

## Care service inspection report

# Moorpark Place Kilbirnie

## Care Home Service Adults

Moorpark House  
School Road  
Kilbirnie  
KA25 7LD

Type of inspection: Unannounced

Inspection completed on: 11 July 2014



HAPPY TO TRANSLATE

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## Service provided by:

Guthrie Court Limited, a member of the Four Seasons Health Care Group

## Service provider number:

SP2005007863

## Care service number:

CS2011301541

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	3	Adequate

### What the service does well

We considered that the service provides individual and personalised care and support to service users within the complex some of whom present significant challenges, including violent conduct. We saw evidence of commitment and dedication at the service delivery end of the service with staff at times operating under difficult and adverse conditions. Staff were afforded good opportunities for both induction and more advanced training. With some exceptions, Care Plans and other records were full and updated. Individual houses were personalised to service users' needs and wishes while others were sparse and featureless reflecting the need for minimalism due to the extreme behavioural issues present. Activity programs were varied and those with access to a vehicle were taken out several times per week. For others, activities were more limited.

### What the service could do better

We found evidence that although support staff were individually operating at a good and professional level, they felt little appreciated, supported or, in some cases, safe in their working environment. Staff reported being blamed rather than supported when injured by service users and that such incidents happened more frequently than was acceptable. Staffing levels appeared, at times, to be unable to safely or efficiently provide sufficient cover for all contingencies or emergencies thus putting additional pressure on existing staff. We concluded that the service was suffering from a significant crisis of confidence in management and leadership. The morale of staff was poor and there were indications that management had difficulty in properly

managing the service, adequately supporting service users and protecting and supporting staff, particularly support workers. We noted a significant level of staff leaving which, while not unusual in this field of employment, may be further evidence of the level of discontent. We understand that a substantial number of staff will be leaving at the end of August 2014 to pursue further education. This includes experienced staff which concerned us. We were concerned that this, together with a number of complaints against the service, both upheld and on-going, indicated a less than acceptable level of service provision and safety for service users and their support staff. Family carers interviewed were aware of staff shortages and the adverse effect that this sometimes had upon the care of their family members.

### **What the service has done since the last inspection**

Three recommendations were made during our last inspection. The development of a written participation action plan is being progressed and is met. Ensuring that different tiers of management and staff communicate effectively is not met. Gaining more explicit feedback about management and leadership issues is not met. The service has begun a series of staff away days in order to provide a platform for discussion and problem solving. These are at an early stage. The service continues to consider ways of gaining feedback from carers.

### **Conclusion**

We consider that this service is providing a good level of care and support to its service users largely through the commitment and effort of support workers on the ground. We believe that there are strong indications of a lack of confidence in management by staff which is approaching crisis level. We are therefore concerned that this may ultimately reflect upon the quality of care and support provided to service users. Since the last inspection complaints have been made and upheld and others are on-going. We conclude that while the service has potentially much to offer in terms of facilities and dedicated staff, these assets are not being utilised or supported to their best advantage and that the continued shortages in and pressure upon staff may be starting to have a detrimental effect upon the quality of care and support. We have been advised that the quality of service has deteriorated, particularly over the past year.

# 1 About the service we inspected

Moorpark Place is provided by Guthrie Court Limited, a member of the Huntercombe Group a subsidiary of the Four Seasons Health Care Group. This is the first inspection of this service under its new registration of 31 October 2011.

Moorpark Place provides accommodation and care for people with learning difficulties it is situated about a mile from the town centre of Kilbirnie, North Ayrshire. Moorpark provides long-term residential care and an integrated daytime support programme for up to 33 adults with Asperger's Syndrome and Autistic Spectrum Disorder. The service is located in a country setting in private grounds on the outskirts of the town. The campus is comprised of 25 residential terraced properties, in a combination of one and two bed-roomed houses with a Victorian walled garden close to the houses. There is a separate Resource Centre, which includes staff administration offices; this is a short walk across the campus. The service provides care and support to service users in developing and maintaining their independent living skills and assisting them to live in their own home setting and participate in community life.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 4 - Good**

**Quality of Environment - Grade 4 - Good**

**Quality of Staffing - Grade 4 - Good**

**Quality of Management and Leadership - Grade 3 - Adequate**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

During this inspection we visited service users in their homes and observed support and interaction. We also observed support and interaction in the more informal settings of the centre and grounds. We spoke to three service users who were able to communicate and verbalise and met and observed several others who had reduced communication abilities and were unable to give a response. We interviewed the manager and deputy manager, a care supervisor and several support workers both personally and by telephone. We contacted two carers by telephone. We liaised with North Ayrshire Council's social services contract management officer. We later interviewed an area manager, Psychologist and Speech and Language Therapist. We examined the service's self assessment document and annual return together with the previous inspection report.

We examined various files and documents kept at the service including:-

Six care plans, four staff personnel files, staff training records, minutes of service users meeting, minutes of the Moovers and Groovers group meeting, protocol and procedure for communication with parents/guardians/external agencies, protocol and procedure following an episode of unusual or lengthy challenging behaviour or any similar incident, senior support workers meeting, minutes of local integrated governance meeting, minutes of family/carers meeting, minutes of care supervisors meeting, control sheets for administering and recording medication competency assessments (eight), monitoring control and administration of medicines policy awareness (twenty-one).

We observed that the accounts of the staff during our inspection varied considerably from those contained within returned staff questionnaires. Following the inspection we received a number of telephone calls from staff members, wishing to remain anonymous, expressing deep concerns about the service and the management in particular. They explained that during the inspection staff could not be frank as they were aware that managers knew what individual staff members were being interviewed and they were afraid to lose their jobs. We contacted the service base in England in order to gain a corporate perspective and share our concerns. We spoke to an area manager who knew the service. Their opinion was similar to that of the service's management. The morale crisis was refuted as was the suggestion of a staff shortage. It was suggested that the issues raised were due to a small number of disgruntled staff.

Despite the approach of the recommended due date for the presentation of this report following inspection, we decided that it was necessary, in order to clarify the polarised opinions presented to us, to carry out a focussed re-visit of the service prior to the completion of the report. A concentrated staff questionnaire was created including the main areas of concern previously raised by staff.

The service was again visited on 5th August 2014. The methodology adopted was to visit most if not all houses where staff worked and re-interview staff using the questionnaire as a guide. In this way staff's concerns over being singled out or identified were allayed. In total, seventeen members of staff were interviewed and a number of patterns of concern emerged. All felt that morale was low. All felt they had no confidence in management. All stated that there was a shortage of staff. All said that they received no breaks during what were sometimes very long shifts. We were also concerned that several staff members stated that, due to staff shortages, service users who had an agreed ratio of staff of three to one or two to one would often 'lose' a team member to help out elsewhere in the service. During this re-visit we also spoke to a further six service users of varying ability.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

### **What the service has done to meet any recommendations we made at our last inspection**

Three recommendations were made. One has been met. The other two have not and are incorporated into the latest recommendations made.

### **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

Self assessment was completed fully and submitted in good time. Some claims were aspirational and in the planning stage rather than actively in place. Some areas were not found to be accurate.

### **Taking the views of people using the care service into account**

The majority of people using the service are unable to communicate their views but observation suggested that they were happy with the service provided.

### **Taking carers' views into account**

Family members contacted suggested some concerns with the service and a perception that things had deteriorated over the past year. Staffing levels and support for staff were singled out for particular concern.



## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

#### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Service strengths

We found that the service demonstrated comprehensive ways of consultation with and involvement by service users and carers. Service users meetings and forums had been organised including the 'Moovers and Groovers' group, service user's forum, Having Your Say document, family questionnaire, supported individuals questionnaire. Service users were involved in the interviews of new staff and the formulation of selection criteria. Service users and their carers were encouraged to participate in local integrated governance meetings and assist in some aspects of training. Where this was possible and practical, houses and rooms were personalised to the wishes of the individual. Service users were encouraged to attend and participate in reviews and multi-agency meetings. The relationship between service users and support staff appeared to us to be good giving the opportunity for personal and accurate feedback of service user's needs and wishes. This should potentially allow the service to respond in an inclusive way promoting improvement. Each house or pair of houses in some cases had a dedicated team of support workers headed by a senior support worker. This system was implemented to provide a continuity of care and support by an established and consistent care team whose relationship with and knowledge of the service user could develop, resulting in positive outcomes.

#### Areas for improvement

While the service was able to show a comprehensive list of participatory opportunities and forums available, much of this appeared to be in the developmental stage or had a poor level of uptake.

Where service users were unable to make a meaningful contribution due to their level of ability, a greater effort should be made to involve family carers and advocacy to represent service users views. The service should analyse what is or is not successful

and develop different ways of promoting involvement by service users and carers in a way which will improve the service. The documentation examined was in some cases not complete or current making verification of evidence difficult. Issues and ideas raised by service users should be clearly documented and resultant action demonstrated. This will be reviewed during our next inspection. The service should continue to seek out new ways and opportunities to involve service users and their carers all aspects of the service.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

We ensure that service users' health and wellbeing needs are met.

### Service strengths

We noted that the service employed a multi-disciplinary approach to the health and wellbeing of service users. Individual care plans recorded contact details from all relevant health professionals and meetings were held as and when required. All service users have a local GP and the service has a dedicated consultant psychologist, junior psychologist and speech and language therapist. There was evidence of regular contact with area learning disability and mental health teams and care managers. Care plans detailed personal care needs including behavioural triggers and proven responses. Likes and dislikes in terms of activities, food and service approaches were documented.

The administration of medication has been reviewed since the last inspection and this is now the responsibility of support supervisors. The medication plan and protocol for each service user is detailed within their care plan. A separate auditing system is in place to check that medication is being administered and recorded properly. Weight and BMI is recorded and a dietician consulted when any concerns arise. A healthy diet is promoted during shopping and food preparation but can be offset due to the service user's personal choice.

There is a weekly activities program detailed within care plans. This is based upon the activities in which the service user has shown an interest. Some service users have access to their own vehicle and are able to be taken out regularly for excursions and visits. Others, who do not have a vehicle can make use of the service vehicle when available or can be supported to use public transport.

Staff receive appropriate training prior to commencing employment and thereafter. This includes autism awareness, medication training, moving and handling, first aid and adult support and protection. The service has received a 'Certificate of Quality Autism Provision' from the National Autistic Society.

### Areas for improvement

We observed that the recording of accidents and incidents varied in quality and style with a number of different methods being used. We also noted that occurrences were recorded under the umbrella heading of "Procedure and protocol following an episode of unusual or lengthy challenging behaviour or any similar incident." While service users' behaviours should be recorded for the information of others, there did not appear to be a separate record of accidents or incidents. Although the daily running notes in personal plans did record incidents, the collation and supervision of these and their outcome was unclear. We also understood, in discussion with the manager, that some incidents were not being properly recorded or reported. Staff appeared to be unsure of their responsibilities for recording incidents on the Datix system and what required to be recorded. We have made a requirement regarding this.

(Requirement 1)

We noted that a change in shift pattern had been implemented which was unpopular with many staff members due to having little time for their families and which could

also lead to a lack of continuity of care staff for some service users. There appeared to be a general shortage of care staff necessitating long working hours, an expectation of overtime working an overuse of 'bank' staff and, at times, a reduction in the agreed staff to service user ratio to fill staffing gaps elsewhere. This concern was shared by family carers we spoke to. This was discussed with the manager who felt that there was no significant staff shortage and that, for Autistic service users, such changes in staff would not have the same detrimental effect as with others. We do not agree with this view and consider that such consistency will provide better outcomes for distressed individuals resulting in better care and potentially a reduction in behaviours which can result in self injury and injury to staff. We have made this a requirement. (Requirement 2)

We considered that as the service is accepting an increasingly more diverse range of service users, particularly those with mental health issues, staff training also needs to diversify. This was commented upon within staff questionnaires and is mentioned later in the report. Although support staff are trained in and have extensive knowledge of Autistic Spectrum Disorder and Asperger's Syndrome in terms of service provision, we note that managers, while experienced in management, do not have the same level of knowledge or experience. We have referred to this later in the report. The service should try to do more to encourage healthy eating and regularly utilise nutrition professionals for planning and advice. This will help to promote healthier eating particularly for those who, through personal choice, have chosen a less than healthy diet. The service should also review the domestic, food preparation and cooking skills of staff to ensure that food and meals provided and supported are the best and most nutritious they can be. We noted that some upper floor houses did not have their own kitchen requiring an intrusion into the house below where a kitchen is located. This is not only impractical but is an unnecessary invasion of private space for the service user residing below.

We considered that the extensive grounds of the service may not be utilised to the best advantage and this may be an opportunity missed to provide a more varied activity program for service users. While such activities would require to be risk assessed, we would wish this to be considered as a means of enhancing the service users' quality of life.

We also noted that there were a number of service users who regularly displayed very distressed behaviour sometimes resulting in self-injury or injury to staff. Reports as to the frequency of such incidents varied and did not appear to be well documented. We have made three recommendations in this statement.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 2

**Number of recommendations:** 3

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## Requirements

1. The service must ensure that incidents and accidents are properly recorded and devise a clear and concise protocol for the recording of incidents and accidents involving service users, staff and others visiting or using the service and consider which of these require to be notified to families, other professionals and the Care Inspectorate. Datix protocol should be re-visited and reinforced where necessary.  
SSI 210 Regulation 19 (3) Records

Timescale - 3 months from publication.

2. The service must ensure that the working shift pattern implemented provides a sufficiency and continuity of staff, with minimal changes in team personnel, in a manner likely to cause as little distress and concern as possible to their Autistic service users. Changes in support teams must be discussed and agreed in consultation with service users, carers and existing support staff. Agreed and financed staff ratios based upon needs and risk assessments must not be reduced without prior multi-agency agreement. Further admissions to the service should not be accepted until these matters are resolved.

SSI 210 Regulation 13 Staffing

Timescale - 3 months from publication.

## Recommendations

1. Staff should receive training in mental health awareness to furnish them with the necessary skills to support this client group. Supervisors should satisfy themselves that staff are sufficiently equipped to support food preparation and the cooking of meals and provide training as required. Managers should also make themselves conversant with Autistic Spectrum Disorder, Asperger's Syndrome and mental health in order to both gain a better understanding of the care and support needs of such individuals and to better manage and support staff in this specialised area of care.

NCS 5 Care Homes for People with Learning Disabilities - Management and Staffing Arrangements

2. Consideration should be given to better utilising and facilitating the skills of the activities co-ordinator to make best use of the considerable outdoor resources available to the service and their potential for development. This will provide an opportunity to enhance the activity and sensory experience of the service users and maximise their ability and experience leading to improved outcomes.

NCS 17 Care Homes for People with Learning Disabilities - Daily Life

3. The service should ensure that the service users who are most distressed and whose behaviours are challenging for staff, putting themselves and staff at risk of personal injury, are very regularly reviewed and assessed at a multi-agency level,

with a view to ascertaining whether the service continues to meet their needs in a safe, efficient and outcomes-based way.

NCS 5 Care Homes for People with Learning Disabilities - Management and Staffing Arrangements

NCS 10 Care Homes for People with Learning Disabilities - Exercising Your Rights

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

### Service strengths

Statement 1.3 makes reference to some areas of this statement.

We found evidence of service user participation particularly in the personalised and individual areas of the service. Homes and rooms were furnished and decorated in consultation with the service user occupant and were kept in pristine order by service users supported by staff.

We observed other houses however which were in stark contrast to this with bare walls, little or no decor and very sparse furnishings. We learned from support staff that the occupants of such homes were at the high risk end of support and were very distressed at times and difficult to manage. As damage to fittings and decor and assaults upon staff were relatively common, items which could be damaged or used for self harm or harm to staff were kept to a minimum. Staff explained that in one individual's case even applying coloured paint to the walls may trigger behaviours. We did however consider that such an environment was less than therapeutic. We have made a recommendation regarding this. (Recommendation 1)

While houses were personalised where possible and very much fitted out to the needs and wishes of each individual service user, we noted in many returned service user questionnaires that some had an issue with dignity and respect suggesting that privacy was not always respected when staff entered the service user's private rooms. This was at odds with an otherwise person centred and homely atmosphere. We acknowledge that, where staff are placed within the individual's home and they have responsibility to support and monitor safety and wellbeing, boundaries of privacy can be blurred. The service should however ensure, as best they can, that privacy, dignity and respect are maintained wherever possible. We have made a recommendation regarding this. (Recommendation 2)

In communal areas of the service we saw more evidence of service user's influence with paintings and designs created by them for the enjoyment of all. We learned that projects suggested by individuals were being considered for development such as a garden area where plants and flowers could be grown and vegetables grown for consumption. A sensory garden is also being considered.

## Areas for improvement

We noted that the walled garden area was not in regular use and somewhat unkempt. We also observed that the wall itself had been damaged by a fallen tree and appeared to be in a generally poor state of repair. We advised the manager of our concerns and were told that an assessment of safety would be undertaken. We have made a requirement regarding this.

We saw that the general environment of the service is within large open grounds with much free space. As commented on previously, we consider that this may be put to much wider use.

As stated previously, service users located in an upper flat did not have their own kitchen and were required to make use of the kitchen in the flat below. This necessitated the intrusion into another service user's home and personal space in what is, in every other respect, two separate houses. This arrangement also reduces opportunities for the development of independent cooking skills. While some improvement and refurbishment work had clearly been undertaken in some houses, others had waited and were waiting considerable lengths of time for essential work to be done. We have made a recommendation regarding this. (Recommendation 3)

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 1

**Number of recommendations:** 3

## Requirements

1. The service must have carried out a professional safety assessment of the wall of the walled garden area and take the resultant recommended action. Meanwhile, the garden must be made inaccessible to all service users and staff.

SSI 210 Regulation 10 Fitness of Premises

(Timescale - With immediate effect.)

## Recommendations

1. The service should seek professional advice from behavioural specialists in Autism as to how a living space may be decorated, even simply, in a way that the living environment can be made to be less stark and austere without triggering adverse behaviours. This may not only improve the living environment but may also lead to a reduction in stress and distress.

NCS 4 Care Homes for People with Learning Disabilities - Your Environment

2. Entering a service user's private room without notice or permission may be necessary at times but this should not be done routinely. The service should acknowledge the importance of respecting the privacy and dignity of the individual



even in a closely supervised setting and reinforce this to staff by way of training if necessary.

NCS 10 Care Homes for People with Learning Disabilities - Exercising Your Rights

3. The service should, wherever possible, expedite and complete the structural and environmental improvements to houses as identified and agreed.

NCS 4 Care Homes for People with Learning Disabilities - Your Environment

## Statement 3

The environment allows service users to have as positive a quality of life as possible.

### Service strengths

Much of this area has been already referred to at statement 2.1

We noted that in terms of the immediate living environment of service users, there was much evidence of personalisation of homes and individualised care and support. This included activities and care needs which were detailed within individual care plans although this was not always the case.

The service offers a number of opportunities and venues at which service users can have their say if they are able to do so. Those include service users meetings, Moovers and Groovers group, questionnaires and reviews. Service users' participation in interviews and training for staff is also a way of influencing the care environment via personal choice.

### Areas for improvement

For many service users their ability to state a preference or view is limited due to their level of ability. It is therefore important that the service ensures that every opportunity is given to allowing the support and assistance of family carers and advocates to represent their views and wishes.

The service may wish to consider utilising an existing service user group or creating a new one for the purpose of generating ideas about how best to develop the environment at Moorpark. We considered that there is room for improvement and great potential in this area which could substantially enhance the living experience and quality of life for service users.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

#### Service strengths

Service users and carers have an opportunity to influence and improve the quality of staff via their responses to questionnaires and surveys produced by the service and the Care Inspectorate and during the various meetings and forums attended. Service users are involved and participate in the interview and recruitment stages of staff intakes and are also involved in training.

#### Areas for improvement

We noted through service user questionnaires that some service users did not feel that they had a say in who their keyworker was. Although there did not appear to be any issues with those keyworkers in place, the service should try wherever possible to ensure that service users have an element of choice in who their keyworker is and, as commented upon previously, team changes are kept to a minimum.

Comments from service users indicated that they felt staff were very rushed much of the time and that they disliked changes in support staff as they found this unsettling and counter-productive. This was also an area of concern for family carers.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

### Service strengths

We found that staff were motivated and committed to their caring role. They were very familiar with the service users in their care and conversant with all aspects of their needs, wishes and preferences. In observation and in written form, we observed a professional and trusting rapport between staff and service users and this was confirmed by comments made in questionnaires returned by both service users and family carers. Staff regularly highlighted issues of concern and potential improvement and recorded incidents or accidents for the information of others. We found that this was however inconsistent and that the use of the Datix system was less robust. We examined staff records and found that a comprehensive induction program was in place and was followed by a full list of training subjects relevant to the role. Staff appeared to value this training but we found that the e-learning was not popular with some. We noted that, despite having a number of service users with mental health issues, no mental health training was provided. (We have commented upon this elsewhere in this report.

We noted through staff questionnaires and interviews that staff often felt unsafe and unprotected at work especially when supporting more distressed service users who assaulted them regularly. Staff also complained of little support from managers and felt they were blamed for the behaviours of service users rather than protected. We considered staff moral to be low with a general loss of confidence in management. We have commented further on these matters later in this report. We considered that the staff at the delivery end of service provision continued to act professionally and in a caring way despite considerable adversity at times and were a credit to the service.

### Areas for improvement

Although the level of induction and further training provided by the service is comprehensive involving a combination of face to face and e-learning, we considered that mental health awareness training was relevant to a number of service users being supported and should be provided. We have made this a recommendation. (Recommendation 1)

We found that the staff felt vulnerable, isolated, unprotected and unsupported at times especially when dealing with more distressed service users. They showed little confidence in managers' ability to support or protect them and little faith in the PIN emergency response system upon which they needed to rely for their safety. We have made this a recommendation. (Recommendation 2)

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 2

## Recommendations

1. The service should provide mental health awareness training to all staff in recognition of the needs of a number of their existing service users and in anticipation of others in the future.

NCS 5 Care Homes for People with Learning Disabilities - Management and Staffing Arrangements

2. The service should ensure that the support and emergency response system in place, both equipment and personnel, is sufficiently robust, effective and maintained in order to protect staff and service users from harm and promote confidence in safety and harm reduction.

NCS 9 Care Homes for People with Learning Disabilities - Feeling Safe and Secure

NCS 5 Care Homes for People with Learning Disabilities - Management and Staffing Arrangements

## **Quality Theme 4: Quality of Management and Leadership**

Grade awarded for this theme: 3 - Adequate

### **Statement 1**

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

### **Service strengths**

We noted that a number of strategies were in place both locally and at a corporate level to attract and monitor involvement in the quality improvement of management and leadership by service users and their carers.

We observed that opportunities included local integrated governance meetings, service users meetings, carers meetings, reviews, questionnaires and multi-discipline meetings. Internal audits also took place by the organisation. The service has commenced a number of 'away day' style events for various levels of staff at a local eatery in an attempt to open up dialogue and promote a frank exchange of views. The success of these has still to be assessed.

### **Areas for improvement**

The service should identify opportunities to enable the participation of service users, carers and staff in the quality and effectiveness of management of the service thereby leading to improvement in a needs-based way and a feeling of ownership. We were aware that the low morale of staff and their apparent lack of confidence in management may reduce opportunities for feedback and subsequent improvement in this area.

We considered that the service's claimed open door policy and staff consultation had not been effective in achieving productive dialogue between staff and management and was viewed as tokenistic by staff. We were made aware that there existed a significant and concerning situation with both low staff morale and a lack of confidence by staff in the management's ability or willingness to listen to or protect them from harm. We found that this was the position of a significant number of staff although not all. Staff complained that their personal safety and personal welfare were compromised citing an unpopular and ineffective shift system and a management who would not listen to constructive ideas regarding the adverse effects, both real and potential, that this and other working conditions had upon staff and ultimately their ability to properly care for service users. This concerning situation has also been commented upon by family carers and has not gone unnoticed by them.

Consideration should be given to reviewing the existing shift system, staffing levels

and broader working conditions. The efficiency and impact upon the welfare of service users and staff, the minimising of staff team changes and the promotion of continuity should also be prioritised. The service should ensure that protocols designed to protect the safety of staff and ultimately service users is working effectively and efficiently and make changes as necessary. We have referred to this at 1.3 where we made a requirement (Requirement 2) and a recommendation (Recommendation 3). We accept that the evidence regarding these issues is not conclusive but is substantial and is supported by staff questionnaires, staff and carer interviews and official complaints. We consider that this justifies the significant concerns held by ourselves and others and the need for improvement. We have made recommendations regarding this.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 0

**Number of recommendations:** 2

### Recommendations

1. The service managers should make a concerted effort to open up channels of communication with staff members utilising independent arbitrators if necessary in order to properly assess the situation, identify the main areas of concern and take restorative action to regain staff confidence and retain the existing experienced workforce.

NCS 5 Care Homes for People with Learning Disabilities - Management and Staffing Arrangements

2. Managers should re-examine their position and role within this specialist service, consider the undertaking of Autism refresher training and strive to engender the confidence and co-operation of the experienced and committed staff under their management in a participatory way.

NCS 5 Care Homes for People with Learning Disabilities - Management and Staffing Arrangements

## Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

### Service strengths

The comments made at statement 4.1 are also relevant to this statement. We noted that the service has adopted a number of systems at both local and corporate level in an attempt to involve service users, staff and others in the assessment of the quality of service provision. Audits of various systems are regularly undertaken including medication charts, training, complaints, incident and others. Minutes of reviews and governance meetings as well as service users and carer's meeting are audited to gauge opinion and influence change. The organisation also carries out an internal audit by external managers which is unannounced. Questionnaires and surveys are also completed with service users and carers and responses monitored and actioned as thought necessary. The rate of response by individuals to these is however typically poor.

### Areas for improvement

We considered that the service engages with a wide range of services, providers and professionals. These are all potential sources of quality assurance monitoring and survey. The service should utilise these established contacts and relationships by way of formal and informal performance indicators and opinions which would provide further evidence of quality assurance from independent sources. The service should also explore ways of engaging with carers in the hope of attracting more involvement. This is particularly important as the number of service users who cannot engage is high. As indicated previously, relationship issues exist between staff and management and this will affect the quantity, quality and accuracy of monitoring systems relating to staff in particular. We consider that the service needs to resolve these issues as a matter of priority. Family carers have also noticed and commented upon what they see as a deteriorating situation.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0



## 4 Other information

### Complaints

There have been a number of complaint about the service some of which have been upheld and others on-going. These have focussed mainly on poor communication and staff (anonymous) unhappy about the way the service is managed.

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 3	4 - Good
<b>Quality of Environment - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 3 - Adequate</b>	
Statement 1	3 - Adequate
Statement 4	4 - Good

## 6 Inspection and grading history

Date	Type	Gradings
30 Jul 2013	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
20 Sep 2012	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
29 Mar 2012	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 5 - Very Good

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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Telephone: 0845 600 9527

Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

Web: [www.careinspectorate.com](http://www.careinspectorate.com)