

## Paradise Lodge Care Home Limited

# Paradise Lodge

### 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected all three of Paradise Lodge Care Home Limited services, known as Paradise Lodge, Chignal House and Willow Tree Lodge, over a period of three days, 07, 08 and 12 March 2018 as these services are all in close proximity.

The inspection of Paradise Lodge took place on 07 March 2018 and was unannounced.

Paradise Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Paradise Lodge accommodates five people in one adapted building.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

There was a manager in post. Following an interview with CQC they have been approved as the registered manager as of 16 March 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection found that, there was a breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to information not being analysed to identify an overall picture of how well the organisation was meeting people's needs and performing. Although the provider spent a lot of time working across all three services, we found a lack consistency in outcomes for people. The provider and manager had not always understood their responsibilities concerning management of risk and regulatory requirements in relation to health and safety, mental capacity and deprivation of liberty. The provider told us that they were in the process of selling this service and this had resulted in some procedures and processes had fallen behind those at their other services.

The manager and staff did not fully understand the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults who use the service by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who consider whether the restriction is appropriate and needed. The lack of governance and poor understanding of the appropriate decision making process and establishing people's capacity to make decisions had placed people at risk of harm and / or abuse.

A contingency plan was in place with contact details for staff to respond to in emergencies and staff knew

who to contact should an emergency occur. The service had infection prevention and control systems in place, which ensured people's health was protected. Staff were trained and understood their roles and responsibilities for maintaining cleanliness and hygiene.

Safeguarding matters and people's finances were well managed. Staff managed the complex needs of the people well and understood the support they needed to keep them safe. Where people had moved from a previous service, relatives were complimentary about how staff had supported their family members to make this transition.

There was sufficient staff on duty to keep people safe. A thorough recruitment and selection process was in place, which ensured staff recruited had the right skills and experience, and were suitable to work with people who used the service.

Staff understood what people could do for themselves, where they needed help and encouragement and how they communicated. Staff talked passionately about the people they supported and knew their care needs well. People's care plans were regularly reviewed to ensure they reflected people's current needs and covered all areas of the person's health, welfare and safety. These provided detailed guidance for staff to know how to support and provide care and treatment. Different communication methods had been used to support people to understand information about their care and decide how they spent their day. People were supported to carry on with their usual routines, shopping and accessing places of interest in the community.

People were provided with sufficient to eat and drink to stay healthy and maintain a balanced diet. People had access to health care professionals, when they needed them.

The provider's mission statement contained a clear vision and strategy to deliver high-quality care and promote a positive culture achieving good outcomes for people. Staff were clear about the vision and values of the service in relation to providing compassionate care, with dignity and respect. Equality and diversity, was understood and promoted across all three services owned by the provider. The provider had taken steps to meet people's cultural needs.

People's relatives and staff spoke positively about the provider and the manager. Staff felt supported and said there was good communication between the management and themselves Staff felt supported. They described both the provider and manager as approachable, very hands on, supportive and demonstrated good leadership, leading by example.

At the time of our inspection, no one using the service was nearing the end of their life, and therefore we were unable to assess how this aspect of the service was managed. However, we noted that peoples' care plans did not contain information about people's preferences regarding future care at the end of their life, where they wished to die or their spiritual and cultural needs.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

Risk assessment and risk management procedures did not ensure people were safeguarded from abuse.

Medicines were not administered in accordance with current legislation and guidance.

There were sufficient staff to meet people's needs.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff did not have a good understanding of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

NICE guidance regarding the management of specific conditions was not always followed.

People's needs were assessed before they moved into the service and support provided during the transition to their new home.

People's nutritional needs were met.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

People had positive relationships with the staff who supported them. Staff were caring but were not supported in their role to demonstrate people were being kept safe overall.

People were supported to express their views and make decisions about their care and support.

Staff treated people with respect and maintained their privacy and dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

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People received care that was responsive to their individual needs.

People had opportunities to take part in activities that they enjoyed and to be involved in their local community.

There were appropriate procedures for managing complaints

### **Is the service well-led?**

The service was not always well-led.

The providers systems to assess and monitor the quality of the service was not used consistently across the organisation to ensure people were protected from the risk of harm.

The provider and manager had not always understood their responsibilities concerning regulatory requirements in relation health and safety, the mental capacity and deprivation of liberty and working in partnership with stakeholders, such as the local authority and CQC to share information.

Staff were clear about the vision and values of the service in relation to providing compassionate care, with dignity and respect.

**Requires Improvement** 

# Paradise Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected three of Paradise Lodge Care Home Limited services, known as Paradise Lodge, Chignal House and Willow Tree Lodge, as these services are all in close proximity. The inspections took place on 07, 08 and 12 March 2018. The first inspection of Paradise Lodge on 07 March 2018 was unannounced. The following inspections on 08 and 12 March 2018 were announced. The inspection team consisted of two inspectors

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send to us by law. We also looked at information sent to us from others, for example the local authority. We used this information to plan what areas we were going to focus on.

During our inspection we observed how staff interacted with people. Not everyone chose to or were able to communicate effectively with us. We spoke with one relative, two support staff, the manager and the provider. We looked at two people's care records, three staff files and reviewed records relating to the management of medicines, complaints, staff training, records in relation to maintenance of the premises and equipment and how the registered person monitored the quality of the service. After the inspection visit we received feedback from two relatives of people living in the service.

## Is the service safe?

### Our findings

We looked at how medicines were managed and administered by the service. We checked the quantity of medicines held in stock to ensure there was the correct amount when checked against the Medicines Administration Record (MAR). We found that there was an amount of a particular medicine held in stock which had not been prescribed. We spoke with a senior member of staff who was responsible for administering medicines on the day of our inspection. They told us that the person had previously been prescribed this medicine to be administered when required and showed us the service protocol for administering this medicine to this person. However, when we checked the MAR charts for the person this medicine had not been prescribed since November 2017. The member of care staff did not understand that as the medicine was not on the MAR sheet as having been prescribed it could not be held in stock to be administered to the person should they require it. We brought this to the attention of the manager who addressed the situation and assured us that any excess medicines would be returned to the pharmacy. Holding medicines in stock when they have not prescribed could mean that a people received inappropriate medicines.

One person's care plan showed that they were allergic to a particular medicine. This was not recorded on their MAR sheet and the section for recording allergies recorded 'none'. When staff had checked the MAR and associated medicines into the service they had not ensured the MAR was accurate. This meant that the person could have been given a medicine they were allergic to.

One person had their medicine prescribed as to be given mixed with juice. Staff said that the family had told them that this was how the person took their medicine as they would not take it if it was not concealed in juice. We asked to see the relevant best interest decision for this method of administration. This was not in place and there was no clear decision making process as to why the medicine was being administered this way. This does not comply with the Mental Capacity Act 2005.

Medicines were stored in a locked cabinet in the service office. There was a thermometer in the cabinet. However, staff told us that the temperature was not checked or recorded to ensure that it remained within acceptable limits. Excessively high temperatures may cause some medicines to be less effective.

We asked staff for the service medicines policy. We were given a policy dated 2 July 2012. This policy did not make any reference to the covert administration of medicines. The policy also referred to a lockable fridge being provided. We confirmed with staff that the service did not have a medicines fridge. The policy was out of date and did not provide staff with the relevant guidance to administer medicines safely. We confirmed with staff that this was the policy being used by the service.

Risks to individuals and the service were not managed so that people were protected from the risk of harm. A relative told us about an incident where the person had left the service unsupervised and had been returned by the police. The risk of the person absconding were known to the service but adequate measures had not been put in place to prevent this happening. Following the incident the service put further measures in place to protect the person. However, no investigation into the particular incident, to establish how the

person had been able to leave the building unobserved had taken place. We saw there were three incidents recorded in the service accident and incident book where people had been exposed to incidents which put them at risk of harm. For example two of these related to allegations of inappropriate sexual behaviour which had previously been identified as a risk in their care plans. Following these incidents there had been no review to reassess the risk and ensure appropriate actions had been taken to prevent further occurrences.

The above paragraphs represent a breach of Regulation 12 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

People were not protected from bullying, harassment, avoidable harm and abuse that may breach their human rights. Not all staff we spoke with had an understanding of what constituted abuse and how it should be reported. For example one person had a body map showing unexplained bruising. Staff were unable to explain how and if, this should be reported to the relevant statutory authority. This particular incident had not been reported to safeguarding and no investigation had taken place as to how it occurred. We are also aware of two other incidents which should have been referred to the local authority as safeguarding concerns but had not been reported. Staff told us that they would report any concerns to the manager or senior on duty. When we spoke with the senior on duty they did not recognise that the incidents should have been reported to the local authority. This meant that we were not assured that the service was safeguarding people from abuse.

We asked to see the service safeguarding policy. We were given a document which referred to the homes safeguarding policy which laid out how front line staff must report any signs or suspicions of abuse neglect or improper treatment. It was not the safeguarding policy. We confirmed with the manager that the document we had been given was the only document available relevant to safeguarding available to staff. We therefore concluded that the service did not have a safeguarding policy available for staff to refer to. The lack of an available policy meant staff did not have access to the service procedures to raise safeguarding concerns and ensure they were dealt with effectively.

This was a breach of Regulation 13 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

A contingency plan was in place with contact details for staff to respond to emergencies, such as power failure and staff knew who to contact should an emergency occur. Each person had a personal emergency evacuation plan (PEEP) which contained comprehensive detail about their individual needs and how staff should support the person in the need of evacuation in an emergency. Where a fire drill had been carried out the service recorded the reaction of each person to the drill to ensure it was appropriate. The service conducted monthly health and safety checks to ensure people lived in a safe environment.

Staff had received training in managing challenging behaviour. One member of staff gave us an example of how they had managed one person's behaviour when they had become anxious. They had a good understanding of what action to take to prevent incidents occurring and the triggers, which had the potential to cause people distress. Staff were clear that the service had a 'no restraint' policy in place and were able to talk through 'distraction techniques' used to deescalate people's behaviours when anxious or distressed to minimise the risk of harm.

Relatives we spoke expressed concerns that staff were always under pressure. One relative told us they had raised concerns about the number of staff and were meeting with the manager to discuss this further. Staff told us there were sufficient staff to meet people's assessed needs. One member of care staff said, "I am confident there are enough staff to do the job." The manager told us that there was not a dependency



assessment tool to assess staffing requirements but that staffing levels were continually adjusted according to meet people's care needs and support their various activities. They went on to tell us that when two new people had moved in to the service the regular staffing numbers had been increased by one during the day. They also told us how staffing was being managed to meet one person's cultural preferences. Staff worked flexibly across the providers three services to support people's social inclusion.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for two staff. We found that the relevant background checks had been completed before staff commenced work at the service.

The service had infection prevention and control systems in place, which ensured people's health was protected. Staff were trained and understood their roles and responsibilities for maintaining cleanliness and hygiene. These included regularly cleaning of premises and equipment, hand hygiene, safe handling of soiled linen and waste and when required staff wore Personal Protective Equipment (PPE). People were encouraged to take part in daily living tasks keeping their home clean and tidy. Staff had completed food hygiene training and the service had procedures for the safe preparation and storage of food. The Food Standards Agency (FSA) had given the service a food hygiene rating of five at their last inspection. The Food Standards Agency is an independent Government department, which rates services reflecting the standards of food hygiene, five being the highest.

## Is the service effective?

### Our findings

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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

We found staff had a mixed understanding of the MCA. The manager and the senior carer were unclear about when a MCA assessment should be completed. Although, they both understood people must be assumed to have capacity to make decisions unless proven otherwise they were unclear about when and how the MCA should be used to support the decision making process. Records showed that staff had attended MCA training. However not all care staff spoken with had a good understanding of this legislation and when this should be applied. When asked about their understanding of the MCA one member of care staff said "Is that consent? You have to fill in forms. [Manager] deals with that."

None of the people's records we looked at contained evidence that people's capacity to make decisions had been appropriately assessed. Records did not demonstrate that the process for making decisions under the MCA had been applied correctly with some MCA forms containing contradictory information. Not all care plans reflected that appropriate consultation had taken place with people's family or other professionals, when making decisions about their care and treatment and evidencing if this was in their best interests. Assessments had not been reviewed regularly. Failure to regularly review these assessment could mean that if a person's capacity changed this was not recognised.

We found one person's care records contained information showing that their medicine was administered covertly in food due to their refusal to take the prescribed medicines. A best interest meeting had not taken place. There was no clear decision making process recorded as to why it was in the person's best interest to give the medicine covertly.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The authorisation procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). The MCA DoLS require providers to submit applications to a supervisory body for authority to do so. DoLS authorisations for all of those living in the service had been submitted to lawfully deprive them of their liberty for their own safety. We saw an example of where the service had taken a person out and they had behaved inappropriately on the highway putting themselves and other road users at risk. The service had not submitted an urgent DoLS request. We are aware that this person has subsequently had DoLS authorised due to a different incident.

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

The service carried out pre-admission assessments to ensure that they understood and were able to meet people's health, care and medical needs. We found that the assessments for people were person centred and holistic. Assessments were completed with the person and in partnership with relatives and other healthcare professionals. For one person who had recently moved into the service the service had facilitated them visiting the service before moving in and staff had visited them in their previous home. This meant that the person would be familiar with their surroundings and care staff before moving into the service which reduced their stress and anxiety about the move.

For one person living with epilepsy we found that the service was not following appropriate NICE guidelines in relation to their condition. These guidelines say that everyone living with epilepsy should have a regular structured review at least yearly with their GP or a specialist. Records did not demonstrate that this had taken place. We asked the manager if a regular review of the person's epilepsy took place and they confirmed that it did not.

We recommend that the service seek appropriate professional advice regarding the management of epilepsy.

One person's care plan demonstrated how following admission to hospital the service had worked with other care professionals to ensure the discharge was successful. This included the district nurse, GP, neurology department from the local hospital and dietician.

Relatives were confident their family member's health was being monitored and that they were kept informed if they were unwell. One relative gave us examples of health care appointments their relative had attended.

All newly recruited care staff attended an induction which included areas such as orientation to the home, health and safety, residents' likes and dislikes and policies procedures. There was documentary evidence that inductions had taken place. New staff also undertook the care certificate a nationally recognised induction programme for new staff. Care staff then attended training in core areas such as safeguarding, moving and handling, first aid, fire awareness and health and safety. Staff were complimentary about the face to face training received. Records confirmed that staff received training in these core areas, as well as additional topics such as Makaton, and de-escalation techniques. Although staff had received training in relation to the MCA they had very little understanding about the legislation and how this should be applied. We were concerned about the quality of the training due to staff poor knowledge and understanding of safeguarding and MCA.

People had their nutritional needs met. Staff told us that they had a weekly meeting with people on a Sunday to decide the menu for the coming week. Staff supported people to ensure a balanced diet and healthy choices were selected. A relative told us how one person had been supported to lose weight. The menu catered for people's individual needs, personal and cultural preferences. Information in care plans supported staff with awareness of people's likes and dislikes.

We saw people moved freely around the premises and gardens. People, had their own bedrooms and could choose to spend time in communal areas or alone in their rooms.

## Is the service caring?

### Our findings

Relatives were positive about the caring and compassionate manner of the staff and management team. One relative said, "Staff are really good." We saw staff were considerate and respectful when referring to people and their needs. People were comfortable around each other and the staff who supported them. Staff listened attentively when people spoke and gave them a chance to talk about their plans for the day.

People were supported by staff who knew them well and understood the support they required. Staff we spoke with were able to describe people's individual needs and preferences about how they liked their care delivered and how they liked to spend their time. This was supported by good information in care plans.

We found staff responded to people's individual communication needs and adhered to the Accessible Information Standard (a requirement to ensure anyone with a communication need is assessed so they receive all the information they need). The registered manager told us staff used pictorial signs and Makaton sign language as required. We saw this demonstrated when staff were communicating with people.

People using the service and their relatives were involved in making decisions about their care. One relative said, "Before [Person] moved into the service I told them all I knew about [Person] and we wrote [Person's] care plan."

People using the service were supported to express their views. Their care records showed, where possible they had been involved in making decisions about their care. Photographs helped people to discuss activities they had taken part in and plan future activities. Where people had been unable to provide input into their care plans, family members had signed to say they agreed with the contents of the plan. Additionally, the manager showed us questionnaires asking people a series of questions about the quality of the service they received at Paradise Lodge, including if they were happy with the staff and the service in general. Although these questionnaires had been developed using easy read type, pictures and symbols to aid people with limited communication to complete, the person's key worker or another member of staff had assisted the person to complete the questionnaire. We shared our concerns that given as it was staff asking the question if people would feel comfortable about providing a true response and whether or not it would be better if an independent person, such as an advocate was involved. Advocacy services help vulnerable people to access information and services, be involved in decisions about their lives, explore choices and options, defend and promote their rights and responsibilities and speak out about issues that matter to them.

The manager told us that they involved people in the recruitment process by sitting in on interviews of applicants who had applied to provide care. Staff told us they supported people to make their views known for example by asking them how they liked to spend their day and what meals and activities they enjoyed. We saw people were involved in planning for outings to places of interest to them. Care plans showed people's routines, likes, dislikes and preferences. Daily observation records showed staff delivered people's care in line with their support plans.

People were treated with respect and their privacy and dignity maintained. We observed staff providing support in a timely and appropriate manner. For example helping a person put on their coat before going out with a relative. People's privacy was respected; we saw that some people chose to leave their bed room doors open whilst others had them closed. Staff told us they provided people's care behind closed doors or bathrooms and knocked on their bedroom doors and waited to be invited in. People who required support with medicines or prompting for personal care were helped in a discreet manner to uphold their privacy and dignity.

Relatives and friends could visit the service freely. One relative told us how they visited and took their relative out regularly. They also told us how they worked with the service supporting the person with their preferred activities. Another relative told us how staff had enabled them to attend a hospital appointment with their family member.

People's records and information was stored securely at the service. Staff respected people's confidentiality and ensured discussions about them where in private. Computers were password protected and records were kept in lockable cabinets to minimise unauthorised access. This ensured people's information was protected.

## Is the service responsive?

### Our findings

Care plans were detailed and included information about people's preferences and how they liked to be supported. They were divided into three sections which clearly showed how people's physical, mental, emotional and social needs were met. For example in the section relevant to mental health one person's care plan stated that they needed consistency with routines to maintain their mental health. All of the care plans we looked at contained information as to how people's spiritual and cultural needs were met. This included support with attending a place of worship or maintain their preferred diet.

People received care and support which was responsive to their needs. A relative of a person who had been living in the service for three months told us that, "They [person] have moved on no end," since moving into the service. They went on to tell us that at their previous home the person had not wanted to return after trips out with them [relative]. However, at Paradise Lodge this was not the case and the person was now, "Happy to go back."

Each person using the service had a nominated a key worker to enable a higher level of consistency in the care and support they received. [A key worker is a named member of staff who works with the person and acts as a link with their family]. This role ensured staff working with the people understood their needs, their life history and were aware of things that may define them such as their cultural background, gender and personal preferences. They also had a key role in supporting people to keep in contact with their family, ensure they had adequate toiletries and ensure they maintained their personal hygiene.

People were supported to access education and activities in the community. A relative we spoke with told us how, since moving into the service their relatives' reading and writing had improved. Staff told us how they had worked with the local college to encourage the person to attend. We spoke with another person who told us about the activities the service supported them to attend. This include a local multi-sports centre, canoeing and local church meetings. Referring to the church meetings the person's relative said "[Person] has a dam good natter there."

A relative told us how before moving into the service their relative had been supported to visit the service each evening for two months and had stay for increasing periods of time. This supported to the person to get know the people they would be living with and the staff who would be providing their support before they moved in. The manager told us that staff had also visited them in their previous home and worked with staff there to provide continuity in the person's care and support. This supported the person to achieve a smooth transition between services. The service had also involved the person's family in writing their care plan.

People demonstrated a knowledge of their care plans. We looked at one person's care plan with them and they pointed at the photographs of them involved in activities. One person's care plan was written in easy read format to enable them to better understand the content. Where appropriate families had been involved in writing and reviewing care plans.

One person's relative told us how the provider had installed a personal landline in a person's bedroom to enable them to keep in touch with family and friends. This person's care plan recorded that staff supported them to make a phone call to a particular friend each day. This meant that the person was able to maintain contact with friends and relatives.

The service had a complaints policy in place which detailed how complaints should be managed. This was available in easy read format to people using the service. The service had not received any formal complaints. The manager told us they had regular contact with people's relatives by telephone or when they visited and any issues or concerns were discussed and resolved at the time. The manager told us outcomes of investigations were shared at meetings to learn from things that had not worked as well as expected. Staff told us they were aware of the complaints procedure and knew how to respond to complaints.

At the time of our inspection, no one using the service was nearing the end of his or her life, and therefore we were unable to assess how this aspect of the service was managed. We asked the registered manager if any end of life planning had taken place with people and their relatives. They told us that to date this had not taken place.

We recommend that the service seek guidance from a reputable source, about supporting people with learning disabilities to express their views and involve them in decisions about their end of life care arrangements.

## Is the service well-led?

### Our findings

At this inspection, we found that, although regular checks of people's care and the service were made, the information was not being analysed to identify an overall picture of how well the service was meeting people's needs and performing. The provider told us they spent a lot of time working in all of their services and that this gave them oversight of what was happening on a day-to-day basis. However, we found a lack of consistency in the service people received across all three services. The provider and manager did not work together to ensure necessary improvements were made and best practice shared with staff across the three services. For example, we identified medicines issues at both Paradise Lodge and Chignal House, but not at Willow Tree Lodge.

The provider and manager had not always understood their responsibilities concerning management of risk and regulatory requirements in relation to health and safety, mental capacity and deprivation of liberty. The lack of governance and poor understanding of the appropriate decision making process and establishing people's capacity to make decisions had placed people at risk of harm and / or abuse. Additionally, there was a lack of formal and effective auditing by the manager and provider. The manager told us they had carried out regular audits of medicines, but we found concerns with medicines in two of the three services. At Paradise Lodge this had led to medicines which were no longer required being held in stock. Risk was not managed effectively. Incidents of concern were not fully investigated to identify the cause and prevent future occurrences. Maintenance audits carried out by the provider had not identified issues we found during the inspection. For example one bathroom had cracked tiles and a broken toilet holder.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The provider told us they were aware of the importance of forward planning to ensure the development of the service. Although, they had worked well with health professionals in relation to people's care needs, they had not always worked well in partnership with stakeholders, such as the local authority and CQC to share information about how they planned to develop the service. The local authority had raised concerns with us about a lack of response from the provider when they had tried to arrange visits. The provider had previously told us that they were selling Paradise Lodge. At this inspection they told us that the sale had taken longer than expected to complete. The provider acknowledged there had been a disparity between their other two services and Paradise Road. This had been largely due to the prolonged sale of the service, and as a result they had had left existing processes at Paradise Lodge in place, which had fallen behind those implemented in their other services. This had resulted in an out of date medicines policy and lack of a safeguarding policy.

Following this inspection, the provider sent us a plan to address the issues we raised during our feedback of the inspection of all three services. This showed they had taken seriously the issues we raised and had taken steps to address these, including but not limited to carrying out an investigation into missing medicines, health and safety concerns and identifying a different training provider to deliver a robust MCA and DOLS training programme for all staff. They had also taken steps to enrol one member of staff from each service to



become a safeguarding champion. Champions are staff that have shown a specific interest in particular areas. They are essential in bringing best practice in to the service, by sharing their learning; acting as a role model for other staff and supporting them to ensure people receive good care.

The manager told us they kept up to date with current guidelines and best practice in care services through a variety of networks, including CQC web site, Essex Association of Independent Care Providers who provide forums, conferences and workshops. However, none of these forums related to most recent guidance and ways of supporting the specific client group using the service

The provider's mission statement contained a clear vision and strategy to deliver high-quality care and promote a positive culture achieving good outcomes for people. The provider told us their focus was to provide a family orientated service and integration of people into the community as much as possible. Staff spoken with were aware of the vision and values of the service and were committed to make a positive difference to people's lives. Staff told us they worked together as a team, including the provider and manager, who helped out where needed. The manager told us they had an open door policy and spent time working on the floor so that they could monitor day-to-day culture in the service. This was confirmed in conversations with staff. Staff were particularly positive about the provider. One member of staff told us, "The provider is easy to talk to and down to earth. They visit the service at least three to four times a week and at weekends. Both the provider and manager are hands on. I have never met a provider like [Name] before, they are not like an owner, and they help out, including carrying out personal care." Another member of staff told us, "The provider is approachable, hands on and always around. We are a good team. We try to do our best. The provider is constantly telling us to take people out, they like the 'guys' to have fun." Staff told us the provider took staff out once a month 'for a bit of fun' and to show their appreciation.

Staff told us regular staff meetings were taking place. The minutes of the last three meetings, showed detailed discussions about people's needs, any changes and any action to be taken and by whom, had taken place. The minutes also showed constructive discussions had taken place about policies and procedures, good practice and where further improvements were needed. Staff told us they felt well-supported and received regular supervision. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff. Information in staff files confirmed staff had a formal supervision session, a minimum of twice yearly. The sessions included medicines competence assessments, direct observations, and questions and answers about a range of topics to test staff understanding, including the member of staff describing a scenario that could happen in community, how they would assess the risk and manage the situation. Supervision record also showed staff were given the opportunity to discuss plans, ideas and their future personal development.

Staff felt there was good communication between the management and themselves. The provider told us they had implemented an electronic instant messaging service so that management and staff were able to communicate quickly and effectively. This enabled staff to work flexibly picking up shifts, where needed to support people to access activities and the wider community.

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 rights of people using the service were not protected against the risks associated with restrictions on their freedom and liberty. This was because staff lacked understanding of the MCA 2005 and DoLS and the application of this legislation, to determine whether the restrictions were appropriate and needed.</p> <p>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>People who use services and others were not protected against the risks associated with the proper and safe management of medicines.</p> <p>Regulation 12 (2) (g).</p> <p>People who use services were not protected against risks to their health and safety. This was because risks were not consistently assessed or managed to protect them from harm or the risk of harm occurring.</p> <p>Regulation 12 (2) (a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p>

The lack of an available safeguarding policy meant staff did not have access to procedures to raise safeguarding concerns and ensure they were dealt with effectively.

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

People who use services and others were not protected against the risks associated with the ongoing failure to have good governance systems in place to monitor the quality of the care provided.