

# Chartwell Care Services Limited

# Sheringham House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Sheringham House is a residential care home, providing personal care to people aged 16-19 years, with learning disabilities, autism and/or mental health needs. The home can support up to five people in one adapted building. At the time of the inspection, two people were using the service and one person was in hospital.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was not fully able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The home was not a safe environment because there were shortfalls in the management of the service to assess, monitor and mitigate risks to people.

The provider was not ensuring the premises was a safe and secure place for people they supported and staff they employed. Locks on both the front porch door and back doors had been broken for more than a month. The fire alarm system had been faulty for nearly three months just prior to our inspection. The provider had failed to respond urgently to ensure these repairs were carried out. This meant people and staff were at risk of harm or injury because there was a lack of sufficient security to ensure their safety.

People's privacy and dignity was not being respected at all times. People were not always assessed appropriately prior to them receiving support from the service to ensure their needs could be met. The culture and ethos of the service to provide person-centred care was affected because of this and people were not living fully empowered and independent lives.

People were supported with their medicines but we have made a recommendation around maintaining the temperature of the medicine storage room within a suitable range. Staff followed infection control procedures. However, we could not be assured all infection control risks to people were being mitigated against due to the security issues in the home, which could expose people to the risk of infection.

Incidents and accidents in the service were reviewed and analysed to prevent reoccurrence. There were suitable numbers of staff in the service and they were recruited safely. Staff told us they were supported by the manager and they received supervision to discuss their performance and any concerns they had. Staff received training to ensure they had the right skills to support people whose behaviour could challenge.

People maintained their health and nutrition with food and drink of their choice. Their communication needs were assessed. They were supported to follow their interests and maintain relationships. There was a

complaints procedure for people to use. There were systems to obtain people's and relative's feedback about the service.

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

This service was registered with us on 20 May 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the premises, the environment and the overall safety of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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 for 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 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 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 always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Sheringham House

## 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 Care Act 2014.

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 team consisted of one inspector.

#### Service and service type

Sheringham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The current manager of the service had applied for their registration at the time of our inspection. They were unavailable on the day of our inspection and we were supported by senior staff.

#### Notice of inspection

This inspection took place on 9 June 2021 and was announced. We gave the provider 24 hours' notice because the service is small and we wanted to be sure that a member of the management team was available to support us with the inspection.

#### What we did before the inspection

We reviewed information we held about the service. We sought feedback from the local authority and

professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We spoke with the manager by telephone.

#### During the inspection

We spoke with one person who used the service, three team leaders and three members of staff. We reviewed three people's care records and risk assessments. We looked at medicine and maintenance records and viewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We spoke with two relatives by telephone for their feedback. We also contacted social care professionals for their feedback about the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and maintenance records.

# 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 for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- The provider was not adequately maintaining the premises to ensure it was safe and secure. People and staff were exposed to security and safety risks. On the day of our inspection we found both the locks to both the front porch door and the back door to be damaged. Neither of the doors could be shut and both were unsecured. The issues were reported by staff on 4 April 2021 and 22 April 2021 but neither had been fixed by the time of our inspection on 9 June 2021.
- Staff told us that despite requesting these repairs to be carried out, the provider had not managed to arrange for them to be repaired until 10 June 2021, after our inspection. This meant the security of the home was at risk of being breached by people not authorised to enter. This meant people and staff were not being protected from the risk of harm or injury.
- Systems used to respond to emergencies were not being adequately maintained and repaired. Records showed there was a fault with the fire alarm panel between 8 February 2021 and 31 May 2021. Fire panels are used to alert people to a possible fire in the building whereupon evacuation procedures are followed and the emergency services are called. By being out of service, any fire or smoke in the building would not have been detected by it.
- Staff reported the panel to be faulty. They told us that despite requesting the fire panel to be repaired, the provider had not managed to arrange this for more than three months. This left service users and staff at serious risk and the premises at risk of damage as no one would be aware there was a fire in the building. A staff member said, "The provider doesn't seem to support us with maintenance when we need it." Another staff member said, "Maintenance hardly ever turn up."
- Maintenance records showed other ongoing repair work that had yet to be completed or were completed some weeks after being reported. This included leaks, holes in walls and the fitting of doors and blinds. The provider was not taking urgent action to resolve faults and repairs in the home in a timely way, leaving people and staff exposed to health, safety and security risks.
- During a walk around of the home we saw the front door to a currently unused bedroom with the handle missing. The spindle from inside of the door handle that was missing, was sticking out through the hole where the handle is usually fitted. The spindle could cause an injury or be taken out and used to cause injury. Staff had not noticed it and we asked them to remove it.

We found no evidence people had been harmed however the premises were not being maintained or secured which left people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Shortly after our inspection the provider confirmed both doors had been repaired and they showed evidence of this.

- Risks to people were assessed and these assessments formed part of their support plan. These included risks around people's nutrition, personal care and health conditions they may have. Guidance was in place for staff to reduce these risks.
- Information we held about the service and serious incident notifications from the provider told us staff used forms of restraint when people's behaviour became very challenging. Restraint is a physical intervention against a person and is used to restrict their movement to prevent them harming themselves or others. Due to their needs people often exhibited behaviour that could challenge. The service had a policy for restraint and we found staff followed these procedures.
- Behaviour support plans were in place which included details of action staff should take if people became physically challenging. Assessments advised, "Staff only use physical intervention if they feel it is necessary and proportionate to the intensity of the behaviour."
- Details of the correct physical intervention to use in certain situations were included to ensure it was safe, legal and appropriate. We saw that the interventions were agreed by social care professionals and the placing authority, as part of the person's support needs.
- Where people had other conditions such as the risk of epileptic seizures, there was guidance for staff on action they should take.
- Staff told us the risk assessments provided them with enough information about people to help keep them and others safe. A staff member said, "Yes the assessments are detailed and very helpful. We need them because people have high needs and we must support them in the best way."

#### Managing medicines safely

- There was a procedure for people to receive their medicines. People told us staff ensured they took their medicines at the prescribed times.
- Medicines were stored securely in a small cubicle room on the top floor. Only a small room was required because people had few medicines. The temperature of the room was monitored and recorded. Inside was an air-cooling machine to help maintain the temperature.
- The home's medicine procedures stated the room temperature should not go above 25 degrees. We found one occasion when the recorded temperature was 27 degrees. On the day of our inspection, the temperature reached 28 degrees and later 29 degrees. This was noted by staff but there was no record or guidance on what action was needed to resolve this. It was a warm day but the air cooling machine was not generating enough cool air to ensure the temperature of the room was kept at a suitable level to store medicines safely, particularly on hotter days.

We recommend the provider follows best practice guidance on maintaining and controlling the room temperature where medicines are stored.

- Staff recorded when they had administered medicines in medicine administration records (MAR). Staff had received training in medicine administration and their competency was assessed. We saw that people's medicine records were completed accurately. A staff member said, "I received training in medicines and I am confident in handling them."
- There were protocols for 'as and when required' medicines also known as PRN medicines. One person told us, "The staff are helpful and support me to take my medicines on time."

#### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises due to the security issues found in the home, which had been ongoing. The home was cleaned regularly however there was the continual risk of dust or debris easily coming into the home from outside. This could expose staff and residents to possible infections. There were no measures in place to prevent this



from happening at the time of our inspection but both doors were repaired the following day.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- There was a system for safeguarding people from the risk of abuse. Records showed safeguarding concerns were reported to the relevant authorities.
- Staff told us they knew the process for reporting abuse. A member of staff said, "I would report abuse straight away. I know the signs of abuse. We would inform the local authority or the police."
- People in the service told us they felt safe, One person said, "Yes I feel safe. The staff are good and caring."

Staffing and recruitment

- Staffing requirements were reviewed to ensure there were enough staff available at all times. People in the home required more intensive staff support at different times of the day. For example, two staff were required for some people, to accompany them when they were out in the community.
  - We saw there were the correct the numbers of staff on duty and when people required two members of staff with them.
- Staff told us staffing levels in the service were suitable for them to be able to do their jobs well. A staff member said, "We have enough staff. There are a few of us to cover."
- People told us they were supported by enough staff. One person told us, "Yes, there is staff here to see us."
  - Staff were recruited safely. Records showed criminal record background checks were carried out for new staff to determine if they were safe to work with people. Staff completed application forms, provided references and proof of their identity.

Learning lessons when things go wrong

- There were systems in place to learn lessons following incidents to minimise reoccurrence.
- Accidents and incidents in the home were logged and staff took the necessary actions to ensure people remained safe. Most of the incidents occurred due to behaviours from people that could put themselves, other people and staff at risk.
- Lessons were drawn from incidents. This included reviewing what happened, if there were any triggers that led to the behaviour and if an injury occurred. For example, the review identified if further training was required and if anything could have been done better to manage and resolve the incident.

# 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.

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

- The provider did not always assess people appropriately prior to them moving into the home. One person with severe learning disabilities and autism was assessed as being suitable for the service in April 2021.
- Pre-admission assessments determine if a service is suitable for people and whether their needs can be met by trained and qualified staff. We viewed the person's pre-admission assessment which was completed by senior managers of the provider. It contained details of their history, health conditions and support needs. There was information for how staff could support them and what techniques they could use. However, records showed staff were not able to use these techniques as the person did not respond to them.
- Staff told us they could not meet their needs and they displayed behaviour that staff were not able to de-escalate or manage. A staff member said, "[Person's] needs were too high. We were not in a position to provide support to them. For example, we were told [person] would take us by the hand and lead us to take them to where they wanted to go but they became challenging instead. [Person's] needs were very severe compared to what we had been trained for. We did our best but it was too much." Another staff member confirmed this and said the person's extreme behaviours was unmanageable and dangerous despite staff's best efforts.
- The person was a risk to themselves and other people in the home and after only two weeks, they required a reassessment for a more suitable placement.
- After the inspection, the provider explained to us they could not carry out a face to face assessment due to the COVID-19 pandemic and had to rely on information provided to them by health and social care professionals and other services. The provider may not have received accurate information at the time of the assessment. However, we found that the person's previous placements had also broken down after a short period. Examples of the person's extreme behaviours were set out in the information provided to the service. Therefore, some of these significant risks were known to the provider but they felt they would be able to support the person. This meant they did not effectively assess from the information they did receive, how they would be able to meet the person's needs and preferences.
- For two other people, the provider had appropriately assessed their needs and choices and records showed the staff were able to support them.

Although events cannot be foreseen after a person moves into a home, the provider was unable to meet their needs and find suitable alternatives to manage their behaviour. The provider had not assessed how their behaviour could also impact on other people in the home. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Sheringham House is located in a quiet residential area and there were no obvious signs it was a care home. The service was designed and decorated to help meet the needs of people with learning disabilities and autism. For example, the ground floor was bright, spacious and had large windows to allow additional light. There was a games room and sensory room to help stimulate people and for them to do activities.
- On the day of our inspection, building contractors were working on the renovation of an outhouse in the rear garden. This was to be an extra sensory and relaxation room for people, should they wish to have more privacy and time away from the main house. The provider told us, "In exceptional situations it has also been designed to allow residents who are having a very difficult night to sleep in the garden room to de-escalate any situation and reduce the disturbance to other residents."
- There was enough space for up to five people to socialise and have their own privacy. However, there were ongoing maintenance issues which meant people were at risk, as we have highlighted in the Safe section of this report.

Staff support: induction, training, skills and experience

- Staff were supported with an induction and the appropriate training so they could carry out their roles. Due to the needs of people using the service, the training programme include training to support people whose behaviour could challenge or positive behaviour support.
- We saw that all staff were trained to use physical intervention safely to avoid harming people. Training was provided by an accredited organisation in approved physical intervention techniques. A staff member said, "We only use holding techniques as a last resort, never as a first option. The training was excellent. If you use restraint to try and cause harm to someone or in anger, then this is not the job for you. We do it safely and it only lasts a minute or two. It is not nice and we don't like to use it."
- Staff also received training in other essential topics including safeguarding adults and children, medicines, autism and learning disabilities, infection control and equality and human rights awareness.
- We viewed a training log which detailed when training was completed and when the training qualification was due to expire, after which staff would receive refresher training.
- Staff were supported with regular supervision. They discussed their work and concerns in informal chats with the service manager. Staff told us they were supported in their role by the service manager. One staff member said, "[Manager] is excellent, very helpful and looks out for us."
- People and relatives felt staff were knowledgeable and skilled. One person said, "Yes the staff are very good." A relative, "Yes the staff are trained well. They know how to support [family member] well."

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. 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.

- An MCA policy was in place. People's ability to make decisions had been assessed and was included in their support plans.
- Staff were aware of the principles of the MCA and had received training. Staff told us they always

requested people's consent before doing any tasks. A staff member said, "We are able to have good conversations with people and ask for their consent and permission before we do any tasks. They are able to say 'yes' or 'no'."

- Records showed that people's consent had been sought prior to receiving care from the service.

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

- People were supported to live healthier lives. Staff understood people's needs and could identify if people needed support for their health and wellbeing.
- People had access to health professionals such as GPs, dentists and social workers for additional support and to ensure they had regular checks on their health.
- People's care plans contained hospital passports and emergency grab sheets which contained vital information about them, such as their health and medical conditions and preferred method of communication. This was used to help health professionals know about the person should they require hospital treatment.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink as healthily as possible. They could choose the types of food they wished to eat, and staff assisted them to prepare meals. They were encouraged to eat fresh fruit and vegetables and we saw these were available in the kitchen.
- We noted that people were involved in planning their meals and creating shopping lists. One person told us they enjoyed going to the supermarket with staff. People were also provided home cooked meals from their own family members who occasionally visited.
- People's health was monitored by staff and if there were concerns about their weight or dietary habits, staff contacted health professionals for advice and guidance.

# 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.

Respecting and promoting people's privacy, dignity and independence

- People were not always afforded the privacy they would come to expect in their own accommodation. On the day of our inspection we noted there were no blinds or curtains in the front lounge, which was used as a games and TV room. Records showed staff and managers had requested new blinds to be fitted over several weeks but they had still to be fitted on the day of our visit.
- One person needed replacement blinds in their bedroom. They went without blinds for at least one month, despite staff taking the measurements and sending them to the maintenance team to ensure the correct size blinds could be fitted. This meant people in the home were not able to live in the home in privacy and with dignity. This was particularly so during the evenings when it would get dark and lights would be switched on and the inside of the home could be viewed from outside.

These issues meant the provider was not ensuring the privacy of people staying in the home. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us of their frustrations with these issues but did their best to treat people with kindness, respect their privacy and promote their independence. One person said, "Yes the staff are very nice and respect me." A staff member said, "People are semi-independent and we prompt them with their personal care and medication. We encourage their independence. We respect their privacy by knocking on their door and closing it if we go in."
- Staff also told us they understood the importance of confidentiality. They understood their responsibility not to share confidential information about people in the service.

Ensuring people are well treated and supported; equality and diversity

- Staff told us they understood how to treat people well and with respect, making sure they felt comfortable and safe.
- People told us staff were caring. One person told us, "The staff are caring." A relative told us, "Yes, the staff are very friendly and supportive of [family member]."
- Staff were aware of people's protected characteristics such as race, disability, religion and sexual orientation. People were supported to make their own choices and live as private a life as possible.
- People's cultural and religious needs were understood and respected. For example, some people wished to only eat halal food in accordance with their religion. Staff ensured this was provided to them and stored safely. One person was supported with practicing their religion. We noted staff provided them with a prayer

timetable and accompanied them to a local place of worship. A staff member said, "We have had equality and diversity training and we can support people whatever their characteristics, beliefs or background. We treat people equally to one another."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the decisions made about their care and support and in consultation with their relatives and relevant social care professionals.
- People's choices and preferences were understood by staff and these were set out in their individual support plans. A staff member said, "[Person] loves to go out and get food. Whatever they wish to choose, such as cereals, snacks, meals, fruit we support them and respect their choices."
- Care and support plans showed people had been involved with the support they received.

# 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

- As detailed in the Effective section of our report, one person using the service was unable to be provided personalised care because their needs could not be met. The provider assessed them as being suitable for the home, based on the information they received, and for staff to provide support to them. However, the placement broke down. This meant the system for providing person-centred care required some further work to ensure the care and support provided was appropriate, met people's needs and reflected their preferences.
- We saw better examples of this for the two other people who were currently staying in the home. Individual care and support plans included details of people's histories, their learning disabilities diagnosis and their preferences. They also included details of their cultural or religious beliefs.
- Care plans were personalised and easy to read and follow. They were produced to help people achieve positive outcomes, for example improving their health and wellbeing and developing their education and social skills. For example, one person's care plan said, "[Person] likes playing games on the console, seeing family, going for drives in the car, interested in car mechanics and might look at work opportunities or apprenticeships in this field."
- People's support was reviewed every three months or when needed. People's comments and opinions were considered to ensure they were involved so that any changes in their needs were known and understood.
- Records showed staff updated each other during shift handovers and shared important information to ensure actions were followed up or taken in relation to each person's care and support.

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 supported and encouraged to maintain relationships and pursue their interests to help them in their daily lives. They were supported to contact their relatives using video calls or by telephone. Relatives had also visited people in accordance with government guidelines for care homes.
- People had safe access to the internet, so they could do things they enjoyed such as watching films and programmes.
- Staff accompanied people outside if this was appropriate and part of their support needs. For example, for shopping and recreation. We saw that one person wanted to go to the seaside that morning and staff took them there using a car that the provider had made available to the home. When they returned in the afternoon, the person told us, "I enjoyed it. Had a nice time."
- Not all people liked to go out or speak with other people and they preferred to stay in their room due to their own personal choice and support needs. A relative said, "The staff are caring and understanding of

[family member] but [family member] needs a lot more encouragement and interaction from staff." A staff member said, "We totally respect this as [person] gets very anxious. If the house is empty, they are happy to come down. However, they know us and they let us know if they need anything."

#### Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People told us staff communicated with them well. One person said, "I can talk to the staff, they understand. They are ok." A staff member said, "One person is very verbal and the other less so but you can still talk to them and they will understand. We know them well and understand how best to communicate with them."
- People received easy read versions of information about the service. Their communication needs were described in their care plans. Some people liked to use pictures with certain staff as a way of expressing themselves. Staff told us they were able to communicate with people by using calm and reassuring language.

#### End of life care and support

- At the time of inspection, the service did not support people with end of life care.
- The provider told us the service was not appropriate or suitable for end of life care and support, because it was a service designed to support people to move on to more independent living. Should people require end of life support, arrangements would be made by the provider, for a more suitable placement.

#### Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints in a timely manner. There was a complaints policy and people told us they had access to the policy and knew how to make a complaint.
- At the time of inspection, no complaints had been received. Senior staff told us complaints would be dealt with appropriately by the manager and they would take action to investigate them.



# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created 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's systems to assess, monitor and improve the quality and safety of the service provided were not always effective, particularly in ensuring that urgent maintenance work was completed. The provider was not suitably mitigating the risks relating to the health, safety and welfare of people in the home.
- Outer doors remained damaged and unlocked for two months. The fire panel was faulty for three months even though staff had reported this to the provider. This indicated a lack of urgency on the provider's part to deal with these issues. This left the home exposed to security breaches from anyone not authorised to enter and at risk of damage from undetected fires. This put people and staff at serious risk of harm or injury.
- The provider had not identified that these faults and essential works were urgent and needed to be resolved as a priority so people and staff were safe in their everyday environment.
- Nearly all staff we spoke with told us they did not feel the service was safe due to the damage not being repaired. One staff member said, "It's not right. It is dangerous for doors to be unlocked at the front and back. Luckily the front door is a porch and we have a lot of staff around." Another staff member said, "It is not safe for service users and staff. Night staff are always having to be vigilant. There have been lots of delays to the works because maintenance don't always come. When they do come, they do a lot of work but we wait a long time for them to come."
- The provider informed us and showed evidence of the doors being repaired the day after our inspection but it took up to nine weeks from when they were first reported. Therefore people's rights to be safe in their own home were not being met and the provider did not take appropriate and timely action to address this. They did not take responsibility to ensure maintenance contractors carried out the works.
- There had been a number of changes to the management team since the provider registered the service with us in May 2020. There had not been a permanent registered manager in the service. Previous managers in the past 12 months who had registered with us were in post for a short period. There had also been different regional managers in this period. This meant there was an overall lack of oversight, good governance and consistent leadership to ensure robust procedures were in place to deal with concerns and emergencies. The current manager had submitted their registration application to us and this was in progress.

Systems were not robust enough to demonstrate the safety and quality was effectively assessed and managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they were clear about their roles and responsibilities to keep people safe and support them to live as independently as possible. They felt supported with their concerns about the safety of the service by the manager and new regional manager. They said the manager was approachable. A staff member said, "[Manager] is excellent and very caring and thorough. [Regional manager] is always calling to see how things are."
- Records showed the service manager monitored the service by carrying out quality checks on care records, staff training and medicines. They and staff had reported the significant issues with the building and we found staff to be knowledgeable, skilled and caring in their approach towards people.

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

- We were not assured the provider was taking enough responsive action to improve the service. However, people told us they liked the home and got on well with staff. One person said, "I can talk to staff if I need help with something." A relative said, "Yes I think the manager is good. The staff are all top people. [Family member] is in a better service than before." Another relative told us, "[Manager] is lovely and really helpful."
- Records showed people were supported with their independence and to remain in good health.
- Staff, despite their concerns about the security of the premises, told us they enjoyed working in the home and supporting people and there was an open-door culture. Some staff said the challenges they faced were part of the job and had received training to enable them to carry out their task to the best of their abilities. One staff member said, "I love it. Yes, it can be tough but most of the time the service users are fine and are nice to get to know and support. It is not a job for everyone but we all make sure each other is alright. We take care of each other."
- There was a process for learning lessons for the provider to make continuous improvements. People currently in the home had only been there for six months and there was a plan for their feedback to be received so that changes could be made if necessary.
- The provider would also seek feedback from relatives to help contribute towards the improvement and quality of the service.

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

- Managers were honest with people and relatives and took action when things went wrong and ensured people were safe. They apologised to people and relatives regarding the ongoing maintenance issues and following serious incidents.
- They notified the CQC of serious incidents and safeguarding concerns that took place in the home as is their legal responsibility to do so.

Working in partnership with others

- Managers and staff worked with health and social care professionals. We saw people's social workers were contacted for reviews of their needs. They completed their own monthly reviews and assessments of people they represented who lived in the home.
- Professionals we contacted about Sheringham House told us staff and managers worked well and in collaboration with them to ensure people's needs were met.

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

- People told us they felt engaged with how the service was run. For example, they chose activities they wanted to do and the types of meals and snacks they wanted to eat.
- The management team shared important information with staff during meetings and discussed areas of

concern.

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 10 HSCA RA Regulations 2014 Dignity and respect  The provider was not ensuring people's privacy and dignity was always being respected.  Regulation 10(2)(a)

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 failed to properly assess people's needs prior to their admission into the home to determine if the home would be suitable and staff would be able to support their needs.  Regulation 9(1)(b)3(b)

### The enforcement action we took:

We issued the provider a Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had not taken action in a timely way to carry out essential repairs to maintain the security of the premises. This put service users and staff at risk of harm or injury.  Regulation 15(1)(b)(e)

### The enforcement action we took:

We issued the provider a Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems to assess, monitor and improve the quality and safety of the service and to mitigate the risks relating to the health, safety and welfare of service users.  Regulation 17(1)(2)(a)(b)

### The enforcement action we took:

We issued the provider a Warning Notice.