CQC Feedback

A Summary. February 2017

Abstract

A summary of positives and areas for improvement from a selection of CQC Compliance Inspection Reports up to February 2017

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Continuing our support of our social care partners, our second CQC Feedback – A Summary document provides key pieces of feedback from a selection of published CQC Compliance Inspection Reports to share best practice and provide learning from key areas for improvement.

The document has been compiled by Pam Darroch, Service Improvement and Quality Assurance manager for The Grey Matter Group. Pam has many years' experience working within local authority social care quality and compliance monitoring teams. Pam has taken key points where, from experience, she has seen the value of best practice being shared.

The Adult Social Care sector understands the importance of sharing best practice. We hope that this document will support you on your journey to outstanding.

A number of changes have been made since the previous issue, based upon feedback from readers. We welcome your feedback, please do email us at talk@tgmgroup.net or call our support team on 0345 873 0373.

All 'Positives' within this review have been taken from reports where an Outstanding rating was awarded for that Key Line of Enquiry.

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Safe – Positives

- People were kept safe from harm and abuse. They had confidence in the service and felt safe when receiving support. People were supported to take positive risks, enabling them to lead independent lives.
- Staffing levels were flexible and determined by people's needs. Robust recruitment procedures ensured people were only supported by staff that had been deemed suitable and safe to work with them.
- People were supported to manage their medicines safely and at the time they needed them. Each person had an assessment of the support they would need to manage their medicines themselves.
- Where people were able to manage their own medicines staff had supported them to obtain monitored dose systems from their pharmacist. This helped them manage their own medicines safely by separating the doses required for each day and time. The registered manager had arranged for people to be supplied with secure storage for keeping their medicines in their own homes.
- Safeguards were in place around people's finances. Service managers made weekly checks to ensure that, where staff were helping people manage their money, the correct procedures had been followed to safeguard their funds.
- Staff understood the risk assessments in place for individuals around the use of social media. One staff member told us "We have to carefully balance people's rights with providing education around the safe use of social media." Information about how to stay safe had been produced in an easy to read format and given to people to keep at home. This supported people to understand abuse and how to report any concerns.
- The service had an innovative approach to supporting people to take positive risks. Each person had an assistive technology assessment, carried out by the provider, to establish systems that could be used to help them live as safely and independently as possible
- The provider and registered manager had worked closely with housing providers to design and develop supported living accommodation for some people that included assistive technology that had allowed them to move from residential care settings. This included helping people arrange with their landlord for the installation of a water management system with overflow sensors to reduce the risk of flooding in their homes. People that needed it had been provided with small appliance shut off devices by the service, which were programmed to deactivate appliances such as toasters and kettles at specific times
- Staff told us "We want to provide people with the help they need, but without constantly invading their space." This meant that people who had previously required constant supervision from staff had privacy, but with staff on hand to provide assistance when needed
- One person with a visual impairment had been supported by staff to change the texture of the walls around their home. This meant that they could associate different textures with different rooms to help them find their way around. The décor of their home had been designed by staff in conjunction with the person to provide contrasting doorframes and

rounded edges to walls to reduce the risk of injury through bumping into things. Staff told us that the person had been less frustrated since the changes to the décor had been made and that they were no longer bumping into walls and furniture. The registered provider carried out health and safety audits to ensure that people and staff were safe when in the person's home.

- The registered provider had a policy in place to reduce the risk of people not receiving a service in the event of inclement weather. Staff who lived nearby people's homes were made available to cover if required.
- Staff were paid for their travel time to ensure people received the full visit they had paid for. This showed that the registered provider had proactively considered the risk of service breakdown and had put measures in place to ensure people received a consistent and full service.
- Staff recruitment practices were robust and thorough. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS).
- All potential employees were interviewed by the service manager for the part of the service they were applying to work in to ensure they were suitable for the role. All new staff were required to undergo a six month probationary period and there was a disciplinary procedure in place to respond to any poor practice.
- Where agency staff were used these were only sourced from agencies approved by the registered manager. The registered manager had visited the agencies to make checks of their recruitment procedure to ensure they were in line with their own. This meant that people were only supported by staff who had been checked to ensure they were safe and suitable to work with them.
- The number of staff required to meet people's needs was kept under constant review. The registered manager had responded quickly to review the staffing arrangements where people's needs had changed.

Safe – Areas for Improvement

- On the first day of our inspection we identified that the arrangements for the storage of medicines awaiting return to the pharmacy were not clear to us. We found some medicines that were being returned to the pharmacy in an open plastic box within the medicines storage room and had not been locked away.
- We looked at the PRN (medicine as required) protocols for four people. These only contained information in relation to the prescription. There was limited information or guidance in relation to the circumstances in which such medicines should be given. For example, for a person who received PRN medicines in relation to anxiety the only information we found about this was when the matter had been discussed at a meeting with the person's community psychiatric nurse. The care documents had not been updated to reflect this. We could not be sure that staff administering PRN medicines had clear advice and guidance.

Effective – Positives

- People received innovative care and support that was based on their needs and wishes. Staff were skilled in meeting people's needs and received ongoing support from the registered manager to ensure they delivered the best possible service.
- People were encouraged and enabled to have their voices heard, both within the service and the local and wider community.
- People were supported to stay healthy, active and well.
- People's relatives said they were confident that the staff were skilled to meet people's needs
- There have been very few staff changes over the years; that must say something. Staff told us that they were supported to provide effective care.
- All staff had completed an induction when they started in their role. There were different pathways for induction and training depending on the level of previous experience and qualifications. Learning and development included face to face training courses, eLearning, on the job coaching and workbook assessments. Staff did not work alone until they were assessed as competent to do so.
- Staff completing their induction had their progress reviewed after one, three and six months to ensure their understanding from the learning and to identify further training. All staff members had a personal development plan. Staff were required to complete a relevant qualification, essential training courses, such as first aid, and best practice courses, such as communication skills. All staff had completed a relevant health and social care qualification or were registered to do so.
- The registered provider showed that they were committed to supporting their employees. The organisation was signed up to a "mindfulness in practice" programme which staff could access to develop skills for managing stress and their emotional wellbeing.
- Staff had access to a positive behaviour support team, within the service, who supported staff in meeting the needs of people who challenged the service. A person using the service had trained their own staff team in the use of sign language. This meant that people were supported by staff who had access to the best practice guidance and training, that they then used in practice when supporting people.
- Staff told us that additional training was provided quickly in response to people's changing needs. Training had been provided to staff in using a PEG (artificial feeding system) and supporting a person who used oxygen. This meant that the individuals had continued to receive their care package without having to change provider. Staff told us their training was continuous and one staff said "We are all learning together."
- Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice effectively, and ensured people's human and legal rights were respected. The staff had a clear understanding of people's rights in relation to staff entering their own homes. Each person had been supported to draw up a document called 'My house, my rules'. This clearly laid out their rights plus any particular rules they wanted staff to follow when accessing their home.

- People had been supported to vote if they wished to. The registered manager had distributed easy read manifesto information and helped people to arrange postal votes or a visit to the polling station depending on their preference. People had been enabled to meet with their local MP through community partnership groups they had organised with help of the service. One person had raised with their MP their concerns about the lack of cycle paths in their area and the MP had taken this to the council planning board for discussion.
- People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals. Where people did not have the capacity to make decisions they were given the information they needed in an accessible format, and where appropriate, advocates or their friends and family were involved. One example was that service managers reviewed on a monthly basis, people's capacity to manage their own money.
- Staff only used restraint as a last resort and only when trained. The registered provider was registered with the Physical Interventions Accreditation Scheme, which showed that they had met the required standard for training their staff and the reporting and reviewing of the use of physical restraint. Staff understood the need to apply to the Court of Protection for authorisation if anyone using the service was deprived of their liberty.
- People were supported to maintain a balanced diet. Staff provided people with information about healthy eating and helped them to plan their meals and manage their budget to purchase a balance of healthy foods. Some people were given support to grow their own vegetables and they proudly showed us these when we visited them at home. People were encouraged to be as independent as possible in preparing their meals.
- People experienced a level of care and support that promoted their wellbeing and meant they had a meaningful life. One person had complex health needs. Careful planning to meet these needs and a flexible approach to the person's care had meant that the person had stayed healthier with fewer hospital admissions. Staff worked in an innovative way to improve the outcomes for individuals.
- Each person had a health action plan that set out their specific health needs. An anticipatory health calendar was used to record daily information about people's health needs and this identified potential health problems in the early stages.
- People were supported to be lead healthy and active lives regardless of their age or physical ability. A person who wanted to purchase a self- propelling wheelchair to increase their independence, had been supported to attend weekly wheelchair exercise classes to build their upper body strength.

Effective – Areas for Improvement

- Although mental capacity assessments had been carried, some decisions had been made for people without staff following the legal requirements.
- Although care plans were comprehensive and people received effective, responsive care, some information was not always up to date.
- Where people lacked capacity good practices were not always being followed. Although staff were able to describe the principals of the MCA to us and care plans held mental capacity assessments for people, it was not clear whether or not some decisions had been made within the legal requirements. One person had a locked wardrobe and drawers in their room. However there was no record of a best interest discussion in relation to this decision. Another person had a listening device in their room but there was no evidence that any discussion had taken place to decide whether or not this was in this person's best interest

Caring – Positives

- The registered manager and staff were committed to a strong person centred culture. People had positive relationships with staff that were based on respect and shared interests.
- People and their relatives felt staff often went the extra mile to provide compassionate and enabling care.
- People and their relatives were consistently positive about the caring attitude of the staff. They told us the staff were caring and friendly. One relative said "The staff are really keen and want to make people's lives interesting."
- The service had a strong, visible person-centred culture. Staff had developed positive relationships with people. The staff were organised into small teams to ensure that people received support from a small number of staff that knew them well. Staff and their mix of skills were used innovatively to give them the time to develop positive and meaningful relationships with people.
- Staff had supported people to complete a one page profile about themselves. This included 'What people like and admire about me' and included comments such as 'People like my can do attitude.' Staff had also completed these profiles for themselves and shared them with people using the service. This showed that staff respected people as equal partners.
- There was clear information for staff to follow to recognise when people were distressed and needed comfort. Staff told us this was especially useful where people did not use verbal communication. Staff were comfortable in displaying warmth and affection toward people whilst respecting people's personal space. Staff recognised the importance of self- esteem for people and supported them to dress in a way that reflected their personality.

- Staff were exceptional in enabling people to remain independent. Without exception, when we visited people, staff respected people's homes and their right to do things for themselves. Staff encouraged and supported people to prepare their meals, do their chores, access community facilities and to try new activities. Assistive technology was widely sourced, supplied and used to help people retain or develop their independence.
- Staff respected people's privacy. They phoned ahead to arrange appointments for us to visit people and knocked at people's front doors before asking permission to enter.
- Staff communicated effectively with every person using the service, no matter how complex their needs. For some people this meant using alternative or supportive communication methods such as computer apps and picture boards to assist them in speaking out. The registered provider had produced easy read information guides and policies for people to use. Staff had worked with the speech and language team to develop visual storyboards to help people that had moved from a residential service to understand the journey to their new supported living accommodation.
- Staff were committed to involving people in their service. People had been provided with training to undertake interviews and were actively involved in the recruitment of new staff. They, and their circle of support, were involved in planning their own care and they were involved in meetings with their team of staff that supported them. This meant that people were involved in developing the service they received.

Caring – Areas for Improvement

- There was now an activities programme in place, however there were no measures in place to ensure that everyone who used the service had the opportunity to take part.
- We observed people taking part in an arts and crafts session downstairs. People who were less able to participate were included in the session appropriately. However, there were limited activities for people who could not leave their rooms or chose not to engage in communal activities. For example, where the provider documented social interactions for people who were bed-bound, we saw that typically activities took place every three days, however there were several occasions where people had not taken part in activities for over two weeks.
- We found care plans lacked information relating to aspects of peoples' lives including their likes, dislikes, hobbies, interests and social networks. This information would help staff form relationships with the people they support, and promote person-centred care.
- People's privacy and dignity was not always respected.
- Interactions between staff and people were not consistently positive between the service, especially interactions with people living with dementia.
- We observed staff consistently entering people's rooms without knocking or seeking permission to enter. We saw that one person was walking around and going into other people's rooms without staff intervening. We asked a staff member if people did not get upset, which they replied to "No, they have dementia".

- We observed staff consistently moving people who were in wheelchairs without first telling them they were going to do this and where the person was going. People were brought into the lounge and were not asked where they would like to sit. The radio was put on, again without asking people if they wanted it on and what music they would like to listen to.
- We observed another member of staff approach a person during the lunchtime on our first day and take the person's knife and fork away without seeking permission or telling them what they were doing. They then proceeded to cut up the person's food and started to assist them to eat. They did not ask the person if they required assistance. They then took the food away and brought the person dessert, again without asking them what they would like. Another example was where a member of staff approached a person at breakfast time. They picked up a sandwich and put it in the person's mouth and said "You can do this for yourself" before walking away.

Responsive – Positives

- The service was very flexible and responded quickly to people's changing needs or wishes.
- People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.
- People's views and opinions were sought and listened to. Feedback from people receiving support was used to drive improvements.
- People told us that the service supported them to lead meaningful and interesting lives. They said that they were enabled to do the activities they wanted to.
- People received consistent, personalised care and support. They and the people that matter to them had been involved in identifying their needs, choices and preferences and how these should be met. People's care and support was set out in a written plan that described what staff need to do to make sure personalised care was provided. For example, a person that had previously enjoyed horse-riding had it included in their plan that staff were to support them to do this weekly. Records showed that this had taken place and we saw photographs of the person enjoying the activity.
- People's plans were reviewed every six months or sooner if their needs changed and they were provided with support that met their needs and preferences.
- People had a person centred plan that set out their goals and aspirations. Staff had worked with people to make this a reality.
- The service was flexible and responsive to people's individual needs and preferences.
- Relatives told us that the service was flexible and had regularly provided additional support to respond to urgent changes in need. Health care professionals told us that the service was responsive.

- Several people using the service had previously experienced more than one breakdown in their support package and had challenged traditional services. The support they received from staff was tailored to their individual needs and staff had worked extremely hard to get to know people and understand what was important to them. When people started using the service a tool had been used to understand people's current levels of community participation. This tool had been used again one year later and had found that there had been a significant increase in the level of regular participation in community based activities. They had also found a decrease in incidents of challenging behaviour for many people.
- Staff recognised the importance of social contact and companionship. They supported people to develop and maintain friendships and relationships. Staff had been proactive in helping a person, who had lost contact with their family 50 years earlier, find their relatives and rebuild relationships.
- People that had formed friendships in previous areas they had lived were supported to stay in contact if they wished. Staff helped people to arrange visits for dinner or a social catch up. People were helped to organise and host dinner parties for their friends and several people regularly grouped together to hold a pool competition at one person's house.
- People were supported into employment if they wished.
- Some people worked in a shop and others on a local farm. One person had a job walking neighbours dogs and another person was employed in the services local office.
- The registered provider had given people clear information about how to make a complaint. There was a written and pictorial procedure and staff discussed people's satisfaction with the service at regular meetings with them and the key members of their team. In addition to the formal complaints procedure area managers visited people monthly and asked if they were happy with the service as part of their quality monitoring checks. Records showed that complaints were taken seriously, investigated comprehensively and responded to quickly and professionally. Relatives told us that they felt confident they would be listened to if they made a complaint.

Responsive – Areas for Improvement

- The care plans that we looked at were up to date. However we found that these were variable in relation to the level of information recorded about people's needs. Some plans were person centred, and contained detailed guidance for staff in relation to meeting people's identified needs. Other plans did not always include information about how the person should be supported. For example, one person's assessment identified that they had a need in relation to communication. Their care plan did not show what this need was or how they should be supported by staff.

- We found that there was no information in either the person's care plan or risk assessment that detailed how staff should provide support in relation to these behaviours.
- Although information about, for example, people's histories and personal interests, communication, health support, behaviours, mobility and dietary needs were completed in some people's files, these were not documented for others. For example, the home had recently introduced a 'Life Story' section to the care plan which outlined their personal history.
- Some people's mental health needs were not fully documented in their care plans. Two care plans that we saw referred to specific mental health conditions. However, there was no information about how these affected each person, and what staff members should do in response to behaviours that indicated that there may be a concern. We saw that information about one person's mental health needs was recorded in the notes of a review meeting, but their care plan had not been updated to reflect this.
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Well Led – Positives

- The registered manager promoted strong values and a person centred culture. Staff were committed to delivering person centred care and the registered manager ensured this was consistently maintained.
- The service worked effectively in partnership with other organisation and forged positive links with the community to improve the lives of people with disabilities.
- There was strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to ensure quality and identify any potential improvements to the service. The registered manager promoted an open and inclusive culture that encouraged continual feedback.
- The registered manager had developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always acted upon.
- The registered provider had clear vision and values that were person centred and focussed on people having the opportunity to be active citizens in their local communities. These values were owned by people and staff and underpinned practice. Staff consistently provided person centred care and support. The registered manager, area managers and service managers provided clear leadership and used systems effectively to monitor the culture of the service. This included a regular presence of managers working in the service

alongside staff to role model. Observation of practice was used, along with reflective logs to help staff develop their practice.

- The service had actively sought and acted upon the views of others through creative and innovative methods. This included an annual survey and monthly visits by area managers to seek feedback from people the service supports. Relatives told us they were frequently asked for their views and could speak with the registered manager at any time. Assistive technology had been used, including computer apps, to help people communicate their views.
- The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of any significant incidents and proactively shared identified risks and plans for improvement. The registered provider had a dashboard system for identifying risks. Through this the registered manager had quickly identified that there had been a number of medication errors in one part of the service. The registered manager had conducted a full and comprehensive investigation and took action which reduced the risk of further errors.
- The registered manager received consistent support from the registered provider and told us that the resources required to drive improvement were readily available. There was a strong emphasis on continually striving to improve. There was a 6-12 month improvement plan in place for the service.
- Area and service managers came together monthly to work on the plans and report on progress to the registered manager.
- The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. This included being part of the voluntary organisation disability group and partnership working with a leading learning disability research team. The service had a number of multi- agency working agreements with other care providers. This had been carefully managed to ensure people received consistent support regardless of which agency was suppling the support at the time.
- The service was exceptional at supporting people to form and sustain links with their local community. A lottery grant had been obtained to bring people within a local community together for events to plan how lives of people with disabilities can be improved. A steering group for the events included people with a variety of needs. People the service supported had been asked to research venues to hold the events.
- Some people had been supported to work as mystery shoppers to provide feedback on customer services and the built environment on behalf of various disability groups.
- People, were supported to be active members of their church if they wished and some people attended social groups and church events. The service held charity coffee mornings at the local off ice and invited employees from other business in the complex to raise awareness of the abilities of people they support. People were supported to make and sell cakes. People told us that being involved in charity work and community events made them feel valued.

- The registered manager also visited local colleges to participate in career days for students of health and social care qualifications. The registered manager told us this helped them understand the needs of people with a learning disability and the challenges they can face in their communities.

Well Led – Areas for Improvement

- Although people received appropriate responsive care because staff knew them well, care plans did not always reflect the most up to date information about a person. One person suffering from epilepsy did not have up to date information in their health action plan. It stated they last had seizures in 2014, however we noted from the records they had suffered a seizures late 2015 and early 2016.
- Behaviour support plan, although reviewed, had not been updated with the outcome of medical checks they had undergone and they had no risk assessment in relation to their 'night plan' despite the care plan recording that they did.
- People had individual fire evacuation plans and although the deputy manager confirmed they had reviewed these in May 2016, the last review date was shown as April 2015.