

Mission Care

Love Walk

Inspection report

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Date of inspection visit:
04 February 2021

Date of publication:
13 April 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Love Walk provides accommodation and personal care for up to 31 people with a range of physical disabilities. At the time of the inspection 27 people were living at the service.

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

Medicines were not always managed safely. Risk management plans were not always detailed and did not give staff clear guidance to help mitigate risks. Infection control measures needed to be updated and improved in line with current guidelines. This work was completed following the inspection.

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. People had their daily fluid intake recorded but we could see no support given to people when they were not reaching their individual target.

The provider did not have effective quality assurance and monitoring systems in place to review and improve the care and support provided. The provider had not sent notifications of significant events to CQC within required timescales in line with legislation.

During the inspection we observed people having to wait for their care to be delivered. Following the inspection, the provider reviewed their staffing levels to ensure they had adequate staffing levels in place. Accidents and incidents were been analysed each month. People were happy with the care they received, and they felt staff were kind.

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

Rating at last inspection

The last rating for this service was good published (03 January 2018)

Why we inspected

The inspection was prompted in part due to concerns received about a specific incident. Following which a person using the service died. The information CQC received about the incident indicated concerns about the management of choking. We undertook this inspection as we wanted to ensure people were receiving safe care.

As a result, we undertook a focused inspection to review the key questions of the safe, effective and well-led domains and this inspection examined those risks.

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 coronavirus 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 monitor the service. 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.

We have identified one breach in relation to notifiable incidents. 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.

We identified breaches of regulations in relation to safe care and treatment, consent, good governance and notifiable incidents. Please see the action we have told the provider to take at the end of this report.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question good.

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our well-Led findings below.

Love Walk

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 was carried out by one inspector.

Service and service type

Love Walk 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 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service. We spoke with staff including the registered manager, deputy manager, senior care worker, domestic staff and the chef. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted six professionals who regularly visit the service and we received feedback from four professionals.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people had not always been considered, assessed or planned for to ensure people received care safely. For example, one person was on a minced and moist diet for over a year, this person did not have a risk assessment in place. We discussed this with the registered manager, and they were unable to explain why this person was on this diet. They told us they would seek advice from a health care professional.
- We found risk assessments were not always personalised to people's individual needs, for example, one person's wheelchair risk assessment was not filled out correctly, it was unclear what the risk actually was. This meant staff were not always provided with guidance on how they could support the person to reduce possible risks.
- In another person's moving and handling risk assessment it documented equipment they required but the risk assessment was not completed in full and it did not identify what the actual risk was. This meant staff did not have the necessary information to support this person in a safe way.
- The service had completed a generic risk assessment for COVID-19 but had not considered people's individual health risks if they were to contract the infection.

This meant the provider had failed to robustly assess the risks relating to the health, safety and welfare of people and provide guidance for staff on how to reduce possible risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took action to address the issues we found during our inspection.

- Appropriate safety checks had been completed for gas, fire, water and electrical safety. Regular safety checks were completed on the building and environment.
- People had a personal emergency evacuation plan (PEEPs) which included details of the support they needed from staff to leave the premises in case of fire.

Using medicines safely

- Medicines were not always managed safely. During the inspection we requested to see the temperature checks for the medicine's fridge. The registered manager was unable to locate this paperwork and they told us it was missing. No one was able to confirm when the documents had gone missing. Failure to store medicines at the correct temperature can lead to the medicines not being effective.

Whilst we found there was no evidence that people had been directly harmed by the issues as identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight

of the quality of care at the home. 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 demonstrated a good understanding of medicine management. The home had allocated staff member who oversaw the administration of medicines.
- All staff who administered medicines had the relevant training and competency checks that ensured medicines were handled safely.

Preventing and controlling infection

- The home was clean, and we did not identify any malodours. However, the providers Infection control procedures were not always followed. Domestic staff were required to complete a daily cleaning schedule; however, this was last completed in November 2020. When we spoke with domestic staff, they were unclear of the process for cleaning frequently touched areas.
 - The provider had a COVID-19 general risk assessment in place for the service but it had not been updated since May 2020 which meant the information was not correct. For example, the policy was not following government guidance for personal protective equipment (PPE) as it stated that PPE did not always need to be worn.
 - During the morning of the inspection, we observed a staff member not wearing their mask correctly and another staff member was wearing a cloth mask. We raised this with the registered manager, and they told us they were not aware that staff could not wear their own mask whilst at work.
 - The registered manager confirmed that the home had managed to keep people safe throughout the pandemic and that no one had contracted COVID-19 to date. However, issues identified in relation to infection prevention and control practices, potentially placed people at the risk of harm and infection.
 - During and after the inspection we signposted the provider to resources to develop their approach and implement practices to safely manage infection control and prevention within the home.
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- We were not assured that the provider was making sure infection outbreaks could be effectively prevented.
 - We were not assured that the provider was using PPE effectively and safely.
 - We were not assured that the provider's infection prevention and control policy was up to date.
 - We were not assured that all staff had adequate training in infection control in response to the additional risk posed by the COVID-19 outbreak.
 - We were not assured that the provider was meeting shielding and social distancing rules.
 - We were not assured that the provider had robustly assessed the risks associated with staff working across different services or in other employment, the use of agency staff or the risks posed to individual staff or people using the service arising from the pandemic.

We found no evidence that people had been harmed. However, sufficient systems were either not in place or robust enough to ensure people were fully protected from COVID-19 outbreak. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was accessing testing for people using the service and staff.

Following the inspection, the registered manager took prompt action to update policies and procedures in line with government guidelines.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents had been reported to the local authority; however, the provider had not followed their own safeguarding policy and notified the CQC for three safeguarding concerns. When we discussed this with the registered manager, they told us they were not aware they had to notify the CQC of safeguarding concerns.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. CQC is considering what further action they need to take against the provider for a failure to send notifications in a timely manner

- Staff had a good understanding of how to keep people safe.

Staffing and recruitment

- The provider used a dependency tool to assess the staffing levels people may need. However, it was unclear how this dependency tool reflected people's individual needs. For example, four people needed two or more staff to help them with their personal care regularly throughout the day, but the current staffing levels did not always accommodate this. This meant in the morning's some people had to wait for their personal care and support. We raised this with the registered manager, and they were unable to explain how current staffing levels were determined. Following the inspection, the provider reviewed the homes dependency assessment to ensure staffing levels were appropriate to people's needs.
- The provider had safe recruitment practices in place. Checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers.

Learning lessons when things go wrong

- Accidents, incidents and near misses were logged with the registered manager and audits were carried out each month.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was not assessing people within the guidelines of the Mental Capacity Act 2005 (MCA). For example, one person's cigarettes were being withheld but there were no records to show how this decision had been made or who had been involved in the process.

This meant systems were either not in place or robust enough to ensure people's care was provided in line with the principles of the MCA. This was a breach of regulation 11 (Need to consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had a lack of knowledge regarding the requirement to notify us of when people were being deprived of their liberty by Deprivation of Liberty Safeguards (DoLS) authorisations.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. CQC is considering what further action they need to take against the provider for a failure to send notifications in a timely manner

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

- People's nutrition and hydration needs were not always assessed and planned for. There was a system in place to monitor people's food and fluid intake, but this was not always effective. For example, two people had a fluid target chart in place, but we could see no action taken when the target was not met. We discussed this with the deputy manager who told us they were supporting people to drink but this

information was not recorded. The deputy manager recognised the need to keep more detailed records.

We recommend the provider seek and implement national guidance in relation to ensuring there is effective processes in place to meet people's hydrational needs.

- The chef had information about people's dietary needs. We reviewed "residents' meetings" where specific meal choices were requested, and we saw these changes were added to the menu. One person told us, "I always receive fresh fruit and vegetables as part of the menu, and I enjoy the food."
- People were able to make a choice at mealtimes and alternatives to the main menu were available if needed.

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 now deteriorated to 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; 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 registered manager failed to notify CQC of all safeguarding incidents since the last inspection, of which they were required by law to inform CQC. We also found there had been a delay in notifying us when people's DoL's were renewed.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. CQC is considering what further action they need to take against the provider for a failure to send notifications in a timely manner.

- The registered manager was open and transparent with the inspector both during and after the inspection and recognised the importance of sending notifications in a timely manner.

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

- The registered manager did not always have effective auditing systems in place to monitor the provision of care being delivered. For example, they were not aware that the daily cleaning schedule had not been completed since November 2020. They were also not aware that staff were not recording the temperature checks for the medicine's fridge.
- There were no effective systems in place to ensure information recorded in people's risk assessments were reflective of their current needs. Risk assessments lacked individualised detail on how the risk specifically impacted people and how care staff were to support the person to minimise these risks.
- Risk assessments were not always updated where people's risks had changed or where people were at additional risk due to changes in their health.
- We found care plans had not been updated to reflect how the COVID-19 pandemic could impact on people's physical health needs.

Whilst we found there was no evidence that people had been directly harmed by the issues as identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the quality of care at the home. This placed people at risk of harm. This was a further breach of regulation

17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team was responsive to the concerns raised throughout the inspection and provided assurances that the concerns identified would be addressed.

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

- We could see no evidence of any steps taken by the provider to promote an inclusive and non-judgemental service. Protected characteristics are defined by the Equalities Act 2010 which states it is illegal to discriminate against someone because of these. There was no indication of unlawful discrimination at the service, although practices did not always promote an inclusive environment where people knew they would not be unfairly judged. For example, the provider had not taken any steps to promote an LGBT+ (Lesbian, Gay, Bisexual and Transgender) friendly environment. We discussed this with the deputy manager who told us they were not aware they needed to do this but recognised why this was important and they told us they would discuss how best to improve their practice going forward.
- We saw evidence of regular "residents meetings" and we could see if people raised concerns they were addressed promptly, for example, people were missing going to the gym so equipment was purchased and there was now a gym facility at the home.
- There were regular staff meetings in accordance with the provider's policy and staff told us they found these meeting helpful. Staff received supervision and an annual appraisal in line with the providers policy.

Working in partnership with others

- The provider had developed effective working relationships with local services including local health services. Within people's files we could see the service worked in partnership with a range of local services.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person had not recorded where people did not have the mental capacity to make certain decisions, any decisions made were in their best interests Regulation 11(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure safe care and treatment because they had not always assessed risks to service users safety nor had they done all that was reasonably practicable to mitigate the risks to the safety of service users. The provider did not always ensure the proper and safe management of medicines. Regulation 12 (1) (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective arrangements to assess, monitor and improve the quality of the service and to assess, monitor and mitigate risks service users faced while in receipt of care. Regulation 17 (1)</p>

