

Sanctuary Ltd

12 Collett Close

Inspection report

12 Collett Close
Stourbridge
DY8 4HS

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

12 Collett Close is a residential care home providing accommodation and personal care to three people at the time of the inspection. The service can support up to four people.

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

Right Support. The provider had not always explored the gaps applicant's employment history and education before their employment. Oversight of service delivery was still being embedded. The staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care. Staff and people cooperated to assess risks people might face. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right culture. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff supported this. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 14 September 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 14 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14 September 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, employment of fit and proper persons and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 12 Collett Close on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

12 Collett Close

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

One inspector carried out the inspection.

Service and service type

12 Collett Close 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 and the providers monthly progress reports. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the nurse, care workers and the registered manager.

We reviewed a range of records. This included three people's care records and their 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. We spoke with one professional.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data 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 inadequate. At this inspection this key question has now improved 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.

Staffing and recruitment

Our last inspection found the provider failed to operate effective recruitment practices to ensure that staff were recruited appropriately and safely. This was a breach of Regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had not requested a full employment history and gaps in employment had not been fully explored. The records we inspected showed staff had previous experience in providing care to vulnerable people. The provider took immediate action to ensure they had a full employment history for all staff.
- We found the provider had not always ensured application forms had been fully completed. For example, we found applications forms did not always contain staff education and qualifications. The registered manager took immediate action to gain the records of all staff members education and qualifications.
- Our last inspection found staff had been employed without having had the necessary checks to ensure they were safe to work with vulnerable people. This inspection found the provider had completed all the necessary Disclosure and Barring checks (DBS) and risk assessments had been completed where necessary. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. A staff member told us, "I had an introduction with shadowing and am signed onto my care certificate and other training."
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. A staff member told said, "We have enough staff for people and if anyone was sick another member of staff or the registered manager will cover the shift, we are never short."

Preventing and controlling infection

- The provider tested for infection in people using the service and staff. However, testing was not always consistent because the guidance had not been fully understood by the registered manager and staff. For example, not all staff were consistently lateral flow testing before each shift in line with current government guidance. The provider took immediate action to ensure all staff tested before each shift using a lateral flow device.
- The provider prevented visitors from catching and spreading infections. There was clear signage on entry to the home and a space made available for visitors to carry out a lateral flow test before their visit. Visitors

were also provided with appropriate personal protective equipment (PPE) to wear during their visit to maintain safety.

- The provider promoted safety through the layout of the premises and staff's hygiene practices. Staff used PPE effectively and safely. A staff member told us, "We always wear masks. We also wear gloves and aprons when needed such as supporting personal care."
- The service supported visits for people living in the home in line with current guidance and supported people to visit their family members. For example, people were supported to visit family in their own homes overnight to maintain their structure and routine.

Using medicines safely

- Staff had not always completed the required checks before administering medicines to people. For example, staff had recorded a medicine for one person as administered in duplicate records with differing stock counts; the nurse confirmed the records were duplicates. We checked the persons prescription and medicine stock to confirm this was a duplicate record. We found people had received the medicines as prescribed. The registered manager took immediate action to ensure staff carried out the correct checks before administration of medicine.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People could take their medicines in private when appropriate and safe. People told us they knew when they had medicines and they took them in a private space. One person said, "I have medicines every morning and evening. I take them in the office with staff."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One person said, "If I'm not happy or worried I tell the staff and they will fix it; I like it here."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member told us, "When it comes to safeguarding, we have regular training, we want to make sure people are staying in an environment which is safe from abuse. There are no compromises with safeguarding".
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. A relative said, "[Person] is very safe, the staff and registered manager actually care about [person's] needs." Another relative said, "The staff are caring and they are detailed oriented. I can see what is happening for [person] every day as I have the app to access [person's] records and I can tell when I see [person] they are safe."

Assessing risk, safety monitoring and management

At our last inspection the provider failed to operate effective processes to assess risks to people's health and safety and mitigate risks. This was a breach of Regulation 12 (Safeguarding care and treatment) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Our last inspection found risks within the home environment had not be sufficiently assessed specifically in relation to fire risks. This inspection found the registered manager had updated the homes fire risk assessments, people's personal emergency evacuation plans and people's individual risk assessments to include risks to people and detailed how to manage these risks. For example, the risk of fire in relation to

emollient creams prescribed to one person and strategies to mitigate the risk of fire had been identified and were understood by staff.

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. One staff member said, "I know people very well and the assessments are very detailed. [Staff] know people's behaviours and the likely risks. I know [people's] triggers such as facial expressions or words that mean I need to manage potential risks."
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. The registered manager completed an analysis of all incidents in the home, identified trends and patterns and shared these with the staff team through supervisions and staff meetings.
- When things went wrong, staff apologised and gave people honest information and suitable support. A relative said, "We are in constant contact with [staff and registered manager] and they always tell how things are."

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 inadequate. At this inspection this key question has now improved 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

At our last inspection the provider failed to ensure systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Our last inspection found a failure to implement effective systems and processes to monitor health and safety and recruitment. This inspection found improvements had been made to governance systems with the introduction of new audits and oversight processes.
- Oversight of the recruitment process had improved since our last inspection and all staff were required to have DBS checks in place prior to commencing in their role. Audits were still being embedded as they had not always identified when there were gaps in the employment and education records for staff.
- Medicine oversight systems were sufficient to provide oversight of medicine storage, administration, stock and recording. However, audits were still being embedded to ensure their effectiveness. For example, we found a duplicate medicine record in one person's medication administration record (MAR) that had not been picked up by the registered manager or medicine trained staff.
- The registered manager and staff had the skills, knowledge and experience to perform their role and a clear understanding of people's needs. Staff delivered good quality support consistently. A relative said, "We had real difficulty with [person's] previous care place, I had lost a lot of faith in the system. [Person] is in a really good place and it is all down to the staff and registered manager."
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. A staff member told us, "We have regular training in all areas to help us to carry out our jobs. The registered manager and my senior are very approachable, and they will support me with anything I need such as more training or a better understanding."

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted

people's individuality, protected their rights and enabled them to develop and flourish. A staff member said, "Everything is done by the book and we are doing our best for the people we care for. We endeavour to make people safe in their home and in the community."

- The registered manager worked directly with people and led by example. They were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. A family member told us, "[The registered manager] is great we have regular contact and can speak openly and freely."

- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. A staff member said, "The management are very responsive to suggestions and new ideas and strategies. We are small but a happy family. We don't see the people we support as service users we are all together."

- Staff felt able to raise concerns with managers without fear of what might happen as a result. A staff member told us, "If I had any concerns, I would raise this to my line manager and I have no problem escalating this further if necessary." Another staff member said, "The registered manager and I are very open and they will take every concern seriously."

- Management and staff put people's needs and wishes at the heart of everything they did. A relative said, "[The registered managers] heart is for people and they genuinely care."

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

- People, and those important to them, worked with managers and staff to develop and improve the service. One relative said, "Our input is included in care plans and how to support [person]. We have access to [person's] routines, daily notes and care plans. We have a good relationship with the staff and the registered manager." A staff member said, "We have regular supervisions with the registered manager and regular staff meetings."

- The provider sought feedback from people and those important to them and used the feedback to develop the service. For example, the provider had recently sent questionnaires to families to involve them in the development of the service delivery.

- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate. A professional told us, "They were very upfront and honest."

Continuous learning and improving care

- The provider invested sufficiently in the service, embracing change and delivering improvements. The registered manager was developing and embedding new processes and procedures to improve the delivery and oversight of the service.

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The registered manager said, "We are always keen to develop and improve, we want the best for people and always work towards better meeting their needs." A staff member said, "We are a small home, but we have a very big team spirit."

Working in partnership with others

- The registered manager worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and maintain their wellbeing. A professional told us, "The home was very thorough in their preparation for the review. Paperwork was sent in advance and were able to answer queries. The individuals needs were being met."