

Mid-Norfolk Mencap

Merle Boddy 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Merle Boddy House is a residential care home providing personal and nursing care to people with learning disabilities or autistic spectrum disorder. The service can support up to ten people. At the time of our inspection there were eight people using the service.

The service had not been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service did not receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People were not always supported to have maximum choice and control of their lives.

Risk assessments were not robust enough to ensure people were kept safe. Not all risks had been identified to ensure people were supported appropriately. Staff did not always keep up to date with changes to people's risk assessments.

Staffing levels were not managed to ensure that staff could support people to access the community on an individual basis. People were not always supported to develop their interests and take part in their preferred activities. People were not being supported to develop in areas that were important to them.

People were not always supported with maintaining a healthy diet. People were not always involved with their care and support.

Staff received training, however, training in relation to supporting people with learning disabilities could be improved. We have made a recommendation in the report.

The service was not well-led and lacked leadership. Staff did not feel supported. Quality assurance systems did not identify issues which could pose a risk to people's health and safety. Audits had failed to identify

issues. Not all actions from the previous CQC inspection were completed to ensure the required improvements were made and lessons were learnt. Files were not always updated to be kept in line with best practice and to reflect people's personal care needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Rating at last inspection and update

The last rating for this service was Requires Improvement (report published 22 September 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches at this inspection in relation to person centred care and good governance. For requirement actions of enforcement which we are able to publish at the time of the report being published:

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Merle Boddy House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Merle Boddy House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service, four members of staff and the manager.

We reviewed a range of records. This included three people's care records, three staff files in relation to

recruitment. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and contacted four family members about their experience of the care provided. We contacted the nominated individual requesting audits for Merle Boddy House to see how the service was being monitored since the last inspection and what actions were being taken to ensure the required measures and support were in place to make the required improvements.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Risk assessments were not robust and did not give appropriate guidance on how to manage risk. For example, one person's risk management plan for behaviour that may challenge did not give guidance on how to manage the risk. There was no information about what may cause the behaviour and the best way for staff to manage and support the person.
- Another person who required support with their diet had no risk assessment in place or guidance for staff on how to best support them. This meant the person was not supported with a healthy eating plan to ensure their wellbeing.
- Staff had been instructed to sign updated risk assessments in February 2019 and these had not been signed by all staff. This meant not all staff had reviewed the changes to people's risk assessments.
- Staff who completed risk assessments for people, needed support in this area. The new manager confirmed they will be reviewing and updating risk assessments as required to ensure all risks were identified.
- People had their individual fire evacuation needs assessed. Fire drills were practised by staff and they were aware of how to evacuate people in case of a fire. During the last practiced evacuation two people had refused to leave the building. This was updated in the personal emergency evacuation plan (PEEPs) folder. However, in one person's care plan this had not been updated. This could lead to staff accessing incorrect information.
- Staff had a good understanding of safeguarding and reporting concerns and received training in this area. One staff told us, "I would report any concerns to my manager."

Staffing and recruitment

- Staff did not feel there were enough staff to meet people's needs. They were not always able to support people to access the community when people wanted.
- Staff confirmed it was not always possible to accommodate peoples wishes and choices. For example, people accessed the community out in groups, rather than individually. One staff member said, "If people want to go out and there are enough people who want to go, then we can go out." They also said, "If one person wants to go out its dependent on staffing levels, but we try our best to accommodate."
- One staff member told us about one person who wanted to have a day out to a preferred activity. This did not happen because other people did not want to do this. We saw other examples of people not always being supported to follow their interests. One relative told us, "There are a wide variety of activities available for all, however due to my [relatives] lack of one to one funding and his personal likes they are not always able to access their interests."

- The manager explained that staff allocation needed to be reviewed to ensure staff were available to support people to follow their interests on a daily basis.
- Safe and effective recruitment practices were in place to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Preventing and controlling infection

- Infection control systems were not robust enough to ensure the environment was clean and tidy throughout the day. Cleaning schedules were not routinely followed and actioned by staff to ensure cleaning tasks were completed.
- Staff received infection control training which included wearing of personal protective equipment, such as gloves and aprons.

Learning lessons when things go wrong

- Appropriate actions following the last CQC inspection had not been taken. Where some issues had previously been identified these were still not actioned to ensure lessons were learned when things go wrong.

Using medicines safely

- People's medicines were administered, stored and recorded safely. Regular checks and audits were completed to ensure staff followed best practice. People received their medicines when they needed them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection the key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People were not always supported to maintain a healthy balanced diet. For example, one person who required support had no support plan for a healthy eating diet. There was no guidance for staff on how to support the person with eating healthy options.
- People who required their weight to be monitored to promote their health and wellbeing were not being supported with this.
- Staff told us they offered choices to people about what they wanted to eat. Staff used pictures to help people make choices. There was no evidence to demonstrate that people were involved with planning their menus.
- People could have an alternative meal to the one that was offered if they wanted.

Staff support: induction, training, skills and experience

- Staff received an induction when starting at the service. One staff member told us, "We have regular training." Another staff member told us, "We have our competency checked regularly. I recently completed training for moving and handling and first aid." All staff were supported with supervisions.
- The service is registered to provide care and support to people who live with a learning disability or autistic spectrum disorder. However, we found that staff training in relation to supporting people living with these conditions was limited. For example, some people were able to use Makaton to communicate. Makaton is a unique language that uses symbols, signs and speech to enable people to communicate. However, staff had not received training with Makaton.

We recommend the provider consider training development for staff around supporting people with learning disabilities such as 'positive behavioural support' for staff, to enable them to provide people who live with learning disabilities high quality, person-centred care and support. Positive behavioural support is a person-centred approach to people with a learning disability who display or at risk of displaying behaviours which challenge. It involves understanding the reasons for behaviour and considering the person as a whole - including their life history, physical health and emotional needs - to implement ways of supporting the person. It focuses on teaching new skills to replace the behaviour which challenges.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people to make choices. Where people had limited ability to communicate, staff took their time and used pictures and hand gestures to support people's decisions. One staff member said, "Choice is important, it's good for self-esteem to have choices. We promote people's choices."

Staff working with other agencies to provide consistent, effective, timely care

- Staff knew people well and were able to identify when people's needs changed and sought professional advice appropriately such as contacting the GP.

- Staff and management worked in partnership with health and social care organisations where required other professionals were involved to ensure appropriate care.

Adapting service, design, decoration to meet people's needs

- People had their own rooms and shared facilities such as a communal lounge, kitchen and bathrooms. One person told us about the colour of the carpet they had chosen for their room. Peoples rooms were individualised to their choice.

- There was access to the garden area for people to use when they wanted.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by different health and social care professionals. Staff supported people with this as needed. This included appointments to the GP, hospital and opticians.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection the key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care.

- People were not always involved with their care plan reviews. One staff member said, "When we review the care plans we don't always involve the person." One relative we spoke with said, "We have been involved in the annual care reviews." Another relative told us, "We are involved in discussions about their care."
- Staff were heard asking people for their choices throughout the inspection.
- People were not supported to have their regular meetings that were detailed in their care plans to support them to have a voice and develop their hobbies. People did not have the support that set goals and allowed people to develop and live their life as they wanted.
- People could not always access the community or follow their interests when they wanted.

Respecting and promoting people's privacy, dignity and independence

- People privacy and dignity were respected. However, people were not always supported to be as independent as possible. This was due to the way staffing levels were managed in response to peoples needs. Staff did not always ensure that people lived a full life as possible to ensure good outcomes for everyone who lived at Merle Boddy House.
- Staff understood the importance of maintaining people's privacy and dignity. Staff asked people for their permission and knocked on people's doors before entering their room.
- Staff told us they promoted people's independence and encouraged people to learn new skills. For example, developing their everyday skills such as daily house chores.

Ensuring people are well treated and supported; respecting equality and diversity

- People's individual needs were not always met. For example, meeting people's wishes on an individual basis. This meant people were not always supported in a way that promoted their equality to live a life as they wanted. Staff confirmed that not everyone's preferences could be met, not everyone had one to one support.
- Staff treated people with respect and kindness. People were well presented.
- Staff interaction was caring and supportive. The atmosphere of Merle Boddy House was homely. Staff demonstrated they knew people well.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's life histories, religious and cultural beliefs, hobbies and interests were documented by staff. However, people were not always supported to follow these on a day to day basis.
- One staff member told us about one person who has an interest they were passionate about, but due to staffing had not been able to attend all the events they would have liked. The staff member said, "[Person] does not have one to one funding so it is dependent on staffing."
- Another person who did not like to go out in to the community, had the same daily routine. The persons routine each day was to sit down with the same puzzle. When they were finished with this activity, staff would put on their favourite TV programme. Staff had not supported the person to develop other interests or looked at how they could support the person in relation to accessing the community.
- Staff told us events attended by people had been done as group activities. This meant although there were different activities for people to be involved with, it was not always possible for staff to provide the time and support to meet people's individual personal needs or develop their interests.
- Staff organised various activities such as, days out shopping and attending Social clubs.
- People care plans contained the guidance and support for the keyworker role. The keyworker role was developed to ensure, staff met every three months with people individually to have their "voice meetings". Staff were to help people with their day to day life, their wishes and dreams, health choices and promote their independence. This was not being implemented at the time of the inspection. One staff member said, "Staff just stopped doing this and it was just left to the seniors. There was never any action taken from the management."
- Staff knew people's likes, dislikes and preferences. For example, what time people wanted to get up.
- On the day of the inspection people were on their way to day care services. One person told us on their return about the biscuits they had made. Some people had one to one time booked with other organisations that supported people with their interests. For example, one person had gone swimming. However not everyone had one to one support in place.

People did not receive person centred care to enable people to have their preferences met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People were given information they could understand, staff supported people with any questions they might have. However, some people were able to communicate using Makaton and staff had not been supported with appropriate training in this area. Staff used pictures and gestures to support communication.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately. The service had a complaints procedure and information was accessible to those who might need it.
- Staff confirmed they would support people with any concerns or issues they had.

End of life care and support

- No one at the service was receiving palliative care at the time of the inspection. The staff knew people well and had documented people's preferences about what they wanted at the end of their lives.
- In the past, people had been supported with their end of life care and worked with appropriate professionals to ensure good support and care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not demonstrate through effective quality assurance systems how it was identifying areas requiring improvement to ensure people's health, care and welfare were fully met. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection enough, improvement had not been made and the provider was still in breach of regulation 17.

- The service was not consistently well led. The new manager had only recently started their job role. At the previous inspection there had also been a new manager who had been in post for four weeks.
- Poor leadership had been responsible for systems and processes in place not being followed as required. For example, the introduction of the keyworker role. This was to ensure that people received the opportunity to have a voice and develop their interests.
- The quality assurance systems in place were not adequate to ensure the improvements required had been made following the previous inspection.
- The nominated person was not aware that improvements were not in place. However, they have worked with the manager and have implemented an action plan to address the concerns we found.
- Audits had not identified issues to ensure improvements were made.
- Staff received supervision and had staff meetings, but staff did not feel supported by the management. One Staff member told us, "We have had several managers over several years and a period without a manager. Each one does something different, so it keeps chopping and changing. We need some stability."
- Risk assessments were not robust. There were risks that were not identified and care plans lacked guidance for staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were not supported to develop their interests on an individual basis. There was no support in place that worked with the individuals on a one to one basis to help and support them to develop and lead a full life.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People were not always involved in care plan reviews to discuss their support. There were no service user meetings to engage people in issues that were important to them.
- People were not always involved in the service development and their views were not continuously sought to enable the manager to help ensure they provided a safe and effective service that met people's needs. Relatives told us that they had been invited to and involved with care plan reviews.

The provider had not ensured the required improvements from the last inspection were completed. The provider failed to assess, monitor and mitigate the risks relating to the health and safety of people who used the service. The above evidence demonstrated an on-going breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The manager had recently started their job role and had already completed audits which identified some issues we identified during the inspection.
- There were meetings with staff to implement some changes. For example, reintroducing the keyworker role. However, the manager needed time to establish themselves and implement these changes.
- Staff confirmed the manager had already demonstrated leadership and was providing them with support and guidance.

Working in partnership with others

- The management and staff team worked in partnership to help ensure people received the relevant support from other agencies as required; such as the local authority and community health care professionals.

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 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 RA Regulations 2014 Person-centred care The provider failed to ensure the care and treatment of service users met their needs and reflected their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure effective systems and processes to monitor and assess the service. The provider did not have oversight of the service to ensure the changes required had been implemented.