

# Eastbourne & District Mencap Limited

# Sedgemoor & Framley

## Inspection report

2-4 Mill Road  
Eastbourne  
East Sussex  
BN21 2LY

Tel: 01323725825  
Website: [www.eastbournemencap.org.uk](http://www.eastbournemencap.org.uk)

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Sedgemoor and Framley is one of three homes owned by the Eastbourne and District Mencap charity. It comprises of two houses joined by a link building and there is a separate bungalow to the rear that is used by two people.

The home provides support and accommodation for up to 23 young adults with learning disabilities, autism and mental health issues. There were 18 people living at the home during the inspection, who needed assistance with personal care and with support in the community.

We carried out an unannounced comprehensive inspection of this service on 10 and 13 February 2017. After that inspection we received new information of concern in relation to people's safety and insufficient numbers of experienced staff. As a result we undertook a focused inspection on 28 June 2017 to look into those concerns. This report only covers our findings in relation to whether the service is safe. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sedgemoor and Framley on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

A registered manager had not been in place since August 2015. A manager was appointed two weeks before this inspection. They had experience of working at the home and told us they had started their application to register as the manager with the Care Quality Commission (CQC). 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.

The management structure within the charity and the home had changed since the last inspection. The charity had appointed a new Chief Executive Officer (CEO) and the manager, deputy manager and a number of staff had resigned from Sedgemoor and Framley. The management were aware of the staffing issues and five new support staff had been appointed in the two weeks prior to the inspection. However, there continued to be a reliance on agency staff and new staff were working through their induction programme and were still learning about people's support needs with the assistance of more experienced staff.

Support plans and risk assessments were not consistently up to date. Consequently the guidance for staff to follow when planning support was not in place.

Medicine procedures had been reviewed and systems were in place to ensure that people received their medicines as prescribed, by staff who were qualified to do so.

Staff had attended relevant training in safeguarding people from abuse. They demonstrated a good understanding of how to protect people and what action they would take if they had any concerns.

The atmosphere in the home was relaxed and comfortable. People were happy to talk about their day and

what they planned for the evening and staff supported them to take part in activities, including those outside the home.

## 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 safe.

There were enough staff working in the home. However, there was continued reliance on agency staff; new staff were working through their induction programme and, needed assistance from more experienced staff to understand people's individual support needs.

Support plans were not consistently up to date and, guidance for staff to follow when planning support was not available.

The management of medicines was appropriate and medicines were given out as prescribed.

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.

**Requires Improvement** 

# Sedgemoor & Framley

## 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 took place on the 28 June 2017 and was unannounced. The inspection was completed by one inspector. We last inspected Sedgemoor and Framley in February 2017 and the overall rating was requires improvement with no breaches of Regulation. We received information of concern in relation to people's safety and undertook an unannounced focused inspection to look at those concerns and be assured of people's safety.

Before our inspection we reviewed the information we held about the home. This included safeguarding alerts and notifications that had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider was not asked to complete a Provider Information Return (PIR) as this inspection was carried out in response to concerns raised. We spoke with the local authority responsible for commissioning support from the home and the safeguarding team.

During the inspection we spoke with six people who lived at the home, eight staff members including four support staff, the housekeeper, the manager, deputy manager and CEO.

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 time observing the interaction between people and staff; we watched how people were supported by staff in communal areas and 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 reviewed a number of documents, including two support plans, medicine records and three staff files.

We asked the manager to send us a copy of the risk assessment form they used, the minutes of team and management meetings and their action plan to show how the service would improve. These were sent to us

within a few days of the inspection.

# Is the service safe?

## Our findings

People said they were comfortable and we observed them chatting with staff about how they had spent their day and what they had planned to do that evening. Some were going to the day centre for a 'show', that other people were involved in, and staff supported them to attend this. People were happy to introduce themselves and talk to us when they returned from the day centres they attended or from shopping trips. Staff were positive about the recent changes in the home and said they were able to support people to take part in activities they wanted to do safely.

At our inspection in February 2017 we found that although there were enough staff working in the home they had not been effectively allocated to provide appropriate support for people and keep them safe. This was an area that required improvement.

At this inspection we found staffing continued to be an area of concern and there were other areas where improvements were needed.

The manager and deputy manager had resigned and we were told at least three care staff had also resigned at the end of April and beginning of May. New staff had recently been employed at the home including the deputy manager a month before the inspection and, the current manager and five support staff two weeks before the inspection. Staff said the staffing levels had increased but they were still reliant on agency staff. One member of staff told us, "It was manic and chaotic for couple of months, but it has all calmed down now we have seniors." Staff who had worked at the home for some months said the new staff were still learning about people's support needs and it takes time for people to get used to new staff. One member of staff told us, "Everything is getting changed at the moment and we are getting to know the residents and other staff. The rota for the weekend usually has agency staff and there was a new one here.. but it is ok, usually they have been here before."

The Chief Executive Officer (CEO) found a number of concerns when the previous manager and deputy left. These included 'care plans, risk assessments, medication, staff induction and training, audits and monitoring'. The manager said a number of records were not in place/or were missing, and they had been working through the support plans to ensure individual risk assessments were in place. A generic risk assessment form was sent to CQC following the inspection to show how these would be recorded. Those we viewed in the current support plans identified the areas where people may need additional support, whilst ensuring they made choices and took part in activities of their choosing. Risk assessments included risk of falls, nutritional risk and mobility and safety in the home. However, additional information was needed to ensure people could make choices, be independent and take risks in a safe way. Such as supporting people to assist with cooking meals safely.

The manager said there was a lot of work to do to improve the service and ensure it met the regulations. The action plan sent in following the inspection showed what action had been completed, as well as short term and long term goals. The actions that had been completed included that new staff had been employed and were currently undertaking induction and the new medicine system began on 3 June 2017 and audits had

been introduced. Staff meetings had taken place and the manager said these had been arranged, "So that staff know exactly what is going on and how we are going to improve the services provided for the people who live here." Staff said they had attended the meetings and were aware of the areas where improvements were needed.

We had received information before this inspection that medicines were not always given out by suitably qualified staff. We found the processes for the ordering, storing, giving out and disposal of medicines were appropriate. The CEO advised us that they had identified issues with the management of medicines and the system had been reviewed and changes made to ensure that they were given out safely. The medication administration record (MAR) detailed people's medicines with information about allergies and these were checked regularly to ensure they were completed after medicines had been taken. Protocols for 'as required' (PRN) medicines were in place which explained when these medicines should be given, such as paracetamol for pain. This included how staff could recognise if, when people who were unable to express their needs verbally, were uncomfortable. An alternative pharmacy provider had been sought and they had provided training for staff responsible for giving out medicines. Staff said they had to attend this training before they could give people medicines and the agency staff were not responsible for medicines.

The manager said they continued to advertise for staff and had recently appointed a staff member to develop activities at weekend and evenings. They told us they were still getting to know people and would be developing activities when they had a better idea of what people might want to do. "During the evenings and weekends, if they want to. Depends on them, I can offer them an activity and see what the response is." They were also employed to cook and support people to take part in this activity, as well as go out into the community. Since the inspection applications have been received for the two senior care staff roles and interviews had been arranged. The manager told us when these posts had been filled and following their induction training, they would be take responsibility for some aspects of monitoring staff and the services provided. Such as staff supervision.

Staff said they were able to support people to spend time at the day centres or in the community despite the changes in staff and from our observations we found that people were assisted to decide what they wanted to do, depending on their specific support needs. One member of staff told us, "We have more permanent staff now and we usually have the same agency staff so it is all settling down a bit." Another member of staff said, "There are a number of new staff who are still doing their induction and the manager and deputy have only been here a few weeks so they are still getting to know people as well."

Staff demonstrated a good understanding of people's specific support. One member of staff told us, "We know each residents needs and also what their preferences are. (name) likes to go for long walks a lot so we make sure they can do this." Staff were clear about people who needed one to one support from staff when going out in the community; other people who could go out in groups of three with one member of staff and how much assistance people needed when in the home. Another member of staff said, "(Name) is quite independent and likes to be quiet so the doesn't usually sit in the lounge with other people when the TV is on and (Name) likes to be with other people and chat and watch TV. They all have their preferences and we support them to make choices safely."

The manager said as part of the review of people's individual needs they had contacted an independent mental capacity assessor (IMCA) to act as a person's advocate. They told us, "We don't think we can meet (name) needs here and perhaps a smaller service would be better." Following the involvement of the IMCA and the person's social worker it had been agreed that a smaller service would offer the person better opportunities and arrangements have been made to visit the service with the person.



Staff said they had received training in safeguarding procedures and were aware of what action to take if they had any concerns. Staff were clear that if they saw anything they were concerned about they would tell the senior staff or manager and if they felt their concerns were not being taken seriously they would contact the local authority, police or CQC. One member of staff told us, "I don't have a problem raising concerns if I see anything that I don't like or am not sure about. I think I would intervene to start with if I needed to and then report it and I expect it would get sorted out."

The personnel files we reviewed contained relevant checks on prospective staff's suitability, to ensure that only suitable people were employed. Including 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. Application forms, two references and interview records and evidence of resident in the UK showed that appropriate checks had been completed before staff started work at the home.