Care Quality Commission

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?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

Fryers Walk is a residential care service that provides accommodation and support for up to 34 people living with a learning disability or mental health problem. People using the service live in shared housing that consists of three bungalows, two blocks of flats and two cottages.

The inspection took place on 30 December 2014 and was unannounced.

The service had a registered manager in place at the time of our inspection. 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.

Safeguarding procedures had been followed and action was taken to keep people safe, minimising any risks to their health and safety. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks. However we had not always been informed of significant events that had affected the welfare of people who used the service in a timely way.

Summary of findings

There were adequate numbers of staff on duty to support people and ensure everyone had opportunities to take part in activities which reflected their individual hobbies and interests.

People were supported by qualified and experienced staff. Robust recruitment and selection procedures were in place prior to staff starting work to ensure they were suitable to work with people.

People's needs were assessed and support was planned and delivered in line with their individual care needs. Support plans contained a good level of information which explained how to meet people's needs. People were supported to access relevant healthcare services where necessary.

The CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005and Deprivation of Liberty (DoLS) and to report on what we find. Some people who used the service did not have the ability to make decisions about aspects of their care and support. Where people lacked the capacity to make decisions about something we found that best interest meetings had been held and details documented in their care records. However staff were less sure about DOLS, and we found that some people were being deprived of their liberty without the proper safeguards in place.

People felt able and comfortable to raise concerns and the provider carried out a thorough investigation of complaints where necessary. The quality of the service that people received was regularly monitored to ensure it was of a good standard

However not all advice given by health care professionals was followed by staff and there were shortfalls in relation to how people's medicine administration was recorded.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

Staff were trained to identify signs of possible abuse and knew how to act on any concerns. However the recording of people's medication was variable and it was not always possible to tell if people had received their medication as prescribed.

Staff recruitment procedures were robust and ensured that only suitable staff were employed to look after vulnerable adults. Staffing levels were sufficient to meet people's needs and allowed people to lead busy and active lives.

Requires Improvement

Is the service effective?
The service was not consistently effective

Staff were well supported in their role and had their ability to do their job regularly assessed. However people's nutritional needs were not always met effectively, nor advice from health care professionals followed. People's ability to make decisions for themselves had not always been fully assessed to ensure they could be protected if needed.

Requires Improvement

Is the service caring?
The service was caring.

People told us they were happy at Fryer's Walk and that staff treated them in a way that they liked. Relatives were positive about the way in which care and support was provided and felt staff were caring, respectful and genuinely interested in the welfare of their family member.

People were supported to access advocates when needed, so that their views and wishes could be represented

Good

Is the service responsive?
The service was not consistently responsive

Staff were knowledgeable about people's needs, preferences and personal circumstances. People were supported to access a wide range of activities and events that met their individual needs and which they clearly enjoyed. People were able to raise complaints or issues of concern and provide feedback about their experiences living at the service. However there were some institutionalised practices in place that compromised truly person centred care for people.

Requires Improvement

Is the service well-led?
The service was not consistently well-led.

Requires Improvement

Summary of findings

The service promoted a positive and inclusive culture, both for people living there, and staff working there. People, their relatives and staff were encouraged to share their views and help develop the service. The quality of the service was monitored to ensure its good standard. However these systems had failed to identify some of the concerns that visiting health and social care professionals had reported to us, such as institutionalised practices within the service. we had not been kept up to date with serious events that affected the welfare of people between our inspections.

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 was 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 30 December 2014 and was unannounced. It was undertaken by two inspectors.

Before our inspection we looked at all the information we had available about the home. This included information from notifications received by us and the findings from our last inspection. We used this information to plan what areas we were going to focus on during the inspection. The provider also sent us a provider information return (PIR) with information about what they did to ensure the service was safe, effective, caring, responsive and well-led. They also told us about any areas where they planned to make changes or improvements.

During our inspection we observed how the staff interacted with people who used the service and how people were supported during their lunch. We spoke with five people who used the service, the registered manager and five support staff.

We looked at four people's care records to see if their records were accurate and up to date. We looked at two recruitment files and further records relating to the management of the service including quality audits.

Following our inspection we contacted a number of health and social care professionals who knew the home well including GPs, district nurses and therapists to obtain their views about the service provided. We also conducted telephone interviews with a further five relatives.

Requires Improvement

Is the service safe?

Our findings

There was good information in people's care plans about the medication they took, what it was for, and its potential side effects so that staff had information about the medicines they gave people. We observed staff assisting people with their medication during lunch time and noted this was done safely and correctly. Records showed that staff had received training in the safe handling and administration of medicines, and had their competency assessed to ensure they were doing it correctly.

Prior to our inspection we had received concerns from one relative who told us that their family member's medication had run out on two occasions. The home was conducting a full investigation into this incident at the time of or inspection. However when we checked records in relation to this event, they were not detailed enough to understand how these errors had occurred.

We looked at how people's medicines were stored and a sample of people's medicines administration records (MAR) in two units. We found a number of shortfalls. Some hand written additions to the MARs had not been signed, dated or checked by a second person to ensure their accuracy. We found that sticky tape had been placed over one MAR, thereby obscuring the prescriber's instructions. The amount of paracetamol tablets for one person had not been carried forward from the previous month's MAR, making it very difficult to calculate how many tablets were in stock altogether. Codes used to indicate why people had not received their medicines were not always clear and had been used incorrectly. The temperature of one cupboard where medicines were stored had not been monitored to ensure it was within safe limits, and there were a number of gaps in the daily recording of the fridge temperature. We noted discrepancies in two people's MAR where the number of tablets recorded as being in stock did not tally with the actual amount in stock. One cupboard had sticky surfaces and required cleaning. Some bottles were sticky to the touch and we found creams that had not been stored in their original boxes.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulation 2010.

Staff had a good understanding of the different types of abuse and how to report it, so the risks to people who used the service were minimised. Staff told us they had received training about how to recognise and report abuse and records we viewed confirmed this. All were clear on the procedure to follow if they had any concerns and one member of staff told us of a specific incident she had reported to the safeguarding team recently. Staff were confident that any concerns reported to the manager would be effectively dealt with to make sure people were safe. However, there was no easily accessible information about safeguarding and how to report incidents available to people who used the service or their visitors.

Risk assessments within people's care records were accurately completed and regularly reviewed so that people were supported to live active lives and access the local community. All staff had received training in risk assessment as part of their induction to the job. Team managers in each unit completed risk assessments and all staff had to sign them to show that they had read and understood the assessment and what was needed to keep people safe. One member of staff told us she often referred to Royal Mencap's website which held really good information about assessing possible risks to people.

Staff told us that all accidents and incidents that people experienced were recorded. Team managers then reviewed these in order to identify any themes or patterns. One team leader told us that scrutiny of the incident forms had helped her identify a recurring medication issue, which she was then able to address with the specific members of staff involved.

People told us there were enough staff around to help them when they needed, and to enable them to participate in a range of activities. During our inspection we saw that staff were not rushed and support was offered to people when they needed it. Team leaders in each unit had the responsibility of ensuring there were enough staff on duty to meet people's needs. Staff told us that staffing levels were flexible and could be increased or decreased depending on what people were doing each day. However, two relatives told us that there was quite a high turnover of staff at the home, and one reported that her son had had at least four different key workers in the last two years, which he had found unsettling. Another relative reported that their family member found the constant change in staff unsettling as they very much liked their routines. The manager told us that seven staff had left in the previous six months to our inspection and that agency staff had been used to cover vacant shifts.

Requires Improvement

Is the service safe?

Safe and effective recruitment practices were followed to ensure staff were fit for the role and able to meet people's needs. New staff did not start work until satisfactory employment checks had been completed. People who used the service took part in the selection process so they had a say in the staff that would be supporting them. One staff member told us her recruitment to the job had been thorough, that she was interviewed by two people and had to answer questions based on actual scenarios in the work place which she had found thought provoking and helpful.

Is the service effective?

Our findings

We observed a lunchtime meal in one unit and people clearly enjoyed the food that was provided by staff. However we noted that people were not given napkins and there was no salt and pepper on the table so that they could season their food. No one was offered a drink with their lunch.

We found evidence that the dietician's advice for one person to lose weight was ignored by staff. The dietician had stated in this person's care plans that portion size was the key to their weight control. However we saw that they were given a very large portion of lasagne for their lunch. This was after the person had had their breakfast, followed by an omelette they had made that morning at their cooking class. The member of staff had not checked to see what the person had eaten before lunch. Daily food records had been completed poorly with no record of what the person had eaten between 3 and 24 December 2014. The dietician had advised that the person must not have any pastry or cakes, however we saw that they had been given food with pastry such as steak pie and cherry pie to eat. The dietician had recommended that the person was to be offered three portions of vegetables and two portions of fruit each day, however there was no clear record of this on the food charts that we viewed. There was no specific care plan around this person's weight management and their weight records had been completed erratically by staff. This meant that staff were failing to properly monitor and support this person's weight loss.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

We saw in some people's care plans, that meetings and decisions had taken place about how to provide care in their best interest, as they did not have the capacity to make these decisions for themselves. A visiting occupational therapist told us she had been involved in a best interest meeting for one person to help resolve a dispute between staff and family in relation to how some equipment should be used for them. However, information contained in other people's support plans we viewed was limited with regards to the assessment of people's mental capacity and how decision making processes had been carried out. It was also not always clear from the plans what specific issues people could and could not consent to. No one who used the service was subject to Deprivation of Liberty Safeguards (DoLS), despite several people requiring constant supervision and who would not be free to leave the premises on their own. Staff we spoke with were unaware that this might constitute a restriction of the person's liberty. One staff member told us that although she had received 'a little training' on the Mental Capacity Act and DoLS she was not very confident about the practicalities of the legislation.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

We saw that each person had a health action plan in place which identified the support they needed to maintain their well-being, and a hospital passport with good information about their needs should they need to be admitted to hospital.

We saw evidence that staff sought advice and intervention from a range of external professionals such as physiotherapists, psychologists and occupational therapists. However a number of health care professionals told us that staff did not always following their advice and specific instructions. One health professional told us that she had asked that staff complete a number of tasks with one person to help keep them stimulated and independent, but that staff had failed to do this for three weeks in a row. Another professional told us that she had specifically requested that one person have protected meal times in order to reduce their risk of choking. This was not done, despite her raising it several times with the team leader in the unit. One district nurse felt that staff at the home didn't have the knowledge and skills to look after people with insulin controlled diabetes. As a result the nursing team had not felt confident enough in staff's ability to delegate them with the responsibility of administering insulin to one person who had lived there previously. She stated that she had provided staff with training around diet and diabetes but felt that staff struggled to understand the training and appeared not to want to 'take it on board'. A health care professional told us that, although staff were hugely caring, they sometimes lacked the knowledge and training to deal with people who had complex mental health needs.

Staff told us that they received regular training in areas essential to the service such as fire safety, infection control and food hygiene. Further training in areas specific to the needs of the people using the service was provided such as epilepsy and autism awareness. Staff had recently received

Is the service effective?

training in oxygen therapy to support one person and training had been organised with a physiotherapist as another person now required a standing hoist. Staff told us the training they received was good and one described the trainers as 'excellent'. Another staff member commented, "It really helps me develop my skills". Staff received refresher training every year to help keep their knowledge and skills up to date. They also received regular observation of their everyday working practices to ensure people were supported in a safe way.

Staff told us they felt supported by their managers and received regular supervision and annual appraisals. Royal Mencap Society had an appraisal system in place called, 'Shape your future', where staff's competency was assessed against a number of key skills and an overall rating given of their performance.

Relatives told us that staff monitored their family member's health needs well. One commented, "Staff are alert to changes in her and take her to the GP quickly". Two relatives told us they had been very impressed that staff accompanied their family member to attend hospital appointments when needed. People we spoke with told us they were supported to see a range of health care professionals when needed.

Good

Is the service caring?

Our findings

People described staff as their friends and felt they were caring and respectful towards them. One person said, "They're alright the staff, they look out for me". Another told us, "I like it here a lot. Staff help me and are good. It's good here."

One relative told us, "The staff are friendly and approachable and have respect for my son. They treat him as a person, not like some sort of object". They told us that staff had volunteered to decorate their son's bedroom in their own time. Another told us, "My son really loves it there and gets on with all the staff, they have become like family to him". One visiting health care professional told us, "I've met some really kind and interested staff who are really committed to the welfare of the people they support." A district nurse told us, "Staff have lovely, lovely relationships with people which are incredibly valuable to the people involved".

Staff spoke with genuine fondness and respect about the people they supported. We observed numerous positive interactions between staff and people which demonstrated staff's knowledge of the people living there and their personal preferences. Staff took time to explain things in a simple way to help people better understand. They clearly knew the people they supported very well and had established positive and caring relationships with them. During our inspection we saw that one staff member took a real interest in how one person had spent their Christmas.

We observed another staff member gently encouraging someone to get ready to go out. We also saw that staff responded quickly and empathetically when one person had a seizure after lunch.

Staff actively recognised people's diverse needs. For example, they had supported two people to positively express their sexuality and had supported them in their relationship. This couple took great delight in telling us of the plans for their forthcoming marriage and how they wanted staff members to be their bridesmaids.

We found there was a friendly and welcoming atmosphere in all the units that we visited. Two people showed us their bedrooms which had been decorated to meet their tastes and there were photographs and other personal possessions on display. Communal areas contained photos of people taking part in various activities giving the place a homely and cared for feeling. We noted that the staff rota was on the wall in each unit with a picture of the member of staff who was to be on duty. This was used by three people to see who would be working that afternoon.

Relatives us that staff often went the extra mile with their family member, offering to bring them home even on Christmas Day, or helping to paint people's bedrooms on their day off. However some relatives were concerned that they were not always informed of serious incidents affecting their family member.

People had access to independent advocacy services to support them if needed. The manager told us of one incident where an advocate had been sought to help resolve a dispute between one person and their family.

Requires Improvement

Is the service responsive?

Our findings

We sat with one person and read through their care plan with them. They told us the information it contained was accurate and was a good reflection of their needs. They told us that staff delivered the care that was stated in their plan.

People had been involved in discussions about how their care was assessed, planned and delivered. We saw that plans, goals and aspirations were reviewed during regular meetings with designated key workers to ensure they accurately reflected people's needs. They were personalised and contained detailed information about people's background, personality and preferences. They included clear guidance about how people wanted to lead their lives and the support they needed. One staff member told us, "The care plans are really helpful. I read them when I first started and they helped get to know the guys".

There were regular reviews of care for each person who used the service which enabled individual care to be monitored. We saw that reviews for people who lived at the care home had been carried out with appropriate people.

Both a visiting health care professional and a relative told us that some of the staff's practices were institutionalised and not truly person centred. For example, meals were often cooked communally in one flat, and not in people's own flats. One relative told us that her daughter's food was frequently cooked in the flat above her and brought down for her to eat. This relative commented the food was often cold as a result. People's laundry was sometimes washed in other people's flat and not their own, despite them having their own washing machine. One relative told us she now took her daughter's bed sheets home to wash herself as many sheets had gone missing whilst being washed in other people's machines. She commented, "We bought her expensive sheets and they kept getting lost. We really want (our daughter) to sleep in her own sheets and this wasn't happening". These concerns were also echoed by a visiting occupational therapist who knew the home well.

People we spoke with, and staff described, a wide range of activities to suit people's individual hobbies and interests. This included group and individual activities both inside the service and in the local community. For example, one person was fascinated by clocks so staff had arranged a trip to London for him to see Big Ben, another person enjoyed wild life so staff had organised a volunteer to take them bird watching. Another person had been supported to see Daniel O'Donnell, their favourite singer. During our inspection there was lots of activity taking place: we saw people playing musical instruments, helping staff prepare breakfast, people having a cookery lesson and also people returning from a trip to town. The service had access to its own transport which meant that staff were able to take people to a variety of different places. One relative told us that she was pleased that staff supported her son to attend church on a Sunday, something which he really enjoyed. The manager told us that one person enjoyed going out on his own and regularly visited the local chip shop and police station, making friends with the people that worked there.

People were able to raise concerns and identified their key worker or the team leader as someone to whom they could talk. We viewed records of weekly meetings where people could raise any concerns they had and support workers told us they always asked people individually at these meetings if they had any concerns about anything. Each person had been given a copy of the service's complaints procedure which was kept in their care plan.

A record of complaints was kept by the manager and we viewed details of three recent complaints that had been received. We noted that each complaint had been recorded in detail regarding the action taken to investigate it and the outcome. Prior to our inspection, we had received a complaint from a family member which was responded to quickly and thoroughly by the provider. A full investigation had been held and the complainant had been invited to discuss their concerns with a senior manager at Royal Mencap. This demonstrated that people's concerns were taken seriously and acted upon appropriately.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager who had worked in the learning disabilities field for five years and held a NVQ level 3 in care. At the time of our inspection he was about to undertake a level 5 Diploma in Health and Social care management to increase his knowledge and skills required for the role. An area manager visited three to four times a month to offer additional support and guidance to the manager.

People who lived at the home, most relatives, staff and care professionals who had visited were all positive about the manager and the way the home was run. One relative commented, "Since Frazer's taken over there have been many improvements". One health care professional told us, "Frazer's great and really has the residents' needs at heart".

Staff we spoke with told us they enjoyed their work and felt supported in their role. They told us they received good support from their peers, team leaders and also the manager. One staff member reported, "I love it here. The people I work with and the residents." Another told us that relations between staff were really positive. There was an open culture within the service and staff we spoke with felt able to raise concerns and felt confident that managers would respond appropriately.

Staff were clear about lines of accountability within the service. There was a staff structure in place with staff having different levels of responsibility in the service. We found this had a positive effect with staff being organised and directed in their duty. Staff meetings were also completed on a regular basis. Minutes were recorded that showed staff were provided with information regarding all aspects of the service.

There was a system in place to recognise and reward good practice by staff, and one member told us she had been delighted to receive a 'top talent award', which allowed her to attend a training course of her choice which was funded by the provider.

People's views about the service provided were gathered in a number of ways including surveys, unit meetings and through engagement with their key worker and were then used to improve the service. We viewed minutes of a recent meeting with people who used the service which showed they had been actively consulted about their food menus, repairs, cleaning and things to buy for where they lived. The manager told us that the most recent survey had identified that communication needed to be better between staff and people's relatives and he had implemented a number of improvements as a result.

The manager showed us the home's 'compliance tool kit'. This was a comprehensive survey that was completed each month on-line by the team leaders. They were required to complete a monthly analysis of people's care records and staff records that were held electronically. This system was used as a management tool as any risk assessments, support plans, or staff training that were due for review were flagged on the system. In addition to this, team managers on each unit carried out weekly checks on people's finances, support plans and communication records to ensure these were completed properly by staff. However, the quality assurance systems had failed to identify some of the concerns that visiting health and social care professionals had reported to us, such as institutionalised practices within the service.

The manager had documented and investigated safeguarding incidents and had reported them to the local authority appropriately. However during our inspection we became aware of two serious safeguarding incidents that had not been reported to us in a timely way. This meant we had not been kept up to date with serious events that affected the welfare of people between our inspections.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **People who used the service were not protected against the risk of receiving care or treatment that was inappropriate or unsafe.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **People who used the service were not protected against the risks associated with unsafe use or management of medicines.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The provider was not meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards**