

EL Marsh Care Home Ltd

# EL Marsh Supported Living

## 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 well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

EL Marsh Supported Living is registered to provide personal care to adults in their own homes. People had differing support needs including learning disabilities, mental health conditions and physical disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection six people were receiving support with personal care.

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

Staff were not always wearing personal protective equipment (PPE) correctly and some staff were not being tested regularly for COVID-19. Some people were supported by staff who hadn't had the training to meet their specific needs. People and most relatives told us they felt safe.

Governance systems had not identified the shortfalls we found on the inspection and some concerns identified at our last inspection had not been addressed. The provider had not always ensured that staff practices were in line with their own policies. Some relatives felt communication with management was improving but not all.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not always support this practice. Mental capacity assessments did not clearly indicate how the individual had been included and there were inconsistencies in the recording of best interest decisions.

Improvement was required to ensure staff had training in all relevant areas. People were supported to make choices about food and the service worked with relevant health professionals to ensure people's health care needs were met.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Some staff were not trained in restrictive interventions techniques. The provider was not consistently evidencing how people were included in mental capacity assessments and best interest decisions and were not adhering to their own policy.

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 and update

The last rating for this service was requires improvement (published 04 October 2019) and there was a breach in regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

#### Why we inspected

We received concerns in relation to how people who displayed distressed behaviours were supported, staff not wearing PPE in line with guidance and the oversight of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for El Marsh Supported Living on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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.

We have identified breaches in relation to regulation 12, safe care and treatment and regulation 17, governance at this inspection.

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

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?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# EL Marsh Supported Living

## 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.

#### Inspection team

The inspection was carried out by one inspector and an assistant inspector. An Expert by Experience completed telephone calls to relatives following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. One manager had made an application, and a further manager was in the process of applying to become the registered managers.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service supports people at multiple locations, and we wanted to ensure documentation from some settings was available to review on arrival.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 used all of this information to plan our inspection.

#### During the inspection

We visited one person who used the service in their own home and spoke to four relatives about their experience of the care provided. We spoke with 15 members of staff including managers and care workers. We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervisions. 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, monitoring records, policies and procedures and quality assurance records.

# 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 requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

- At our last inspection we had concerns about the lack of guidance for staff to support people who had epilepsy. At this inspection we continued to have concerns and we found inconsistent advice in two people's care plans. Staff we spoke with did not have good knowledge about people's epilepsy and staff training in this area had not been effective.
- Where people required prescribed medicines to be given to treat seizures in an emergency situation the protocols in place contained conflicting information about when this should be administered. Some staff had not received the training in how to administer the medicine. Although the people hadn't had any recent seizures, this increased the risk of unsafe and potentially life-threatening care. Training was arranged for staff by the manager when we raised our concerns.
- Where people needed support with their nutrition and hydration due to a dietary need, records were not fully completed. There was no guidance for staff about when to raise concerns with the relevant professionals.
- We had concerns about the support given to people who may require the use of physical restraint to support them to remain safe. One person had changes in their staff team and not all staff working with them had received training in how to safely use restraint techniques. We found one occasion when restraint had been carried out by a staff member who did not have the training. This meant there was a lack of assurance that restraint was being used in a safe way and increased the risk of harm.

All reasonable steps had not been taken to reduce risks associated with people's care which placed people at risk of harm. This constituted a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we found concerns that medicine administration records (MAR) were not always completed and contained gaps. At this inspection we found recording of medicines had improved.

Preventing and controlling infection

- Some staff were not part of the provider's regular testing regime for COVID-19 to minimise the risk of infection. We spoke with six staff about testing, and five told us they weren't being tested in line with COVID-19 government guidance. We raised our concerns with the provider, and they took action to address this.
- The provider was not using personal protective equipment (PPE) effectively and safely. A number of staff told us they did not wear face masks when supporting a person who was clinically extremely vulnerable. Staff we spoke with did not know the correct order to put on and take off their PPE. This is important as it helps to reduce the risk of contamination and helps to protect from the risk of infection. The provider did



not have a system to check competency in this area. After raising this with the provider they took immediate action to improve their system.

- The provider's infection prevention and control policy was up to date, but they hadn't ensured it was being followed in practice or taken all the steps required to mitigate the risk of infection transmission.

The provider had failed to ensure effective infection control measures were in place to keep people and staff safe. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- Improvement was required to ensure the provider's recruitment process was followed. We found some gaps in one staff member's employment history and the provider hadn't always evidence they had checked staff's identity documents prior to them starting work. We shared our concerns with the human relations manager who took immediate action to address the concern.
- Most relatives told us support was given from a consistent staff team. One relative said, "[Person] usually has the same carers about four to six regular ones." One relative told us, "I think they have got it right with the staff team that supports my [relative], there is consistency which is good."

#### Systems and processes to safeguard people from the risk of abuse

- People and most relatives told us they felt safe. One relative told us, "I feel that my [relative] is safe and well cared for, they always look clean, I have no concerns." However, another relative told us they did not receive communication from the service about their relative so did not have assurances they were safe. We fed this back to the managers and they agreed to make contact.
- People were supported by staff who understood the signs of abuse and appropriate action to take should they have concerns. One staff member told us, "I would report it immediately to a manager."
- The provider had effective safeguarding procedures and carried out investigations in response to safeguarding concerns. The outcome of safeguarding investigations were reviewed and action taken to mitigate risks.

#### Learning lessons when things go wrong

- The provider had not always made improvements when required. Two concerns we identified at the last inspection had not been addressed. This included inconsistent guidance in care plans for people with epilepsy and recording of mental capacity assessments.
- Staff completed a debrief after the use of physical restraint to reflect on the incident and review if any changes needed to be made to the person's care. However, it was not always clear how some of the recommendations were put into place and care records had not always been updated.
- The provider had reviewed their management structure in response to the whistle blowing concerns raised. They had made changes for the managers to spend more time with people and staff in order to improve communication and identify concerns.

# 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 requires improvement. At this inspection this key question has remained the same. 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider had not always kept accurate records in relation to decisions made on behalf of people. At our last inspection we found where the provider had referred to the local authority to make a Court of Protection application, there was no evidence that people's capacity had been assessed prior to this. This continued to be a concern at this inspection. At our previous inspection the manager had said the local authority had completed assessments and would request information for people's care files however this was not included in the care records we viewed.
- When mental capacity assessments had been completed they lacked detail to evidence how the person had been involved and how each decision had been assessed. There was also inconsistent recording of best interest decisions. The provider had not identified this concern or that this was not in adherence with their mental capacity policy.
- Whilst we saw evidence managers were involved in multi-disciplinary meetings to discuss and agree on decisions about people's care where they lacked capacity. When staff were responsible for carrying out the action on behalf of the person, there were inconsistent records of mental capacity assessments and best interest decisions.

The failure to ensure records are complete, detailed and accurate was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although the recording of these actions required improvement we found people were supported to make

their own decisions or decisions were made in their best interest. Staff told us they had received training on MCA and told us how they supported people to make decisions. One staff member said, "We help [person] make the best decision they can for themselves." The person we spoke with also confirmed they were supported to make their own decisions in relation to how they wanted to spend their day and what they wanted to eat

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- Some staff had not been trained in epilepsy and how to safely use physical restraint. This was despite them supporting people who required this support. When we raised the concern, the manager told us this was because of a change in the staff team, however they had not identified this concern or taken action.
- New staff completed an induction and mandatory training when they first started work. Staff were supported in their role with staff meetings and regular supervisions.
- The provider carried out an initial assessment of people's support needs so they could be sure they could support people how they wanted. People using the service and their family members were involved in the initial assessment.

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

- One person told us staff supported them to make choices about food. They told us, "We go shopping together."
- We found people's cultural dietary needs were recorded in care records and staff told us how they supported one person to ensure they received culturally appropriate food.

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

- People and relatives told us they were supported to access health care professionals. One relative said, "They take him to see the doctor and other health needs, they keep an eye on everything." Another told us, "The carers are regularly in touch with the psychiatrist."
- Records showed that people were referred to specialist teams when required. The service worked with district nurses and speech and language therapists.
- One person told us staff supported them to go to the gym on a regular basis.

# 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 requires improvement. At this inspection this key question has now deteriorated to 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.

At our last inspection systems and processes were not enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems had failed to identify some staff were not wearing PPE correctly or part of a testing regime. We found concerns about managers knowledge in relation to infection prevention and control, and their responsibilities. After raising this the provider put an action plan in place which addressed our immediate concerns.
- Audits of care records had been ineffective and had not identified where guidance was conflicting or when monitoring records were not being fully completed. This had been identified at our last inspection but had not been addressed.
- There had been ineffective oversight to ensure all staff had the relevant training to meet people's needs. For example, training in epilepsy and restrictive interventions.
- The provider had failed to identify lack of adherence to their policies. Mental Capacity assessments had not always been completed and did not evidence how each specific decision had been made. IPC practices were not completed in line with their policy.
- We found some continued concerns at this inspection which had been identified at the last inspection in relation to care records where people had epilepsy and the recording of mental capacity assessments. The provider had failed to take sufficient action to address the issues and improve the quality and safety of the care provided.

The provider's failure to ensure effective systems to monitor the safety of the service was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We received mixed views from relatives about whether the service supported people in a person-centred way. One relative told us, "They take [person] out every day, he has all male care staff... he likes to have male staff." Another relative said, "If I was to change anything, I would include someone with an

understanding of our culture and improve communication." We discussed their concerns with a manager who agreed to make contact to discuss further.

- The management team completed audits to have oversight of the care provided. This included a person-centred audit to gain people's views on the care they received and any changes they wanted to make. However, the audits had not identified the concerns we found on the inspection.

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

- We received mixed views from relatives about the communication with managers. One relative said, "Yes I know the manager. If I leave a message, they always get back to me." Another told us, "Communication was poor, but lately there has been a management change and things have got better." However, one relative was concerned about poor contact. They told us, "In the last couple of years a lot has changed, and I wouldn't know who to complain to anymore."
- Although surveys were carried out with people and staff to gain people's views, the number of staff responding was very low and some staff told us managers were not always responsive when they raised issues. The provider told us they were making changes to the management structure, so managers had more availability for staff.
- Most staff told us they felt supported by managers. One staff member said, "Managers are supportive. They come every day to see how [person] is doing." Another told us, "There is support from manager 24 hours, we can call them."

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 management team was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- At the time of the inspection there was no manager registered with the care quality commission (CQC). Two managers were going to apply to share the registered manager position. One manager had submitted their application and another manager was in the process of applying.

Working in partnership with others

- The service worked in partnership with other professionals and agencies to support people who had complex needs.