

Modus Care Limited

Carrick

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

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

Carrick is a residential care home providing personal care to 4 people at the time of the inspection. The service can support up to 5 people.

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

Right Support

Systems to develop people's skills, confidence and independence were not robust.

Staff supported people to take part in activities in their local area. There was a lack of focus on supporting people to be meaningfully engaged while at home.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff supported people with their medicines in a way that promoted their independence. Before administering medicines to help people when they were distressed staff considered other ways of supporting people.

Systems were in place to record any incidents or accidents. These records did not consistently document lessons learned.

Right Care

People living at Carrick had varying needs and these could impact negatively on others. This meant people's individual needs could not always be met.

Not all staff had the appropriate knowledge and skills to support people safely.

Care and support was not focused on people's quality of life. There was an absence of goal setting or effective skills mapping.

Right Culture

Health and safety checks had not been carried out consistently in line with the provider's schedule.

Staff were supported by managers and were offered the opportunity to debrief after any incident. These debriefs were not always recorded which meant opportunities to learn from incidents might be missed.

There were no systems in place for gathering people's views.

Staff had been safely recruited and there were enough staff available to meet people's needs with the support of bank staff and agency staff. The new provider was pro-actively recruiting and exploring new avenues for identifying possible staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

In September 2022 the provider was asked by the Local Authority to take over the care and support at this location from another provider, the care transferred to the new provider in November 2022.

This service was registered with us on 21 November 2022 and this is the first inspection.

The last rating for the service under the previous provider was inadequate, published on 26 August 2022.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We needed to check to see if the provider had made improvements since taking over the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to safe care, consent to care, person-centred practices and management of the service.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of

inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Carrick

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

The inspection was carried out by 2 inspectors.

Service and service type

Carrick is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Carrick is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the new provider had taken over. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service and met with three people living at Carrick. We observed staff interacting with people. We spoke with the quality and improvement lead and 3 members of staff. We looked at two peoples care records, rotas, incident reports, daily notes, medicine records and other records in relation to the running of the service. Following the inspection visit we spoke with a further 4 members of staff, an external professional and 4 relatives.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person had difficulties managing and expressing their emotions. This sometimes led to them putting themselves and others at risk of harm. Not all staff had completed the relevant training to enable them to support the person safely at these times.
- Incident reports showed there had been occasions when staff had needed to use restraint in order to keep an individual and others safe. The staff involved in some of these incidents had not always had the appropriate training or had not had it updated as required by the organisations' policies. On one occasion a member of staff, who had not received recent training, had been required to deal with an incident on their own.
- Following a day where an individual had been unsettled all day and there had been a series of incidents an incident form had been completed. The form stated; "There were no injuries to staff or service user, this was despite the staff not being trained to deal with this situation. This whole day has also had an effect on the other service users who have clearly been unsettled by [Name's] behaviour today."

The failure to ensure staff had the qualifications, competence, skills and experience to enable them to provide care and support safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Information in risk assessments was not always up to date. We found information that was no longer relevant. In some cases, staff had not been provided with guidance on how to respond to new risks.

The failure to maintain accurate and complete records contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks in relation to fire safety had not been consistently completed. Staff checked water temperatures but had not taken any action when the temperatures were out of the acceptable range.
- Weekly fire alarm tests had not been consistently completed. Records showed these had only been done twice in May 2023 and twice in July 2023.

This contributed to a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Fire evacuation drills had been carried out. Staff noted how people responded so they could highlight any likely problems.

- Personal Emergency Evacuation Plans had been developed for each individual. These provided relevant information about the support people would need to leave the premises in an emergency.

Using medicines safely

- People were safely supported with their medicines as prescribed. Medicines were stored appropriately, and Medicine Administration Records (MAR) had been accurately completed.
- Some people had medicines to be used as required (PRN). There was guidance for when these medicines should be used.
- Staff did not always provide detailed information when recording why they had administered PRN medicines to manage distress. The reason for administering was sometimes only recorded as 'agitation'. This meant it was difficult to establish a consistent approach from staff.

We recommend the provider seek advice and guidance on best practice when recording the administration of PRN medicines.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. A hot water tap in a toilet used by visitors was not working. Following the inspection the provider informed us the hot water tap was repaired on 2 August 2023.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- There were no restrictions on visitors at the time of the inspection.

Learning lessons when things go wrong

- Opportunities to learn from incidents could be missed. Incident reports did not routinely summarise learning or highlight how future risk could be mitigated.

This contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was evidence of some learning and risk mitigation but this was not consistent and the provider acknowledged improvements were required.

Staffing and recruitment

- There were a number of staff vacancies at the service. Bank staff and agency workers were supporting the staff team. Where possible the same staff were used to help provide consistent care.
- The provider was pro-actively seeking to recruit new staff. They had identified new channels to help source potential candidates.
- The organisations recruitment practices were safe. All necessary checks including Disclosure and Barring

Service (DBS) checks had been completed before new staff were appointed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was 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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments had not been reviewed since the provider took over the service. Although pro forma templates had been developed to record financial assessments these had not been completed.
- One person had signed to indicate they consented to their photograph being used in internal and external publications. There was no evidence to show the person had been supported to understand the possible implications of this.
- People's care plans included some restrictive practices. There was limited evidence available to demonstrate how people's capacity to consent to each restrictive practice had been fully assessed and only limited information was available where decisions had been made in people's best interests.

This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- DoLS applications had been made to the relevant commissioning authorities. There were no conditions attached to any DoLS authorisations.

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

- Care plans did not include information about people's goals. Although staff told us they supported people to be more independent there was no recording of skills development, what worked well for people and

areas for development.

- Care plans had been reviewed but contained information that was no longer accurate or reflected people's needs.

The failure to accurately record people's needs contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- One person's care plan stated they had high cholesterol. We looked at meal records for the week beginning the 24 June 2023 and saw they regularly had foods which were unlikely to improve their health. For example, on one day they ate cheese and beans on toast, crisps, cheese on toast, sausage and mashed potatoes and a cheese sandwich.

This contributed to a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were encouraged to be involved in choosing meals for the week. They had access to snacks and drinks during the day.

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

- One person's bedroom was poorly maintained and did not provide a relaxing, pleasant environment.
- There was a sensory hut located at the top of the garden. However, this was poorly equipped, and staff told us it was rarely used. It had not been planned with anyone's specific needs in mind. The garden was generally untidy and fencing was broken and in need of improving.

The failure to provide an environment to meet people's needs, including any sensory needs, contributed to the breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other areas of the service were clean and well maintained. Improvements had been made to a path in the back garden to make the area safer.

Staff support: induction, training, skills and experience

- Staff had received training and this was regularly refreshed. However, at the time of the inspection not all staff had completed training to enable them to support people safely when they were distressed. This is referenced in the safe section of this report. More training in this area was being organised across the region.
- Training in other areas identified as necessary for the service was up to date. Staff told us the training was of good quality.
- Records showed formal supervisions were overdue for most staff. However, staff told us they were well supported and were able to ask for advice if needed.
- There was an induction process in place for newly employed staff. We viewed staff records for one member of staff and found the induction records had not been completed. Following the inspection a senior manager confirmed this was being addressed.
- Agency staff records included information about the training they had completed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed people visited the dentist and GP as needed.

- Hospital passports had been developed to inform hospital staff if people needed to be admitted.
- Regular exercise was particularly important to one person. Shift patterns had been arranged to make sure staff were available to support the person on long walks. One member of staff told us; "I have learnt a lot about Cornwall supporting [Name]."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- We found evidence of a poor culture and staff doing 'for' people rather than 'with.'
- There was limited engagement between staff and people when they were in the service.
- We heard staff talk about people while they were in the room, referring to people as 'him' and 'they.' There was no effort to include people in any interactions.
- In a discussion about TV sets in the service a staff member referred to the TV in the lounge as the 'staff TV'. This indicated staff felt they had ownership of items kept in shared areas.
- There were no systems in place to gather and record people's views of the service. If people were frequently displaying distress or frustration this was documented and used to identify when people were unhappy. The views of people who were quiet were not considered.
- There was a lack of evidence of active support. We saw a member of staff involving one person in basic food preparation, but this was fairly low level. For example, "Pass me a knife" and "Is that enough mayonnaise." There were no records kept to document what level of support people needed and how to further develop skills and confidence.
- The provider had reduced some restrictions in the service however, there remained other restrictions in place which had not been reviewed to ensure they were necessary and proportionate. One person's toiletries were locked away due to a lack of storage in their bathroom. A three-door wardrobe had two of the doors locked.
- People's personal money was stored securely in the office. There had been no discussions about how to support people to be more independent with finances or move towards having their money in their own rooms.

The failure to design care and support with a view to achieving peoples' preferences and ensuring their needs were met contributed to the breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider has recognised this is an area for improvement and has arranged for additional training for staff.
- Following the inspection we were told the wardrobe door locks had been removed.
- On the day of the inspection it was one person's birthday. Staff had organised presents and were going to

share these at the end of the day when everyone was around.

- Staff from the organisations' Positive Behaviour Management team were working with the service to improve the culture and delivery of care.
- Action had been taken to help protect people's privacy during the nighttime.
- A one cup coffee maker had been purchased to enable one person to be involved in preparing a drink.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not an accurate reflection of people's needs. This was particularly important as agency staff were frequently used who would not have a good understanding of people's needs.

The failure to maintain up to date accurate records contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A positive behaviour plan had been developed for one person. However, this was still in draft form and was not being used by staff.
- The deputy manager had introduced scrap books to the service where staff could paste photographs of people taking part in activities. It was hoped this could be used to support people with making choices as well as a tool for engaging with people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There was limited evidence people were supported with communication. One person's care plan stated staff should have Makaton training but this was not in place.
- In various areas of the service, including one person's personal accommodation, there were signs, boards and notices containing information for example, about fire safety and the organisation. This information was not meaningful to people living at Carrick and did not contribute to a homely environment.

The failure to make reasonable adjustments to support people to be involved in their care and support contributed to the breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not supported to be meaningfully occupied while in the service. We observed a senior manager prompting staff to engage with people. This usually resulted in staff asking people if they wanted

the TV on or the channel changing.

- Apart from activities associated with eating and drinking we did not see people engage in any activities with staff while in the service. For the most time people were either engaging in self-directed sensory activities or were sitting passively or withdrawn.
- Daily notes and handover records showed people did not have access to many pastimes while at home. This was particularly true for people who were quieter and not demanding of staff time and attention.

We recommend the provider seek advice and guidance about developing staff skills to enable them to provide active and person centred support at all times.

- People were supported to go out on a daily basis. On the day of the inspection one person was at a day centre and others went shopping and on local walks. However, we were concerned these activities were mainly short lived and people's days were largely unoccupied.
- People were being supported to apply for bus passes so they could go out more often without the need for a vehicle or driver to be available.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People had not been asked about their views or how they felt about living at Carrick.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- One person was frequently distressed and sometimes acted in a way which put themselves and others at risk. This had negatively impacted on other people who staff told us were sometimes 'fearful.'
- Despite the identified risks staff had not been provided with appropriate training to enable them to provide support safely during periods of distress.
- The provider had recognised they were no longer meeting the person's needs and were actively working with commissioners to identify alternative accommodation at the time of inspection. However, we remained concerned that in the meantime not enough was being done to ensure people led meaningful lives in an environment where they felt safe and at ease.
- There was limited evidence of a learning culture where staff could be guided on how best to support people. Information to drive improvements in the service was not always documented. Incident reports did not record lessons learned. Staff told us debriefs were carried out following an incident, however these had not all been recorded. The provider also acknowledged that they needed to be completed more frequently.
- The culture of the service did not empower people to be active agents in their own lives.

The failure to assess, monitor and mitigate the risks and improve the quality of the delivery of care and support was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff meetings were held, the notes showed these had been used to discuss how to improve people's experiences. There were no notes available for the most recent meeting which had taken place in May 2023.
- Senior managers had developed service improvement plans highlighting areas where they had identified improvements were needed.

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

- There was a policy in place in relation to the duty of candour. Relatives told us they were kept informed, including when things went wrong.

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

- Since taking over the service in November 2022 there had been several changes to the management of the

service leading to a lack of consistent oversight. A relative commented; "It is difficult to keep on top of."

- The provider was actively seeking to recruit a new manager. A deputy manager was overseeing the service with support from a regional manager and the quality lead.
- Statutory notifications had been submitted to CQC in line with legal requirements.

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

- Staff told us they felt the ethos of the service had improved. They told us they were well supported, and managers were accessible and approachable.

Working in partnership with others

- When the provider had identified they were no longer meeting people's needs they worked with other agencies and professionals to identify more suitable accommodation.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the principles of the MCA.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to: Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Maintain accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to design care and support with a view to achieving peoples' preferences and ensuring their needs were met

The enforcement action we took:

We served a warning notice.