colleagues had the handover. The registered manager said staff should not do this and assured us that arrangements would be put in place to ensure staff were allocated appropriately, so that people were safe and staff were able to attend the handover. Relatives thought people were very well looked after, but the lack of staff had affected how often people went out, but this had been a relatively recent change and they were not sure if it would have a negative impact on their wellbeing. The registered manager said the recruitment of staff was ongoing.

Risk assessments had been completed depending on people's individual needs. These included information about people's mobility, nutritional and specific dietary needs, and additional aids to keep people safe, such headguards. The assessments were specific for each person and included guidance for staff to follow to ensure people's needs were met. We asked staff about their understanding of risk management and keeping people safe whilst not restricting freedom. One member of staff said, "The risk assessments are specific to each person living here, they are all different and there is really good guidance in the care plans for us to follow to look after people." Another member of staff told us, "We have a good understanding of people's needs. We discuss how people are and if there have been any changes during handover and during the team meeting. We are kept up to date." Staff said they encouraged people to be as independent as possible and make decisions about how they spent their time. Staff said they had a good understanding of risks to people and provided the examples of understanding people's unpredictable behaviour when they were in the community and how people were enabled to move around their part of the home safely.

Staff had received safeguarding training and had an understanding of different types of abuse and, they had read the whistleblowing policy and said they would report any concerns to senior staff and the registered manager. If they felt their concerns had not been addressed to their satisfaction they would contact the local authority or CQC. Staff told us they had not seen anything they were concerned about and were confident if they did action would be taken. Relatives had no concerns about people's safety and they had not seen anything they were worried about. A relative told us, "People are very safe here. Staff know exactly how to make sure people do what they want in a safe way. We have no worries."

The local authority had recently carried out a visit, they had asked for improvements with regard to the management of medicines and staff said they had introduced these. Staff explained how medicines were ordered, given out and disposed of if not needed, and we examined the Medicines Administration Record (MAR) charts. Medicines were delivered and disposed of by an external provider and the management of this was safe and effective. People's medicines were kept separately in locked cupboards in a locked room. A fridge was available for medicines that required a cooler temperature and this was monitored to ensure medicines were correctly stored and safe to use. The MAR charts contained photographs of people for identification purposes, with details of allergies, and there

Requires improvement

Is the service safe?

were no gaps in the records. Staff were knowledgeable about the medicines they were giving out and had attended training, including specific training to give medicines for epilepsy. Staff had a clear understanding of the home's policy with regard to as required medicines (PRN), such as paracetamol for pain, and the reasons why PRN medicines were given were recorded on the MAR. Staff said they asked people and assessed them, through body language and expressions, to see if they were in pain.

Recruitment procedures were in place to ensure that only suitable staff were employed. We looked at the personnel files for three staff. The four staff files we looked contained relevant checks on prospective staff's suitability, including completed application forms, two references, interview records, evidence of their residence in the UK. A Disclosure and Barring System (Police) check, which identify if prospective staff had a criminal record or were barred from working with children or adults, had been completed for all staff. Staff said DBS checks and references had been obtained before they started to work at the home.

All rooms were on the ground floor and people had easy access to the part of the home their rooms was in and the garden, which was secure. People's bedrooms were individually decorated and personalised with ornaments, pictures and electrical equipment of their choice, such as TV's, CD and DVD players. Staff said they provided a safe environment that enabled people to live comfortably. The registered manager said there was ongoing replacement and repairs in the home. They had recently redecorated a bedroom in colours chosen by the person, they planned to replace some hall carpets and one of the bathrooms needed considerable improvements.

There were records to show relevant checks had been completed, including lighting, hot water, call bells and electrical equipment. Fire system checks were carried out regularly and records showed that staff attended fire training.

Accidents and incidents were recorded and staff said action was taken to identify how these occurred and how to prevent them happening again.

The provider had plans in place to deal with an emergency. There was guidance in the care plans for staff regarding the action they should take to move people safely if they had to leave the home at short notice.

Good

Is the service effective?

Our findings

Staff said people chose what they wanted to eat and snacks were available at any time. People were encouraged to go out as much as possible and some attended the local college and day centre. Staff felt they had the skills and experience to support people and relatives said staff were very well trained. People's rights had been protected and regular best interest meetings ensured decisions made about the support people received were the least restrictive.

There were choices at each meal and people were supported to eat between meals if they wanted to, one person liked rice cakes and they ate these when they wanted them throughout the day. Packed lunches were made for people going to the day centre and people who remained at the home were offered a choice of meals. Staff felt people were offered a well-balanced diet, however, they were able to decide what they had to eat when they went into town for lunch. People were assisted with food and drinks if required and staff had their meal with them in the dining rooms. The atmosphere was sociable and relaxed. Specific diets were provided, including pureed meals and thickener in drinks to prevent choking. Staff confidently discussed people's individual nutritional needs and how these were met. Relatives said they food was very good and told us, "Staff keep an eye on them to make sure they don't always eat the wrong thing" and, "The food must be good, they are putting on weight."

Staff said people were weighed regularly and they had noticed that some people had put on weight. From the minutes of a staff meeting is was clear this had been identified as a concern for some people and relatives or social care professionals were being contacted to ensure this was detrimental to people's health.

The registered manager and some staff had completed training and had a good understanding of the Mental Capacity Act 2005 (MCA). The MCA aims to protect people who lack capacity, and enabled them to make decisions or participate in decisions about the support they received. Mental capacity assessments had been completed for the people living in Arundel Road as part of their support plan. The registered manager said people were able to make some decisions about their day to day lives such as when to get up and what to eat; but they were unable to understand more complex decisions, such as when they might need to see their GP, if it was safe to cross the road and how to manage their money. Staff said it was important to involve people in decisions about the support provided and told us, "We ask people for their consent before we provide any support" and, "If they refuse we accept this and ask again later." We observed staff talking to people about what they wanted to eat, where they wanted to sit and they made sure people had appropriate clothing on to go out of the home.

Deprivation of Liberty Safeguards (DoLS), which is part of the MCA, is to ensure someone, in this case living in a care home, is deprived of their liberty in a safe and appropriate way. This is only done when people are unable to tell staff about their wishes and need support with aspects of their lives. Decisions about their support is made during best interest meetings and agreed by relatives, health and social care professionals and staff, when there is no other way of safely supporting them. Relatives said they had been involved in these discussions and understood that to ensure people were safe there may have to be some restrictions on what they can do. DoLS had already been agreed with the local authority for the locked doors and the gates at the entrance to the property, to ensure people's safety. The registered manager had made a number of applications for people in the home and was awaiting appropriate assessments.

Staff said they were required to attend the training provided and were satisfied with the training opportunities on offer. The training plan showed staff had attended fundamental training, including moving and handling, first aid, food hygiene, infection control and health and safety. Other training was specific to the needs of people living in the home including autism, epilepsy and mental health awareness, supporting people with learning disabilities and people with behaviour that may challenge and could put themselves, other people and staff at risk. Staff demonstrated a good understanding of people's support needs and discussed how they enabled people to be independent and, they identified when people's needs changed and knew what action to take. Such as contacting the on call staff members, GP or community learning disability team.

Staff told us they had completed an induction programme when they started work at the home. This included reading through the support plans and working with more experienced staff until they felt confident and had been

Good

Is the service effective?

assessed as competent. Staff felt supported by the management to develop their skills and some had worked towards national vocational qualifications (NVQs). Four staff had completed level 3, three staff level 2 and the registered manager had completed level 4 as part of their management qualification. The registered manager said they were introducing the Skills for Care Certificate training. This familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. Staff said they were all required to do this, including those with a NVQ, to ensure all staff were up to date with current guidance. We saw from the minutes of a team meeting that this had been agreed; team leaders planned to support staff to work through the 15 standards required for the qualification and had also requested that they have the opportunity to do the certificate.

Records showed that supervision was provided on a regular basis and appraisals were completed yearly. Staff felt the supervision was very useful as it gave them an opportunity to discuss their work and professional development. Staff said the registered manager was always available and they could talk to them about anything at any time.

People had access to health care professionals as and when they were required. These included the community learning disability team, dentists and chiropodist, occupational therapist and physiotherapist. GPs visited the home as required; staff felt they could contact them if they had any concerns and staff attended hospital appointments with people or arranged for relatives to go with them.

Good

Is the service caring?

Our findings

Communication between people, their relatives and staff was relaxed and friendly. People were treated with respect and staff involved them in decisions about the support provided. Relatives said staff were very capable. One relative said they wanted their family member, "To have the best quality of life they can" and, they felt staff provided this. People moved around the home as they wished and at their own pace, or relaxed in the lounges and their own rooms.

Staff respected people's privacy and dignity. They said they knocked on each person's door and asked for permission to enter before they walked in and we saw staff asking people if they could enter people's rooms. Staff asked people quietly if they needed assistance with personal care and they responded appropriately when people declined.

People were treated with respect, staff used good eye contact when speaking with them and the conversations were friendly and relaxed. Staff supported people appropriately depending on their specific needs, they ensured people made decisions about how, if and when staff assisted them. Some people were unable to communicate verbally and staff demonstrated a good understanding of their needs by observing their body language, facial expressions and listening to vocal responses when they asked people if they needed assistance, if they were comfortable or wanted something to eat or drink. Staff said, "People are independent here as much as possible. We don't make decisions for them, we might prompt or suggest they do something, but if they don't want to that's fine. We wouldn't want anyone telling us what to do if we didn't want to." "We encourage and assist people to make themselves a drink, do their own washing and keep their rooms clean, but there is no pressure" and, "We let people decide what they want to do, within a risk based system, so that they are safe whilst also making decisions."

Staff said they had been given a copy of the confidentiality policy and understood the importance of not discussing people's needs with other people or with visitors to the home. One member of staff told us, "We should not talk about people with anyone other than staff and their relatives, and even then only when appropriate."

Staff had not attended equality and diversity training, but they had an understanding of the issues and their implications for the people they supported. One member of staff told us, "We spend a lot of time talking to relatives and each other about people's needs, so that we understand their likes and dislikes and can organise support around these." Another member of staff said, "We have to make sure people are able to make the choices they want to. Some like to go out shopping and others just want to go for a walk."

A keyworker system was in place and each person was supported by a member of staff who regularly checked they had sufficient toiletries and clothing, if necessary relatives were contacted or staff assisted people to go shopping. People chose the clothes they wore as much as possible, and staff ensured they were smart but comfortable. We saw people were dressed in contemporary clothing that was clean and cared for. They were supported to visit the hairdresser or barber in town and staff assisted them with manicures.

Relatives said they could visit at any time and were always made to feel very welcome. Staff knew relatives we spoke with very well. They welcomed them to the home, asking them how they were and offering them a drink.

Good

Is the service responsive?

Our findings

As far as possible people were involved in decisions about the support provided and relatives were involved in these discussions. A relative said, “They ring us up if there are any changes, like if they need to see their GP, we are kept informed of what is happening.” Relatives had been given information about raising concerns and those we spoke with said they had no complaints.

The registered manager said people’s needs had been assessed before they moved into the home and this information had provided the basis of each person’s support plan. These plans contained details of people’s individual needs, including guidance for staff on how to assess people’s mood and what action to take if they felt people were upset or distressed. For example, one person’s response when upset was particular jaw movements and facial signs. Staff said they used distraction techniques like offering a drink or asked another member of staff to talk to the person to reduce this and, they discussed the situation with colleagues to identify what had caused the upset to try to prevent it happening again.

People were encouraged to maintain relationships with people that mattered to them. One person liked to stay with their family every couple of weeks and went into town with them regularly. A pictorial calendar had been provided to record this, so that they knew when they would be seeing their relatives. This was recorded in their support plan to show what was important to them and staff supported them with these arrangements.

Staff said relatives were involved in reviewing the support plans; relatives said they had been invited to join the staff and health and social care professionals to discuss their family member’s needs and what was the best way to meet them and, there was evidence of their involvement in the support plans. We found that some of the information recorded had not been reviewed and updated within the previous year. The registered manager was aware some of the records were not up to date, although staff demonstrated a good understanding of people’s current support needs.

Changes in people’s support needs were discussed at handover when staff came on duty. The handovers updated staff about how people were, how they had spent their day or if there were any changes to their health or support needs. Staff said these records were really useful, they kept staff up to date and meant staff were able to provide individualised care that enabled people to be independent and make choices, as much as possible.

A range of activities, in addition to trips out and attendance at the day centre, were organised in the home. These included arts and crafts, music sessions and watching DVD’s, depending on what people wanted to do. People’s rooms had been decorated in the colours of their choice and photographs and ornaments personalised the rooms, relatives, friends and staff supported people do to this.

A complaints procedure was in place; a copy was displayed in the home and given to people and their relatives. Relatives told us they did not have any worries and no complaints about the support provided. The registered manager and staff said there was a system in place to record and address complaints, but they had not received any in the last year.

Requires improvement

Is the service well-led?

Our findings

From our discussions with relatives, staff and the registered manager and, our observations, we found the culture at the home was open and relaxed. Support focused on encouraging people living at Arundel Road to make choices and decide how they spent their time. Staff said the registered manger was available and they could talk to them at any time. They felt supported and able to raise issues or put forward suggestions. We observed the registered manager talking to people and staff and getting involved in decisions about the support provided.

The provider did not have an effective quality assurance and monitoring system in place. This meant that the issues identified during the inspection had not been identified and appropriate action had not been taken to address them, including the staffing levels, records, support plans and audits.

The registered manager said their priority had been to make sure, as much as possible, that the support provided was not affected by the lack of staff. This meant they concentrated on providing appropriate support and had been unable to keep up to date with records and support plans and, because the audits had not been completed they had not been made aware of any gaps or areas for improvement. The registered manager told us they had been supported by the health and safety manager, who no longer worked for the charity, as they would have completed some audits. For example, for incidents and accidents, so that trends had been identified and preventive action developed and introduced to reduce the risk to people. The registered manager said the expectation was that the staffing levels will be reduced and they were not in a position to improve the quality assurance and monitoring of the services provided at the home until there is a staff team with the right skills and experience.

Staff had noted the gaps in some charts and that staff were not always recording the support provided for some people, such as how they were assisted to wash. They raised these with the registered manager and other staff during the team meetings and actions for staff to complete the records appropriately had been added. However, there was no effective system in place to check records had been completed.

A relative told us that people would no longer have a holiday, due to the changes within the charity, and they were not sure how they would be supported to have 'a break' in the future. The registered manager agreed that a holiday had not yet been arranged for 2016; but they were planning to organise trips out as an alternative arrangement and, if possible they would book a holiday when there were enough permanent staff working in the home. However, it was not clear how this could be arranged if the expectation is that staffing numbers will be reduced.

The environment overall was clean and some areas were well maintained. However, a number of improvements were required, such as in the bathroom in one section of the home. Some of the furniture in the communal areas was shabby and a dining room was used for storage, which meant it was not a relaxed and comfortable area to sit and eat meals. The registered manager said improvements were planned, including building a sensory room, for 2016.

The lack of an effective quality assurance and monitoring system is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager are required, by law, to inform us of any important events that occur in the home, which may affect people living in the home and the support provided. We found during the inspection that incidents had occurred. For example, the registered manager had made a referral to the local authority under safeguarding procedures following an event that had upset a person living in the home and may involve the police. In addition, the provider was required to inform CQC if there was 'an insufficient number of suitably qualified, skilled and experienced persons being employed for the purposes of carrying on the regulated activity'.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration Regulations 2009).

There were clear lines of accountability and staff were aware of their own responsibilities when they provided support for people. Staff said they could talk about anything with the registered manager and colleagues at any time and, were kept up to date through regular team meetings, which they felt were very good and gave them an opportunity to discuss issues as a group. We looked at the minutes for monthly team meetings, for night and day staff,

Requires improvement

Is the service well-led?

and found they had been used for management to advise staff of any areas were improvements were needed and of any changes. In addition, staff were encouraged to raise issues they were concerned about. For example, one member of staff had noted that one person's behaviour had changed in the previous month and put forward suggestions to limit behaviour that may put them and staff at risk.

The registered manager said feedback was sought from people living in the home, their relatives or representatives and health professionals continually and they gave out satisfaction questionnaires yearly. Relatives told us staff always asked them if they were happy with the support provided and they were sent questionnaires to help their family members complete. We looked at some of these and found the comments were positive and included, 'always looks clean and well cared for', quality of the food was 'good', staff were 'always cheerful' and, all areas were rated as good or excellent.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The provider did not have an effective monitoring and assessment system in place to ensure that people were protected against inappropriate and unsafe care and support. Regulation 17(2) (a) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents Regulation 18 HSCA 2008 Registration Regulations 2009. The provider had not fulfilled their statutory obligations to the CQC with regard to notifications. Regulation 18 (2)b(ii) 2e.