

Royal Mencap Society

Royal Mencap Society - Teversall Bungalow

Inspection report

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Date of inspection visit:
03 December 2018

Date of publication:
07 February 2019

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 

Summary of findings

Overall summary

What life is like for people using this service

This was the first inspection for Royal Mencap Society - Teversall Bungalow. The four different sites at this location had previously been part of the same service and registered as one home. This had been changed to each individual bungalow being a different registered care location with each having its own registered manager.

The staffing levels were not always adequate for the needs of the people who lived at the service. Records showed that some people could need attention during the night and there was only one waking night staff available to support them.

People were not always kept safe from infection as we found bins overflowing which included general waste and clinical waste. Recommendations on fire safety had not been actioned in relation to replacing fire equipment on the premises.

Staff were well trained and training was kept up to date and monitored by the registered manager. Staff did not receive regular supervision to formally support them in their roles. Staff knew people that they cared for well and supported them well with social opportunities. People were encouraged to choose activities they liked to do and to try new things. They participated in a range of different activities to meet their choices and preferences. They also supported them with choosing and preparing food at mealtimes which was nutritious, healthy and supported their needs.

Support planning was comprehensive and involved the person and any professionals involved. However, some of the information had not been reviewed and updated. There was also health plans and information regarding new activities and how people were enjoying them. This also included aspirations for the future and what they wanted to achieve.

Staff understood the importance of this for people and provided structured support which best suited individuals. Staff had developed an 'outcomes' file on each person using the service. This showed what people wanted to achieve and had pictures of what they had achieved to date.

More information is in the detailed findings below.

About the service

Royal Mencap Society - Teversall Bungalow is a residential care home for six individuals with a learning disability. At the time of our visit six people lived at the service.

Why we inspected

This was a first full comprehensive inspection for Teversall Bungalow since its registration in November 2017.

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.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not consistently well led.

Requires Improvement ●

Royal Mencap Society - Teversall Bungalow

Detailed findings

Background to this inspection

The 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.

Inspection team: Two inspectors carried out this inspection.

Service and service type:

Royal Mencap Society - Teversall Bungalow is a care home who provide care for up to six people. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and inspectors visited on the 3 December 2018.

What we did when preparing and carrying out this inspection:

We reviewed information we had received about the service since it was registered with CQC in November 2017. This included any statutory notifications and information from stakeholders including the local authority and Healthwatch. A statutory notification is important information that the provider is required to send us by law such as information about serious injuries or safeguarding concerns.

We used information the provider sent us in the Provider Information Return. This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person who used the service and one relative. We also spoke with four members of care staff, the assistant manager and the registered manager. We reviewed a range of records, this included four people's care records and four medicine records. We also looked at three staff files in relation to safe recruitment, training and supervision. We also reviewed records relating to the management of the home and a variety of policies and procedures which had been written and implemented by the provider.

After the inspection we asked for further information to be sent through due to it not being available on the day and we received this from the provider.

Is the service safe?

Our findings

People were not consistently safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had a safeguarding procedure to follow and staff had been trained to understand the signs of abuse and how to report incidents.
- Staff were aware of their responsibility to protect people from abuse and avoidable harm. A staff member said, "We record any incidents and make a referral to the safeguarding team." Staff told us safeguarding incidents between people were low because staff were aware of any potential incidents and how to prevent these.
- Incident forms showed some incidents that were required to have a statutory notification sent to CQC had not been submitted, but staff had reported them to the local authority. The registered manager told us this was an oversight by them, as they believed if the safeguarding did not meet the local authority's threshold it was not a notifiable incident. and they have now submitted these to us.
- Overall risk assessments had been completed to assess people's needs, and staff had the guidance and support necessary to mitigate associated risks. For example, risk associated with community activities had been planned for.
- Some people were at risk of choking due to their needs in relation to eating and drinking. Risk assessments provided guidance of the support people required, such as how their food should be presented and what level of assistance was required from staff. However, not all risks had been assessed and planned for. For example, one person had a history of developing pressure sores. This had been highlighted as a risk, a pressure relieving mattress was required and we saw this was in place. However, there was no risk assessment that provided staff with guidance of how to monitor the person's skin and the action required should any concerns be identified.
- Staff spoken with had a good level of understanding and knowledge about people's needs and risks. Whilst guidance lacked detail in places, staff were competent and knowledgeable, meaning the lack of guidance had minimal impact.
- Staff had received training in positive behavioural management to support people to manage any behaviours associated with anxiety that affected their mood. Staff told us physical intervention was not used to manage behaviours, but gave examples of how they used 'diversional' techniques to safely and effectively support people. A staff member said, "We use different approaches with people, we can talk people down' and divert their attention which works really well." A staff member told us how some people had prescribed medicines that could be administered to support them when experiencing heightened anxiety. However, they told us staff used this as a last resort and explored other possible reasons to a change in behaviour, such as the person being unwell and in pain.
- One person's support plan had not been updated to show the persons needs around swallowing this meant that staff may not be aware of the needs of the individual when preparing meals which posed a risk of choking. The original assessment was soft chopped and moist food and the review was minced and moist. There was a detailed booklet from the NHS on how this should be prepared but this had remained in the health file and the support plan had not been updated.

Staffing levels

- Staff told us when there was a full complement of staff on duty, staffing levels were sufficient. However, staff told us difficulties arose when short notice staff absenteeism was reported. Staff on duty were expected to arrange for shifts to be covered by contacting colleagues to cover the shortfalls.
- The provider did not use agency staff and therefore if staff could not pick up additional shifts, staff on duty covered.
- Staff gave examples of how staffing levels the weekend prior to our visit was reduced to one shift with two staff working and another shift with three staff, when staffing levels were usually five staff on each shift. The registered manager told us how staffing levels were decided and how the deployment of staff was used flexibly in meeting people's needs. For example, additional staff were rostered on two evenings a week to support people to attend an evening social activity. If staffing levels dropped at these times it is likely that evening activities could not take place.
- The registered manager and assistant manager supported staff if required to provide care. We identified some concerns with the night time staffing levels. One staff member worked at night. The staff handover sheet recorded how people could be up during the night and we were concerned how people's needs were met with one member of staff. We discussed this with the registered manager who told us within the same grounds, there were three other bungalows which had two additional floating night staff that could be called upon to support.
- It was documented that at times, staff working at night went on a break and it was not clear who covered them whilst they did this. We discussed this with the registered manager who agreed that this was a concern and they would review this further.
- The fire equipment was checked by a professional company in June 2018. A letter with recommendations was sent following this identifying replacement and additional fire equipment was required to meet the current safety standards. However, the order was not issued and the equipment was not ordered. The assistant manager explained that this was because the registered manager was absent at that time and there was no-one to authorise this. This was authorised by the assistant manager following our visit.

Using medicines safely

- Medicines were safely stored and records showed that the receipt and administration of medication was correctly adhered to. Fridge temperatures were taken in line with the providers policy.
- Medication audits were carried out every three months and were up to date.
- Medication was administered by one trained member of staff and a second staff member checked the MAR and medication then signed to confirm this was correct. The manager told us that this reduced the risk of medication errors as all medication was double checked before it was administered.
- We observed a member of staff who was administering medication wearing false long nails, this caused them to struggle to get the tablet from the blister pack and has implications for infection control and delivering personal care safely due to the risk of scratching. It is also difficult to keep nail extensions clean of infection as sanitisers would be unable to penetrate behind the nail. We saw two members of staff with such nails during the inspection. We raised this with the registered manager who agreed with these concerns and to speak to the staff about this.

Preventing and controlling infection

- The prevention measures to reduce the risk of infection and cross contamination, including cleaning of the service was found to have some shortfalls. For example, the weekly cleaning schedules had not been completed since September 2018 and the night cleaning schedules showed the last recorded date was 23 October 2018. The fridge and freezer temperature were recorded and documented and staff signed when

this had been completed.

- A bathroom was found to have two bins however these were not pedal bins, that are best practice guidance to reduce the risk of cross contamination.
- One bin was used for clinical waste was seen to be overflowing with incontinence pads. This was raised to the assistant manager as soon as we were aware of the hazard however we noted an hour later the bin had still not been emptied.
- The dining room table cloth was dirty, it had not been wiped after breakfast and had crumbs and spillages, people were eating lunch with the table cloth still dirty.
- A bathroom had a cupboard that stored cleaning materials and toiletries. The door to this storage had a sign saying 'Important – please keep this cupboard locked at all times.' The door was found to be unlocked.
- The light bulb in the shower room flickered, significantly affecting the light. The registered manager asked staff about this and they reported it was found like that on the morning of the inspection.
- A toilet seat was found to be very loose which posed a risk to people using this.
- All of window restrictors in bedrooms and kitchen were found to be broken. The deputy manager told us this was known, but not a concern or risk (rooms were on the ground floor). However, there was no risk assessment to confirm this. Flooring in one person's bedroom needed to be replaced however plans were in place to do this.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Assessing people's needs and choices;

Delivering care in line with standards, guidance and the law; healthcare support.

- People's health needs were assessed and monitored. One person who had epilepsy had a detailed support plan that staff were knowledgeable about. Another person had a pain communication support plan that provided staff with clear guidance of how the person may express they were in pain.
- A person's health action file contained evidence they were supported to attend health appointments including hospital outpatient appointments. External health professionals were involved including GP, physiotherapy and epilepsy nurse.

Supporting people to eat and drink enough with choice in a balanced diet

- Action had been taken in response to the outcome of the Food Standards Agency audit in April 2018. The Food Standards Agency ensure that food hygiene regulations are adhered to and that care services meet the requirements for how food is handled, stored, prepared and delivered.
- A hand-written menu was on display and staff told us people were involved in the development of this each week.
- One person told us how staff supported them with healthy eating and to lose weight. Due to people's communication needs, picture cards of different foods were used to support people to make informed choices of meals and preferences.
- Food stocks and storage were found to be sufficient. One person's care records included information about preferences to food and drinks and how foods needed to be presented due to their needs associated with eating.
- People were offered a choice of drinks and lunch, we saw people were encouraged to be in the kitchen to choose their meals.
- One person told us how they made drinks and snacks independently and we saw this person make drinks for themselves and others. Staff told us people participated in food shopping and preparing meals wherever possible. Independence was encouraged by use of adapted cutlery and crockery.

Staff skills, knowledge and experience

- Staff were positive about the induction and training they received. Comments included, "New staff receive an induction, they shadow staff and we all get ongoing training." "We have face to face training some is really good and interesting."
- Staff told us they had not received regular supervision meetings however and recalled their last meeting being earlier in 2018. No staff member could recall having an appraisal of their work however staff said that they felt supported by the management team.

- Staff training was relevant and up to date and it was clearly documented when training was due and planned. The staff files that we reviewed showed a comprehensive induction and training programme was in place.
- One relative told us, "Staff are very knowledgeable about [name] if there are any concerns staff will phone me and inform me, there are lots of opportunities for activities and they have tried different ones out with [name] it's trial and error as to what [name] takes to and what doesn't suit". The relative also said that he had been involved in reviews with the local authority and two support staff and felt that they were kept informed about all care and treatment of their family member.

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

- People had their own items in their room and were actively encouraged to give their views when any communal areas were changed or decorated.
- At the time of our visit none of the people used wheelchairs or hoists but the bungalow had wide doorways and corridors and was therefore suitable if a person's needs changed.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of those who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interest 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 interest and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs). We checked whether the service was working with the principals of the MCA and whether any conditions on authorisation to deprive the person of their liberty was being met.
- Four of the people living at Royal Mencap Society - Teversall Bungalow had restrictions placed on them as they needed support with their safety.
- An application to lawfully restrict their liberty had been made. Two people's approval was due for review and applications had been made to the relevant authority for the review to take place. Staff continued to support them in their best interests whilst waiting for the outcome of the review.

Is the service caring?

Our findings

People were treated with compassion, kindness, dignity and respect

Ensuring people are well treated and supported

- We saw staff speak with people in a respectful manner, people were given choices and staff had time to spend with people. During our visit our observations were limited due to staff supporting some people in the community.
- We observed people being supported with food at lunchtime and mostly this was very positive and staff communicated appropriately with people.
- We could hear staff chatting with people in the kitchen while they were preparing lunch. One person told us "I wanted soup today, sometimes we go out but we didn't and I can choose what I want to eat". Some people could help prepare and others waited for staff to bring their meal.

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

- One person told us that they talked to the staff about what they wanted to do and they could go out every day. The person said "We are bowling today and then we will get a drink, I go out every day and I do different things, we are shopping for toiletries later".
- The staff had developed an 'outcome' folders for all of the people living at the bungalow. The folders had been put together with the people's involvement and were all about what outcomes they wanted to achieve in their lives including activities they liked.
- One person liked to go horse riding and they all enjoyed activities that they could all take part in. On the day of our visit, they all went out bowling. There were also a lot of photographs of people involved in activities both in the bungalow and out in the community

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.
- People were offered choice and control over their day to day lives.
- Staff offered people the opportunity to spend time as they liked and to offer opportunities for them to do other things they chose.
- We observed staff waiting kindly and patiently for a response to a question where there was no verbal communication for that person.
- We also observed staff delivering personal care, ensuring that the door was closed, talking to the person throughout and not rushing them through the process.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way.
- One person told us, 'Staff always ask me what I want to do and help me with what I need, I really like it here and never want to move'.

Is the service responsive?

Our findings

People received personalised care that responded to their social needs

Personalised care

- Good examples were documented of people's dreams, goals and aspirations being met.
- People received opportunities of social and community activities.
- One person told us how they had a paid job and how this was important to them, and another person did some voluntary work. People accessed community groups and evening social activities where they had opportunities to develop their friendship group. One person told us how they had been supported on a short holiday to a place of their choice and how much they had enjoyed it. Other activities included, horse riding, bowling, walks, shopping and eating out. On the day of our visit people were supported to go bowling. A relative told us that the staff took people swimming until not so long ago but it stopped because the pool was having a review, they were hoping that this would restart.
- People had weekly activity plans that reflected their personal preferences of leisure, recreation and social activities. The dining room had a selection of activities and arts and crafts and a photo album showed people happily participating in a variety of activities.
- People's communication needs and preferences had been assessed and guidance was provided to staff. This included the use of alternative methods such as Makaton (a form of sign language) and PECS (Picture exchange communication system). In the care plans there was evidence of information in an accessible format to meet the needs of the people.
- Staff told us how people had been involved in choosing the colour scheme for the recently decorated lounge. People's bedrooms reflected their personal preferences and choices.
- Staff told us people did not have any religious or spiritual needs.
- One person had needs associated with their hair and skin care and staff were aware of this and ensured appropriate hair and skin care products were used.
- Resident meetings were scheduled but the manager found that these were not the best way of communicating information and the manager was arranging to have one to one meeting with people instead which they felt would be more effective. This would allow the manager to give information on a personal basis and for people to give their views.

Improving care quality in response to complaints or concerns

- There were no complaints and concerns at the time of our visit but the manager was able to tell us how they would use any feedback to make improvements to the service.
- There was a complaints policy in place and relatives knew how to make a complaint. One relative told us that they would approach the staff in the first instance as they would respond and approach the manager if necessary.
- There were no complaints or compliments recorded since 2015 There was detailed information on accidents and incidents and lesson's learned. This included reviewing risk assessments and ABC charts to manage behaviours when necessary. A relative told us that the staff listened to any concerns and acted

accordingly making changes and reviewing the care and support that was provided.

End of life care and support

- There was evidence that end of life care had been discussed with relatives where people lacked capacity to make decisions regarding end of life care and would not understand the implications of planning this. Staff told us that some relatives were reluctant to forward plan for end of life.

Is the service well-led?

Our findings

Leadership, management and governance were not always of a high quality.

Leadership and management

- There was lack of oversight by the manager and the assistant in relation to staff supervision, infection control, fire safety, support planning and risk assessments.
- The prevention measures to reduce the risk of infection and cross contamination, including cleaning of the service was found to have some shortfalls.
- The provider planned and promoted person-centred, high-quality care and support, and understood and acted when things went wrong.
- Care records contained all the relevant information however, not all of the information had been reviewed regularly and risk assessments were not always updated. For example, one person had a review carried out by the NHS Speech and Language Therapist (SALT) in May 2014, staff had signed to say that they had read and understood this on various occasions in 2018. A further assessment of changing need was carried out by SALT in August 2018, this was reflected in the health file but no update had been made to the support plan.
- The fire safety recommendations had not been actioned until following our visit. The assistant manager confirmed that this had been actioned after we raised this. This was six months after receiving the recommendation and advice that the current equipment did not meet the standard required. On review we noted that the equipment could have been authorised at the time of recommendation by the provider.
- Managers and staff clear about their roles, and understand quality performance, risks and regulatory requirements. Staff spoke positively about the registered manager. Comments included, "The manager is very supportive and approachable." Staff told us they felt valued and that they could raise any concerns and suggestions.
- Staff were aware of the whistleblowing procedure and told us they would have no hesitation to use it if required.
- We reviewed three staff files and they had received a supervision meeting when the manager was absent in August 2018 but there was no evidence of other supervisions having taken place by the registered manager or assistant manager prior to this. The registered manager told us that they were planning to carry out all the supervision meetings now to have one to one time with each member of staff.

The lack of robust quality assurance meant people were at risk of receiving poor quality care which may place them at risk of harm. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Engaging and involving people using the service, the public and staff.

- Staff were not aware of the systems and processes in place to check on quality and safety.
- The registered manager was required to complete electronic audits and reports in relation to different areas of the service and this was monitored by senior managers.
- The registered manager told us actions identified from audits and checks were put into an ongoing

improvement plan which had been identified as required.

- The last provider visit completed by an area manager was completed on 16 November 2018. Maintenance checks were completed and included associated checks with fire safety and legionella.

Continuous learning and improving care

- The registered manager received alerts about best practice guidance and changes to legislation to keep their knowledge and practice up to date.
- The registered manager also attended management meetings (within the organisation) where good practice was shared, they told us this was supportive.
- The latest survey results of people's views were completed in 2018. An example was given as a response to feedback about communication had been improved upon.

Working in partnership with others

- The service involved people and their relatives in discussions about their care in a meaningful way.
- The service had good links with the local community and key organisations reflecting the needs and preferences of people in its care.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not in place to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk from carrying out the regulated activity.</p> <p>Failed to act on feedback from relevant persons and other persons in relation to the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;</p> <p>The registered person failed to notify the commission of notifiable incidents as per the regulation.</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17.1</p>