

Perthyn

# Shrewsbury

## Inspection report

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Date of inspection visit:  
13 May 2022  
16 May 2022  
17 May 2022  
18 May 2022

Date of publication:  
28 July 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Shrewsbury (Perthyn) is a supported living service. They were supporting 30 people with their personal care needs at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

#### Right Support

The principles of the Mental Capacity Act (MCA) were not always being met. Restrictions in people's daily lives had not been assessed to be in their best interests. New staff were being recruited following the application of robust recruitment checks. People were supported to develop their independent living skills and participate in daily living activities. People were supported to take their medicine on time and where appropriate self-manage their medicine. People were supported to attend their annual health check and attend health appointments throughout the year.

#### Right Care

People were supported by staff who had received training to support them in the role. However, not all staff had completed autism training. People had comprehensive care plans and risk assessments in place for staff to follow. Some plans were very detailed, and information was not easily accessible due to the volume of detail. Staff understood how to protect people from poor care and abuse. Staff could explain how to report incidents and any safeguarding concerns. People lived in homes which were clean, and staff completed the necessary checks for COVID -19. Governance checks were in place, but some issues had only recently being identified. For example, missing best interest decisions and the need for medicine temperatures to be monitored. Staff understood how to support people with modified diets and people were offered choice at mealtimes.

#### Right culture

Staff demonstrated a good understanding of people's needs. The provider could evidence lessons were learnt when things went wrong, and action was taken when concerns were highlighted. Staff and relatives felt supported by frontline managers and able to approach them with any concerns. Staff worked with other agencies to ensure people's needs were met and best practice was shared.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (report published 24 February 2018).

### Why we inspected

This inspection was prompted in parts due to concerns received about staffing. A decision was made for us to inspect and examine those risks. As part of the inspection we also considered whether the service is applying the principles of Right support right care right culture.

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to regulation 11 (Need for Consent) and have made recommendations about the need for people's restrictions to be assessed using the principles of the Mental Capacity Act

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

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Requires Improvement 

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

# Shrewsbury

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

This service provides care and support to people living in 23 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 May 2022 and ended on 18 May 2022. We visited the office location on 13 May 2022.

#### What we did before inspection

Prior to the inspection we reviewed the intelligence we held on the service and contacted the local authority to gather their views. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We visited five supported living settings as well as the office location. We communicated with 11 people who used the service and five relatives about their experience of the care provided. Some people were able to communicate with us verbally and where this was not possible, we used basic Makaton and made observations of the care people received.

We spoke with 18 members of staff including the nominated individual, registered manager, compliance manager, assistant managers, and support staff. We also received and reviewed email responses from six members of staff. All staff were emailed by CQC and given the opportunity to share their views.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also spoke with the local authority team who oversee the application of the Mental Capacity Act 2005.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the support provided by Perthyn. One person told us, "I feel safe living in my house and being supported by the staff." Another person's relative told us, "I occasionally have things that worry me, but I never feel that [person's name] is not safe."
- The provider had a system in place to monitor any reports of harm and both the registered manager and the provider were able to view and follow up on any concerns highlighted.
- People were supported by staff who had been trained in recognising and reporting abuse. One staff member told us, "I know how to report things to the managers, and we all know we can report to CQC or the local authority if we ever needed to."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed on an ongoing basis and actions were identified and reviewed. People's risk assessments were person centred and encouraged positive risk taking. We saw plans which ensured people could develop their independent living skills and not have their history limit their opportunities.
- People known to exhibit emotional distress were supported by staff who had been trained in positive behaviour support. Staff followed detailed plans which sought to de-escalate situations and offer guidance when this was not possible. We reviewed one incident of physical intervention and were reassured it was used as a last resort, all staff were trained, and the appropriate reports were completed.
- The equipment people used was assessed and maintained on a regular basis to ensure it remained safe to use. For example, moving and handling equipment.

Staffing and recruitment

- The provider was honest about the staffing challenges they faced during the pandemic. We were told there were times when the staffing levels dropped considerably, and difficult decisions had been required to ensure people continued to receive support. We were advised the provider had needed to move staff to different services and some people's hours of support had been amended. When discussing staffing levels with relatives, one relative told us, "It was hard as all the familiar staff seemed to be moved and we didn't know who staff were and they didn't all know [person's name] needs. Thankfully it is much better now, and the current team seem good."
- We were reassured new staff had been recruited and the provider told us they had reviewed their terms and conditions to encourage more applicants. Existing staff told us they could not wait for new staff to start. One staff member told us, "We are a great team and we pull together, and cover shifts wherever we can, but we are tired. Having new staff will make such a difference."
- Staff were recruited following the application of robust recruitment procedures which included an

assessment of their character, qualifications and background. The appropriate risk assessments were in place whenever a concern was highlighted. For example, an additional health need.

- People who used the service told us they helped interview new staff and found it a rewarding experience. One person said, "I help do the interviews and I really like it."

#### Using medicines safely

- We reviewed the provider's medicine policy to ensure the practice we observed in people's homes had been agreed and mitigated any potential errors. We found that room temperature checks were not routinely carried out or referenced in the policy. This concerned us as certain medicines need to be kept within a certain temperature range. Staff were not being made aware of the potential risks to medicine, if stored above set limits. We asked the registered manager about this and were reassured this had recently been picked up by the provider. We were shown evidence confirming increased checks were being introduced and staff would be undertaking the necessary checks.

- People were supported to manage their own medicine where appropriate. One person told us, "I use the pivot system. The pharmacy put my pills in it, and it reminds me what pills I need to take and when. I like that I can do it myself."

- People were supported by staff who had been trained in safe administration and were assessed as being competent.

- We checked the medicine administration records for people who took 'as required' medicine which could have a sedative effect. We found the level of dispensing was in line with people's care plans and people's medicine was reviewed on a regular basis by the relevant clinician.

#### Preventing and controlling infection

- People had access to easy read information which had been produced by the provider. This supported people to understand how to keep themselves safe during the pandemic both when at home and in the community. For example, a guide had been produced explaining how to travel safely on buses.

- People's homes were kept clean and staff filled in records to evidence when certain tasks had been completed.

- Staff had access to personal protective equipment (PPE) and used it in line with current government guidance. We found no evidence of any shortfalls and the staff we spoke to said they had enough in stock.

- People were able to have visitors to their home and the provider checked that visitors had completed COVID-19 tests. This limited the risk of anyone bringing COVID-19 into people's home.

#### Learning lessons when things go wrong

- People's accident and incident forms were scrutinised by the local management team as well as the provider's specialist support teams. This was to ensure the current guidance staff followed remained effective.

- Investigations were carried out when something went wrong, and the provider used their internal process to communicate changes. For example, holding discussions at team meetings.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support was sometimes inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The principles of the MCA were not always being followed in relation to the restrictions people experienced on a day to day basis. We found no evidence of best interest decisions being made for people who used lap belts, audio monitors or bedrails. While we did not feel anyone was being harmed, the absence of a best interest decision meant staff were imposing restrictions on people without any documented authorisation.
- We found the provider had completed an extensive audit of the MCA and was aware of what missing. However, they had misinterpreted the guidance and were assuming others were responsible for actions they needed to undertake.
- Where best interest decisions were in place, we found they were not always reviewed to ensure they remained current and reflective of a person's presenting need. For example, one person had developed their skill set in an area and needed less support from staff. By not reviewing the best interest decision the person was at risk of receiving care which they no longer needed.

Restrictions in people's lives had not been assessed and agreed to be people's best interests. This placed people at risk of harm. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found some applications to the Court of Protection had been progressed, but many were outstanding. We checked this with the local authority who confirmed there was a substantial backlog in the region. This was outside of the provider's control.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the service. We spoke with one person who had recently moved in, and they explained the transition process they experienced. They told us, "Staff visited me at my old place, and then wrote my care plan. I was involved and was asked lots of questions."
- People's care plans were comprehensive and covered a diverse range of needs. However, we found some of the care plans, written by the providers specialist teams were overly cumbersome and not easily accessible for new or inexperienced staff. We reviewed one person's moving and handling assessment and found it was over 22 pages long and another person had a positive behaviour support plan which used very technical language. Staff told us, "It can be a lot to remember when there is so much detail." The registered manager told us they would look at this to ensure information was in a format which was easily accessible to all staff.

Staff support: induction, training, skills and experience

- Staff had access to an extensive range of training courses and when we reviewed the training records, we found staff received regular training in subjects such as safeguarding, positive behaviour management and epilepsy. However, when we compared the rota's to staff training records, we found autistic people did not always have access to autism trained staff. We spoke to the registered manager about this who advised they had been forced to reduce the number of training courses which could be offered during the pandemic but would be prioritising autism training for certain teams where this understanding was essential.
- Staff told us the training they received was good and informative. One staff member said, "The training is good, especially when we get face to face training. When we are face to face, we can chat about things easier than when online."
- New staff were placed on an induction programme. However, we received mixed reviews on the number of shadow shifts staff had to complete before lone working with someone. One staff member explained, "When things are going well staff have time to shadow people but sometimes when the pressure is on, we have to adapt." When we asked the provider about this we were told, "The amount of shadow shifts varies from staff member to staff member, depending on the service, the manager's assessment of their competence and feedback from the staff member themselves."

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

- People were encouraged to have a healthy and varied diet. People had nutritional care plans and staff were aware of who needed a modified diet and, monitored people's dietary intake, as required.
- Some people planned their own meals and were involved in meal preparation. Others were offered a daily choice and staff prepared meals for them in the way they liked. One person told us, "I help with cooking sometimes but not always. Thankfully the staff are good cooks, so we get nice food." We observed one person being offered the opportunity to have lunch at home or drive out to a restaurant for lunch. They chose to go out.
- People had access to snacks and drinks throughout the day.

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

- People were supported to maintain a healthy lifestyle and had access to health services as required. Families told us they worked with the provider to ensure people's health needs were well managed, appointments were attended, and long-term needs were considered. One relative told us, "[relative name] has a lot of health issues and during COVID staff would tell us if they could not support an appointment and we will step in if needed." Another relative told us, "The team leaders are great and work with me to sort out health issues. However, I get all the letters sent straight to me as I worry staff would miss them if they went straight to the house."
- People had health action plans in place which outlined the support people needed and reflected best practice in learning disability care.

- People were supported to attend their annual health checks with the GP, and this was maintained throughout the pandemic.

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

- Staff worked with numerous agencies to support people have their care needs met. This included, day services and community health teams. Some people had employment opportunities which the staff encouraged people to attend to build up their skills for the future.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

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

- The provider had not ensured people's rights under the MCA were fully protected and had not met their responsibilities to ensure people's restrictions were in their best interest. The provider was already in the process of updating mental capacity assessments and we will check this on our next inspection.
- Governance checks were in place and the provider was aware of and had action plans in place for the issues we identified. This included, the monitoring of temperatures in rooms where medicine is stored.
- Staff had access to out of hours support but reported it was not always effective when the on-call manager was on shift. One staff member told us, "We often have to sort out staff cover ourselves as the on call is with someone. Sometimes it is fine but other times it can be frustrating." Managers who held the on-call phone acknowledged sometimes this did happen. One manager told us, "It was hard during the height of the pandemic, as we often had to cover shifts at short notice, but wherever possible we do try to avoid being on shift and on call."
- People and their families were complimentary of the front-line managers who they dealt with on a day to day basis. One relative told us, "I'm grateful to the frontline managers as they see our loved ones every day and it is easier to talk to them than head office." There were mixed reviews on the senior management team, in part due to decisions made during the pandemic and the accessibility of managers to have a conversation with. The provider told us, "Unfortunately we did have to make difficult decisions during the pandemic but hopefully with new staff coming on board that is behind us and we can get back to some form of normality."

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

- People told us they were happy with the support they received, and we observed people being supported to achieve positive outcomes. We observed one person being engaged in all aspects of how their home was run and had their independence continually promoted.
- Staff told us there was a positive culture and everyone wanted the best for people. One staff member told us, "It has been hard during the pandemic, but the team are great, and we have really pulled together for people." Staff were observed being respectful of the fact they were working in people's own homes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of and understood their responsibilities under the duty of candour. We saw

evidence of families being informed when something went wrong, and appropriate apologies being made.

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

- We received mixed reviews from families regarding their engagement with the provider. Families told us they had not been asked to complete quality assurance questionnaires but overall felt positive about the service, more so now they were returning to some form of normality and had increased contact. One relative told us, "It is good to be able to get the visits back as we missed [relative name] and now we can talk to staff face to face and discuss things properly, I didn't like Zoom."
- Staff told us they were supported by their team leaders and had regular supervisions.

Continuous learning and improving care

- The service had a quality and assurance team and we found there was a focus on learning across the organisation. The provider explained their strategy and how they wanted to ensure consistency and best practice was adopted by all teams.
- The provider had an awareness of best practice documents such as those produced by the restraint reduction network. The restraint reduction network is focussed on delivering restraint free care where possible. We found the provider was acting in line with their guidance.

Working in partnership with others

- During the pandemic the provider had worked in partnership with the local authority and kept them up to date with the pressures the service had experienced. This ensured the local authority had accurate information around people's needs and could act accordingly.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The principles of the Mental Capacity Act were not being met. Best interest decisions were not in place for people who experienced restrictions on a daily basis.