



Enter and View Report:
Drummond Court, Bury St Edmunds

3rd December 2015



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Name and Address of Service visited:

Drummond Court,
Mill Road South,
Bury St Edmunds
Suffolk IP33 3NN

Name of Provider:

Royal MENCAP Society

We visited this service on:

3rd December 2015 9.40am - 14.15



ACKNOWLEDGEMENTS, DISCLAIMER AND... WHAT IS ENTER AND VIEW?

Acknowledgements:

Healthwatch Suffolk (HWS) would like to thank the service provider, residents, visitors and staff for their contribution to the Enter and View programme.

Disclaimer:

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, it is an account of what was observed and contributed at the time.

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. These may be announced or unannounced.

be directed to the CQC where they are protected by legislation if they raise a concern.

Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows local Healthwatch 'Authorised Representatives' to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but they can also occur when services have a good reputation - Healthwatch Suffolk wants to learn about and share examples of good practice from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will

EXECUTIVE SUMMARY

“...The garden is to be made more service user friendly”

The E&V team witnessed good practice during the visit to Drummond Court, most notably the staff that were observed were caring and considerate. The residents were treated respectfully. However the following recommendations have been made.

- 1. Recommendation** The Enter & View team were concerned by the lack of staffing across the site. Whilst it is recognised that the recruitment of staff is generally difficult across the county, the E&V team considered that greater efforts must be made by MENCAP to increase the number of employed staff and reduce the reliance on agency staff and staff from other MENCAP sites to meet the needs at Drummond Court.
- 2. Recommendation** The poor management of the resource has resulted in low staff morale and standards of service delivery. The E&V team recommend that MENCAP must make every effort to recruit a permanent manager who is located on site.
- 3. Recommendation** Residents and their relative or advocate should be more involved in care planning. The resident's voice must be heard.
- 4. Recommendation** Staff training - whilst there is a rolling programme of basic skills training, specific skills training to support individual care needs associated with specific disease such as Crohns disease or dementia is required. The management team informed the E&V team that they had not received training in either of these areas but pointed out that as MENCAP is a well-resourced national organisation and that they would be able to “source” training as and when it might be needed. The staff team accepted that this may not be in advance of someone moving into the scheme.
- 5. Recommendation** Managers of ‘houses’ should manage their resource and be located in situ and not in the site office. The E&V team felt that too much time appeared to be spent by managers in the central office. Equipment will be required in houses to enable managers to access resources as required e.g IT facilities.
- 6. Recommendation** Only the registered manager and secretary should use the office site. 1:1 support sessions/ supervision should be delivered at the house manager's site. The office site should only be used for training and group meetings by house managers not as a general meeting point, rooms vacated at the office site should be converted for residents use and community activities e.g hobbies room, resident from all the houses to use as a social gathering venue. This would facilitate greater interaction between residents and between the houses on the site.
- 7. Recommendation** Signage on the office suite should display opening times and contact details of duty when the office is closed.
- 8. Recommendation** Where residents have difficulty reaching alarm pull cords consideration should be given to those residents using wrist or neck alarm buttons
- 9. Recommendation** House managers to monitor cleanliness of their houses and inspect on a regular basis.
- 10. Recommendation** An activities coordinator should be recruited to monitor and arrange resident's outings and activities with responsibility to organize events between houses and flats. This staff member should be promoting greater involvement within the site and externally.
- 11. Recommendation** The garden to be made more service user friendly with raised beds so that wheel chair users can grow flowers or vegetables.
- 12. Recommendation** Relatives, advocates and agencies to be made aware of what changes MENCAP is planning for Drummond Court and what these changes will mean for residents and staff.

ENTER AND VIEW

“...Aspects of the service had been described as inadequate...”

1. This visit was conducted by:

Mr James Glaysher (Lead Authorised Representative), Mrs Joanne King (Healthwatch Suffolk Authorised Representative) and Mrs Johanna Matta (Healthwatch Suffolk Authorised Representative).

2. The purpose of the visit was:

2.1 The E & V team were aware that unannounced CQC visits had taken place on 3rd and 10th December 2014 (published 12th May 2015) and also on 26th and 28th August 2015 (published 26th November 2015). At both of these visits aspects of the service had been described as inadequate and the most recent report had placed the service in “Special Measures”

The purpose of the E&V visit was to gather feedback and make observations regarding:
Staff recruitment, retention and training.

- staff recruitment, retention and training
- management structure and leadership
- access to healthcare for service users.
- choices offered to service users in respect of
- daily activities and the involvement of residents
- in the planning of care.
- food/menu choices
- engagement with the local community
- safety of service users

3. Methodology:

This was an announced visit

- by observation
- speaking with management and staff
- speaking with residents and relatives
- examining relevant documentation

4. Introduction and Impressions:

4.1 Drummond Court is a registered care home providing accommodation and support for up to 36 people with learning difficulties. At the time of the E&V visit there were 31 people resident at the scheme, 5 places were vacant.

The age of current residents in the ranges from 21 to 73.

4.2 MENCAP has managed Drummond Court since 2010. Prior to that the scheme was managed by Southern Cross. Many of the residents lived at the scheme when it was run by Southern Cross.

4.3 Drummond Court is situated in a cul de sac on a quiet residential street, close to the town centre and a short walking distance to shops, library, cafes, cinema, bus routes etc

4.4 The E & V team were told by the acting managers that Drummond Court is a mixture of residential and supported living.

Provider response: Drummond court is a residential care home - there is no supported living provision at the service.

4.5 Drummond Court is registered to accommodate a wide range of resident need. The E&V team asked the Drummond Court management team if they would have the skills to support a new applicant with Crohns disease or dementia. The management team considered that they had not received training in either of these areas but pointed out that as MENCAP is a well-resourced national organisation and that they would be able to "source" training as and when it might be needed. They accepted that this would not be in advance of such a resident moving onto the scheme.

4.6 The scheme consists of a discreet central building primarily used as offices and five further separate residential buildings grouped around communal garden space. Other units are:

- The Lodge 8 bed spaces. This is a 2 storey unit with bedrooms on ground and first floor level. It has a kitchen, communal lounge and dining room. There are shared bathrooms on each floor. There is a staff bedroom for

waking night duties. Resident's meals are prepared in the kitchen by care staff who also carry out all of the cleaning, resident's laundry including bed linen as well as personal care for residents who require assistance.

- Rose Hill 4 bed spaces. This is a single storey unit with kitchen/ diner and communal lounge. Again, resident's meals are prepared in the kitchen by care staff who also carry out all of the cleaning, resident's laundry including bed linen as well as personal care for those who require assistance.
 - Harmony 8 bed house managed with The Willows 6 bed single storey bungalow. (5 residents)
 - "The flats" : 5 flats for 7 residents. These are individual units with either 1 or 2 bedrooms, a small kitchen and a lounge. Meals are prepared in each flat by the carer who also carries out cleaning and laundry. The flats have a small garden area.
- 4.7 Management of the units is grouped with one service manager and an assistant service manager looking after The Lodge and Rose Hill, another service manager and an assistant service manager looking after Harmony and The Willows and a further service manager looks after "The flats". Service managers are on site during office hours. For weekends, evenings and bank holidays cover is provided by a regional on call service.
- 4.8 Beyond the reception, public area the offices are accessed via security coded locks
- 4.9 A letter informing MENCAP of the E&V visit was sent from Healthwatch Suffolk to the Regional Manager of MENCAP. In addition to the letter were easy read posters advertng the visit. MENCAP responded favourably to the visit and wrote to service users relatives to see if they wanted to speak to the E&V team us on day of visit. Three relatives took this opportunity see the team, their comments are recorded later in report. The team saw one Healthwatch Suffolk poster up in the Office block but none in units.
- 4.10 On arrival at Drummond Court the E&V team were met by an assistant service manager and were shown to a meeting room within the office

block. The staff were expecting the E&V visit and although the regional manager was not available four other members of the service management team attended the meeting and answered questions.

- 4.11 The E&V team entered a room marked reception, however there was no bell to ring. It was unclear how a visitor arriving after office hours would gain entrance? Staff told the team that a visitor would go to another unit and gain entrance that way. The reception was in an office block, staffed from 9-5 each day. The office block was where meetings were held and managers worked.

Provider response: A bell has now been fitted to both the office door and the reception window.

- 4.12 The E&V team asked how many residents the home was registered for and after some discussion it was agreed by the managers and acting managers that the home was registered for 36 with 4 current vacancies.
- 4.13 Two service managers were temporary and had been seconded from MENCAP schemes in Northampton and Leicester. They had been at the scheme for 7 months and had a further 2 months left to work in Bury St Edmunds. A fifth service manager was present but did not attend the meeting as she too had been seconded from another scheme and was leaving the following day. Of the permanent service managers met, one assistant service manager had been in post for 2 years and one who had joined the scheme in March 2015.
- 4.14 There was one full time member of administrative staff who worked 9-5 on weekdays.

Provider response: There are no set hours for the service administrator but generally they work between 8am and 4.30pm.

- 4.15 There was no registered scheme manager at the time of the E&V visit. The post had been vacant since February 2015. The post had been advertised and interviews were due to be held on 4th December with the aim of the new manager being in post by mid-January.

Provider response: The area operations manager has applied to be the registered

manager at Drummond Court.

5. Findings: Staffing

- 5.1 Agency staff are used to fill staff vacancies. The E&V team were told that in general no more than 3 shifts a day would be covered by agency staff. The rota on the day of the visit showed that 5 shifts were being covered by agency staff on that day. The management team said that the same agency staff were used all the time and that when possible staff vacancies were filled by applicants who had been agency staff and who were therefore familiar with resident's needs.
- 5.2 On visiting The Lodge the team observed the staff rota showing that it was not unusual for staff to work from 7.30 am to 10pm. One member of staff was due to work this shift followed by a sleep in duty. The management team recognised that high staff turnover had been a problem but said the situation had improved since July with only one member of staff leaving since then.
- 5.3 Service managers plan the rotas for the units which they manage, with regional managers on call 24/7 if needed if an emergency or help is required.
- 5.4 Following the interviews it was anticipated that a new registered manager would be starting in January 2016, four managers were being interviewed in the following week for permanent positions within the units and 3 new staff were due to start in January 2016.
- 5.5 The team were told that new staff shadowed experienced staff members and that spot checks took place to observe competence. The usual DBS references were taken up before employment commenced.
- 5.6 The team were told that a review of staffing structure was underway. It is recognised that the existing high level of spending on staff is not sustainable in the long term (managers opinion) Suffolk County Council Adult Care Services had been visiting since August and are reviewing individual resident's needs and amount of care needed. Once the results of the report are known new staffing levels will be set.
- 5.7 The managers said they were working towards the units being individually registered so that they could be more independently run with the aim of making each unit more of a home and greater independence and individuality for residents.
- 5.8 Staff meetings were held monthly in individual units and these meetings are minuted.
- ### Training
- 5.9 Ongoing Mental Capacity Act and Deprivation of Liberty Safeguard training was scheduled later in December.
- 5.10 The E&V team were told that there was regular training on a rolling basis. New members of staff are expected to take part in a 12 week induction course. Each member of staff had a training folder, the team were shown an example of which indicated that staff received comprehensive training in:
- Safeguarding
 - First Aid
 - Manual Handling
 - Fire
 - Medication
 - Finance service users finance
 - Food Hygiene
 - Infection control
 - Risk management
 - Lone working
 - Personnel safety
 - Mental Health Act
- ### Advocacy
- 5.11 The E&V team were told that residents meetings take place monthly in the Lodge and that these meetings are minuted. In the flats, residents with greater support needs do not take part in meetings but are seen individually by a key worker. Some units had problems implementing the key worker system due to staff changes.
- 5.12 The E&V team were told that a member of staff from an advocacy service visits once a month to offer a drop in system for residents or relatives. The team were told that advocacy services are offered to residents when a "person centred review" is due to take place. As an addition or alternative to this residents are asked if they wish a family member to be present at their review. The team were told that relatives, advocates and carers from a local day care centre are to be invited to regular consultation meetings to commence in January 2016 at the

day centre part of Drummond Court. So that they can build a better relationship, information can be passed on and for more involvement by relatives etc.

5.13 The E&V team were told that each resident has a 'training for independence plan' and that this is regularly reviewed so that each resident would have an up to date action plan. Staff pointed out that there is often a difference between the aspirations of relatives and those of the resident for example one relative had complained that her son was not being shown how to cook and yet he had attended a regular series of cookery classes in the town.

5.14 The team were told that financial cuts affected the activities which could be offered but that staff were looking for alternative activities within the budget.

Provider response: The commissioned hours from the local authority determine the number of staff we can have available for activities and accessing the community.

Deprivation of Liberty (DoLS) Applications:

5.15 DOLS applications had been submitted for 20 residents in January 2015 but no response had been received from the County Council. The individuals were all on a "free to leave the service without support basis" application to enable residents community access. No further applications had been sent (to County Council) since January Staff were aware that or reviewed applications would need to be submitted with assessments in January 2016.

Resident's activities

5.16 The E&V team were told that residents took part in a wide range of activities including The Hub day centre, Song Birds singing and Drama group, THERA a paid day service to take residents into the community. Residents also go into town in groups and had recently been into town to see the Christmas Fair.

Christmas

5.17 A Christmas tree was being erected in the garden. A choir and band were coming from a neighbouring Church for open air carol singing the week following the E&V visit. Some units had started making decorations and arranging meals out for residents to a local pub, nothing was booked at the time of the visit. There was

little else arranged in the way of community involvement or planning.

5.18 There is no central common room for shared activities involving all residents.

MENCAP Quality team

5.19 The MENCAP Quality Team had been involved at the home in recent months assessing areas where improvements could be made such as medication recording. This will be ongoing although on checking on one unit there had been 4/5 missed medications within the last month.

Care plans

5.20 The Drummond Court management team told the E&V team that care plans were up to date as far as possible?

Medication

5.21 The team were shown MENCAP proforma's to show that MENCAP controls were in place

Menus

5.22 On the visit to the units the E&V team noted menus with choices displayed. For those who had to have pureed food this was put into moulds to make the food look more appetising. There were no set meal times as residents were out at activities a lot and ate when at home. Some residents made their own lunch a sandwich or beans on toast were observed being made. Some residents do their own food shopping and are given support to do this.

5.23 The E&V team were told that there had been concern over the low weight of one resident and a nutritionist had become involved in his care. He had been weighed weekly and put on high calorie snacks. This regime had worked and he was now only being weighed monthly.

**5.24 Units
The Lodge**

5.24.1 This unit is occupied primarily by male residents who are less dependent on staff in terms of care needs. Three residents were present at the time of the visit with the others being at a local day centre or out in the town.

5.24.2 The E&V team noted a happy atmosphere with both staff and residents enjoying a joke. One resident had helped to bake a cake and another was making a sandwich for his lunch.

The dining room was in the process of being made into a fifties diner which had apparently been organised at the request of residents. One member of care staff was renovating dining chairs at home. The residents had been involved in the changes. This member of staff had been at the unit for 16 years and said she was very happy there as the house was “like being part of a family”.

5.24.3 The team observed a reptile tank in the common room and were told that this helped to calm one of the residents.

5.24.4 The cleaning materials were kept in a cupboard under the kitchen sink as in all units with locks, but these were not locked at time of visit. All the units had the same arrangement and we found them not locked in 2 further units.

5.24.5 The team noted that there had been a major leak in the downstairs shower room and the ceiling had collapsed rendering the room unusable. The dining room floor had been lifted leaving the room unavailable until new flooring was fitted. New flooring was being laid upstairs. The flooring contractor's tools were on the landing floor causing a trip hazard which were removed following a request from the E&V team. The medicines were locked in a cupboard as were the resident's petty cash tins. Individual bedrooms were all personalised with evidence of resident's interests. The emergency pull cords in most rooms including the shower room were broken or tied up or in a difficult position for the resident to use. There were cobwebs on the ceilings and around the windows and furniture and windows were dusty. The kitchen was clean but one of the bathrooms had extensive urine staining around the floor at the base of the WC. One resident was self-medicating and his medicines were securely stored.

Rose hill

5.24.6 This was a smaller unit for residents with greater support needs. Bedrooms were personalised, although pull cords were difficult to get to and tied up in some areas. The E&V team observed two residents having a home cooked lunch in the kitchen assisted by a carer. No conversation was taking place. The E&V team did not see the lounge as a resident was receiving attention from an ambulance team and the door was closed.

Willows

5.24.7 Cleaning materials were locked in this unit. A care plan was seen and was up to date. Pull cords were located in awkward places particularly taking into consideration that some residents have high dependency in this unit.

Harmony

5.24.8 Some high dependency residents in this unit. Cash was locked away. Pull cords awkward to get at although staff ensured that the cords were accessible at night. One member of the care staff lives in Croydon and moves around country in different MENCAP homes where staff shortages occur. She does not know how long she would be at Bury.

Consultation and participation

5.25 Relatives had been told by MENCAP that the Healthwatch team would be visiting and three relatives had asked to be interviewed. These interviews were conducted in a small waiting room without MENCAP staff present.

5.26 The E&V team noted that a Healthwatch Suffolk poster was on display in the reception area but did not see further posters within the individual units.

5.27 The E&V team noted that the reception desk was not staffed during normal office hours. During the afternoon the curtain/ blind was closed in front of the reception desk and no one appeared to be on duty. There was no bell in the reception area to summon attention, there appeared to be no way for the members of staff in the offices behind the closed door to be made aware that anyone was in the reception area. Access to the office area was by combination lock. Although the E&V team were told that one resident liked to sit in the offices and colour in drawings, the impression was not one that of welcomed or included of residents or relatives.

Provider response: The service administrator is based in the reception office however at times when she is not there the blind in the past has been closed. There is now a bell fitted to the reception window for anyone who needs attention when the administrator is not available. The people we support and families are always welcome into the office block. There cannot be free access to the office environment as there are confidential meetings and information available and more recently

items have been removed from the office without people's consent, therefore the door is controlled by a combination lock. This does mean that people have to wait to gain access, but it is only a matter of seconds for this to happen.

5.28 Relatives felt that the service managers spent most of their time locked in the office building and were rarely seen in the units. The only part of this building now accessible to residents is a small sitting room which appears to be more of a waiting room for the offices.

Interviews with relatives

5.29 The relatives of three residents had asked to meet with the E&V team. One further relative had submitted a letter giving her views. Two of those interviewed had relatives who needed high levels of support with personal care and had lived at Drummond Court for over 15 years.

5.30 There were a number of areas of concern which were common to the E&V interviews. The chief area of concern was high staff turnover and the poor communication and information received from MENCAP about the future plans for the units and site.

Provider response: All families are communicated with on an ongoing basis and the regional operations manager has written several letters to keep families informed of the changes.

5.31 Relatives explained that owing to the high level of staff turnover and they did not know who the members of staff were and were sure that their relatives did not always recognise staff caring for them. Agency staff did not always speak English as a first language and this was difficult for residents as good communication is essential for good care, said one relative.

5.32 One relative described what she believed to be a bullying culture in MENCAP "it has to be the MENCAP way or no way". She felt that this explained the high staff turnover.

Provider response: We work with our staff teams to deliver the best support we can. No evidence has been provided, nor examples given, to substantiate the comment which has been made. Staff are aware of the whistle blowing and grievance policies we have in place should they

wish to complain.

5.33 Relatives pointed out that staff had been reorganised so that a female service manager was put in charge of a predominantly male unit and a male manager had been put in charge of female unit. This meant that they had less cover for personal care.

5.34 The E&V team were told that relatives were not at all happy with the overall management of the scheme by MENCAP. They felt that the regime under Southern Cross had been more benign. One relative said Southern Cross was "brilliant" and "when MENCAP came along it all took a nosedive". Another said MENCAP had "bitten off more than it can chew" by taking over Drummond Court which in her opinion was too large a scheme for them to cope with.

Provider response: - We support 31 people at Drummond Court but the report only includes comments from three families. We continue to work with all the families at Drummond Court to ensure they are happy with the support that their relatives are given.

5.35 Those interviewed were seriously concerned about the long term fate of the scheme and what would become of their relatives if the scheme were to close. They were aware that a CQC visit had taken place and that the scheme was considered unsatisfactory. One relative said that she wished Drummond Court would be closed down so that someone new would be invited to manage it. This relative pointed out that many of the family members were elderly, that they wanted reassurance as they became less able to fill gaps in care by taking their relatives on outings themselves and generally keeping an eye on things. She said she was so worried that she had already arranged her daughter's funeral as she had no confidence that staff would be able to do make proper provision if she predeceased her daughter.

Provider response: - We have kept an open communication dialogue with all the families at Drummond Court following the last CQC inspection, the report of which was published in November 2015. Service managers, area managers and regional managers have all met individually with family members who have been concerned. Drummond Court has made significant progress since the CQC inspection

in August and your visit on 3rd December. Compliance with the two CQC warning notices issued has now been met and this further confirms the improvements which have been made at the service.

- 5.36 The E&V visit took place in December and relatives used MENCAPs approach to giving residents Christmas cards and presents as an example of the MENCAP approach to supporting residents. Under Southern Cross each resident received a personal card and present but there had been nothing from MENCAP. It was felt mean and uncaring that this small gesture could not be continued.

Provider response: We believe that the resources available to us are better used to support people with their activities and lifestyle, and to provide a positive support environment. Whilst we do not provide cards and presents to the thousands of people we support across Mencap, this in no way reflects our supportive approach towards individuals.

- 5.37 The E&V team were told that without consultation MENCAP were reorganising care at the scheme. Relatives had been told that residents were shortly to be classified as "supported living" and they were unsure what "supported living" was, when it would begin, or how much it might cost. Would it mean less care hours? Relatives felt strongly that many individuals would never be able to live with reduced support as they needed high levels of personal care.

Provider response: - There have been ongoing discussions and meetings with some family members with both Mencap and the local authority around the change of use of one area to supported living. This has been put on hold since September and there are no plans at present for this to occur.

- 5.38 The E&V team were told that meetings had been held with a representative from social services to discuss care needs but relatives felt that they had been prevented from giving their views with the social services representative holding her hand up for silence when they tried to speak. This person had not seen their relative's care plan. His relative was a wheelchair user and he had noticed that her current wheelchair was not suitable and needed changing for one

that gave greater comfort. He had asked several managers about obtaining a different chair but there had been no progress in identifying what might be needed or arranging an assessment. He was left thinking that he would have to research and pay for a replacement himself. That afternoon he had found a part missing from the current wheelchair and there had been no explanation of where the part had gone, how this had happened or what steps were being taken to replace it.

- 5.39 The E&V team were told that staff overlooked obvious care needs. One mother had been telephoned to be told that her daughter was suffering from a bad cold and that she had a headache. The mother felt that it was left to her to suggest medication, in this case paracetamol, and that if she had not been available by phone then medication would not have been offered.
- 5.40 The E&V team were told that the central office block had been a resident's common room with kitchen and that relatives had raised money to provide equipment. It had acted as a focal point and a social space for some of those less able to leave the scheme. It was felt that this common room had been converted to office space without consultation and this was resented. The residents had not been offered alternative activities and were left isolated, particularly in the flats. "The community spirit has gone". One comment was that "nine times out of ten when I visit she is in her wheelchair in front of the TV"

- 5.41 The E&V team were told that there were too many managers and not enough carers. One relative described it as "too many chiefs and not enough Indians" and there was a perception that the management team as always busy on computers in their office and that they were rarely seen in the units. Relatives did not know who to contact if they had a query.

Provider response: All relatives were sent a letter on 23rd November 2015 with the details of the managers at Drummond Court and their contact details.

- 5.42 Relatives complained that there had been access to minibuses but that the only minibus left was faulty and as far as they were aware it was not going to be replaced. This left those with poor mobility isolated and unable to take part in their normal activities.

Provider response: The minibus was unfortunately written off after an accident in November 2015. All planned activities and trips have continued as individuals have accessed taxis.

5.43 The E&V team were told that residents would like to go to the activities offered to the more mobile such as the evening Gateway club, cinema or concerts but they are left within their homes with nothing to do except to watch DVDs.

Provider response: Individuals who wish to participate in activities do participate in activities.

5.44 Relatives were concerned about healthy eating and felt that residents were offered choices of food which led to excessive weight gain. They also allowed residents to repeatedly choose unhealthy favourites such as chips, cheese, sausages and crisps. One assistant service manager had promised to email every week about weight measurements but had not done so. This relative pointed to a group photograph of the scheme and pointed out that a number of residents were unhealthily overweight including her daughter.

5.45 The E&V team were told that residents were not encouraged to exercise. Assisted swimming lessons had been paid for three months in advance but had stopped without explanation and there had been no offer of a refund. The only exercise on offer was said to be shopping.

5.46 Relatives said that residents would like the chance to go on outings or holidays but these are not offered. The E&V team were told that one wheelchair user had been offered a holiday in a caravan but that this had been withdrawn owing to the expense of providing care and support. The same resident had been told by a current member of the management team that she could choose a puppy but that this was withdrawn when it was subsequently found that pets were not permitted by the landlord. The resident was said to be bitterly disappointed and continues to mourn the loss of the promised holiday and dog. The E&V team observed that these suggestions were made with the good intentions but displayed a lack of professionalism and a lack of understanding in

managing residents expectations.

Provider response: A holiday for one individual was withdrawn because of the costs of the care and support but it was not Mencap's decision to withdraw the holiday.

5.47 Relatives say they have received more informative letters from MENCAP recently but they still feel ill informed. We asked if relatives were aware that there was a complaints procedure and were told that this was not generally known.

Provider response: The complaints procedure will be issued to all families.

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CONCLUSIONS

“...Due to staff shortages at present they were unable to do the activities they wanted to do...”

- 6.1 The care staff in the units during the E&V visit appeared to be caring and to have the best of intentions for the residents.
- 6.2 There appeared to be a lack of community involvement and although a lot of residents went out to activities, for those with high needs few activities appeared to be on offer. Staff said that due to staff shortages at present they were unable to do the activities they wanted to do, such as taking residents out.
- 6.3 It was observed that the managers and assistant managers spent a lot of time in the office block carrying out work on the computers. Whether this was because the E&V team were visiting or whether it was normal practice was not apparent. The management team seemed to be waiting for the Social Services report on staffing, and the MENCAP Quality team visits, before action is taken. This does not deter from the fact that staff are all aware of the problems in the home and are doing their best to offer and find solutions.
- 6.4 The E&V team consider that the age range 21-73 in the units was challenging for staff. The mix of active residents and those who have higher dependency needs, must also create issues for staff.

AREAS OF GOOD PRACTICE

“...Residents did not seem to have any fear of asking questions...”

The E&V team saw many positive actions and behaviours during the visit to Drummond Court.

- a) The staff observed appeared keen to make Drummond Court a good place to live for the residents
- b) The team saw good interaction between staff and residents including a lot of laughter
- c) Residents did not seem to have any fear of asking questions both to the E&V team and the staff on duty
- d) Residents were happy to show the E&V team their home and to share things of interest with the team such as books and photos
- e) The E&V team saw staff interacting with the residents during meal preparation times and when supporting residents to choose their clothing

RECOMMENDATIONS

“...Residents have difficulty reaching alarm pull cords...”

1. The Enter & View team were concerned by the lack of staffing across the site. Whilst it is recognised that the recruitment of staff is generally difficult across the county, the E&V team considered that greater efforts must be made by MENCAP to increase the number of employed staff and reduce the reliance on agency staff and staff from other MENCAP sites to meet the needs at Drummond Court.

Provider response: The current levels of staffing at the service exceed what we are currently being funded for by the local authority and negotiations are ongoing with the local authority around staffing levels.

For each shift across site we are required to have 12 people, if everyone we support is at home. Our staffing levels have reflected this for some months and this was the case when the visit took place.

To ensure that we provide continuity of care to the people we support, we will continue to use the same agency staff whilst we recruit to the vacancies at the service.

We have increased support worker pay twice in the last six months; this will not only support us to become a competitive provider in the area but it will help us to retain staff at the service.

2. The poor management of the resource has resulted in low staff morale and standards of service delivery. The E&V team recommend that MENCAP must make every effort to recruit a permanent manager who is located on site.

Provider response: Management positions have now been confirmed.

Two service managers have contracts in place and there are three assistant managers' positions in place. All managers are based on site. This will be the operational management structure going forward at Drummond Court.

In addition, there is a higher presence on site of the area operations manager, who is also applying to CQC to be the registered manager.

3. Residents and their relative or advocate should be more involved in care planning. The resident's voice must be heard.

Provider response: All of the people we support had an annual review carried out in November and December 2015. All individuals are involved in their meetings and family members are invited to attend, many of whom do.

4. Staff training - whilst there is a rolling programme of basic skills training, specific skills training to support individual care needs associated with specific disease such as Crohns disease or dementia is required. The management team informed the E&V team that they had not received training in either of these areas but pointed out that as MENCAP is a well-resourced national organisation and that they would be able to "source" training as and when it might be needed. The staff team accepted that this may not be in advance of someone moving into the scheme.

Provider response: All staff members attend a mandatory programme of induction which exceeds what is required by regulation.

We have access to specialist training through Mencap's Learning and Development team. If there is a service specific training need identified, training will be put in place for staff.

Recent training courses completed in 2016, alongside the mandatory inductions, have been completed in the following areas: Leadership Culture, Diabetes Training, MCA, DOLs, Positive Behaviour Support, and Introduction to Autism. Communications skills is planned for April, Person Centred Active Support is planned for May and Sexuality Training is planned for June.

5. Managers of 'houses' should manage their resource and be located in situ and not in the site office. The E&V team felt that too much time appeared to be spent by managers in the central office. Equipment will be required in houses to enable managers to access resources as required e.g IT facilities.

Provider response: IT facilities have just been fitted into the individual services at Drummond Court which will enable people to work across the services more effectively than at the time of your visit.

Managers do need to spend some time within the office completing administration, however all managers now spend one day of their working week working alongside their staff teams across their services.

6. Only the registered manager and secretary should use the office site. 1:1 support sessions/ supervision should be delivered at the house manager's site. The office site should only be used for training and group meetings by house managers not as a general meeting point, rooms vacated at the office site should be converted for residents use and community activities e.g hobbies room, resident from all the houses to use as a social gathering venue. This would facilitate greater interaction between residents and between the houses on the site.

Provider response: It is not reasonable to undertake supervisions in the house manager's sites (houses); there is no private space in the house for these meetings to take place. It is important that staff feel the supervision time with their manager is valuable. This would not be the case if the meeting took place in a communal area of the house where interruptions would occur. It would also be an invasion of individual's houses which would not be appropriate.

The office block on site will continue to be used for the managers of the service and for meetings, both individual and group meetings, to enable confidentiality and privacy for these meetings.

The office site has a medium sized meeting room which can be booked out and is now being used for communal meetings for people who live at the service. This will remain as a meeting room for the use of all.

7. Signage on the office suite should display opening times and contact details of duty when the office is closed.
8. Where residents have difficulty reaching alarm pull cords consideration should be given to those residents using wrist or neck alarm buttons

Provider response: We will review the pull call system to ensure that it meets the needs of those people we support who need to use it.

9. House managers to monitor cleanliness of their houses and inspect on a regular basis.

Provider response: We have reinforced the importance of the ongoing need to monitor and inspect the cleanliness of the houses.

10. An activities coordinator should be recruited to monitor and arrange resident's outings and activities with responsibility to organize events between houses and flats. This staff member should be promoting greater involvement within the site and externally.

Provider response: We support individuals with the activities and lifestyle they choose, whether in a group or individual setting.

Support staff have been and continue to review how we can support individuals to access activities of their choice.

We are setting up an activities committee involving staff and people we support to look at the organising of activities throughout the year for all the people we support and families, should they choose to attend.

We will not be recruiting a dedicated activities coordinator as part of the existing support worker and service manager roles is to support individuals with the activities they choose.

11. The garden to be made more service user friendly with raised beds so that wheel chair users can grow flowers or vegetables.

Provider response: The garden is currently under a review for a revamp which will include a larger communal seating area for all in the central part of the garden.

There are some raised beds on site and discussions will take place about how we can ensure these are used effectively. We hope to build some more raised beds in individual's gardens for those who enjoy gardening.

12. Relatives, advocates and agencies to be made aware of what changes MENCAP is planning for Drummond Court and what these changes will mean for residents and staff.

Provider response: Since September, we have been communicating regularly with all the people involved in Drummond Court and made all families aware of any changes as they have occurred.

Dates of letters sent are:

Date	Content
26/10/15	CQC Inspection
23/11/15	Suffolk HealthWatch planned visit and list of contacts and numbers for all managers
05/01/16	New Year Party Arrangements
26/01/16	Confirmed all management arrangements for Drummond Court until March 2017
11/02/16	Arranging meeting with the families

8. **Provider feedback (on receipt of draft)**

All comments from the provider will be reported verbatim and included in the document.

If you wish, you may also submit an action plan in response to the recommendations, which will also be included in the final report.

Please see the attached Action Plan received from the provider

ACTION PLAN

Recommendation	Comments	Action	Date to be achieved by
<p>1. E&V concerned about lack of staffing on site. Greater efforts should be made by Mencap to increase the number of employed staff and reduce the reliance on agency staff and staff from other MENCAP sites to meet the needs of Drummond Court.</p>	<p>The current levels of staffing at the service exceed what we are currently being funded for by the local authority and negotiations are ongoing with the local authority around staffing levels.</p> <p>For each shift across site we are required to have 12 people, if everyone we support is at home. Our staffing levels have reflected this for some months and this was the case when the visit took place.</p> <p>To ensure that we provide continuity of care to the people we support, we will continue to use the same agency staff whilst we recruit to the vacancies at the service.</p> <p>We have increased support worker pay twice in the last six months; this will not only support us to become a competitive provider in the area but it will help us to retain staff at the service.</p>		<p>Ongoing recruitment until complete.</p>
<p>2. The poor management of the resource has resulted in low staff morale and standards of service delivery. The E&V team recommend that MENCAP must make every effort to recruit a permanent manager who is located on site.</p>	<p>Management positions have now been confirmed.</p> <p>Two service managers have contracts in place and there are three assistant managers' positions in place. All managers are based on site. This will be the operational management structure going forward at Drummond Court.</p> <p>In addition there is a higher presence on site of the area operations manager, who is also applying to CQC to be the registered manager.</p>		
<p>3. Residents and their relatives or advocate should be more involved in care planning. The resident's voice must be heard.</p>	<p>All of the people we support had an annual review carried out in November and December 2015. All individuals are involved in their meetings and family members are invited to attend, many of whom do.</p>	<p>We will explore further opportunities to involve individuals in their support planning.</p>	

<p>4. Staff training – need to consider specialist training alongside the rolling basic skills training.</p>	<p>All staff members attend a mandatory programme of induction which exceeds what is required by regulation.</p> <p>We have access to specialist training through Mencap’s Learning and Development team. If there is a service specific training need identified, training will be put in place for staff.</p> <p>Recent training courses completed in 2016, alongside the mandatory inductions, have been completed in the following areas: Leadership Culture, Diabetes Training, MCA, DOLs, Positive Behaviour Support, and Introduction to Autism. Communications skills is planned for April, Person Centred Active Support is planned for May and Sexuality Training is planned for June.</p>		
<p>5. Managers of houses should manage their resource and be located in situ and not in the site office. The E&V team felt that too much time appeared to be spent by managers in the central office. Equipment will be required in houses to enable managers to access resource as required e.g. IT facilities.</p>	<p>IT facilities have just been fitted into the individual services at Drummond Court which will enable people to work across the services more effectively than at the time of your visit.</p> <p>Managers do need to spend some time within the office completing administration, however all managers now spend one day of their working week working alongside their staff teams across their services.</p>		
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<p>7. Signage on the office suite should display opening times and contact details of duty when the office is closed.</p>		<p>Add a sign for details when the office is closed.</p>	
<p>8. Where residents have difficulty reaching alarm pull cords, consideration should be given to those residents using wrist or neck alarm buttons.</p>	<p>We will review the pull call system to ensure that it meets the needs of those people we support who need to use it.</p>	<p>Review the emergency pull code system for individuals who use this system.</p>	
<p>9. House manager to monitor cleanliness of their houses and inspect on a regular basis.</p>	<p>We have reinforced the importance of the ongoing need to monitor and inspect the cleanliness of the houses.</p>		
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HERE TO HELP...

If you have a query about this report or would like to know more about Healthwatch Suffolk please contact us as below. We will be happy to help.

You can watch a short video about us via the following link:

www.healthwatchesuffolk.co.uk/about-us/

For information about how we made a difference in the year 2014/15, please download our annual report from:

<http://www.healthwatchesuffolk.co.uk/about-us/annual-reports-and-agm-resources/>

You can also contact us for a hard copy (limited availability) or watch our supporting video. Simply search for “Healthwatch Suffolk” on YouTube.

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If you require this report in an alternative format please contact us at the address above.

This Enter and View report is publicly available on our website and has been distributed to the Care Quality Commission, Suffolk County Council Adult Care Services Quality and Monitoring Team, Healthwatch England and other stakeholders including all Healthwatch Suffolk friends and members.

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