Liaise (South) Limited

Timaru

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Timaru is a residential care home providing personal care to six people with a learning disability and/or autism. It is part of the Sequence Care Group.

People's experience of using this service and what we found
We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. This service was unable to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:
• The model of care and environment failed to maximise people's choice, control and independence.
Right care:
• Care was not always person-centred and often failed to promote people's dignity, privacy and human rights.
Right culture:
• The ethos, values, attitudes and behaviours of leaders and care staff failed to ensure people using services lead confident, inclusive and empowered lives.

People did not consistently receive care and support from staff who were properly inducted, qualified, skilled and experienced. The provider failed to appropriately deploy staff to ensure people were able to access the local community and to engage in their chosen activities. At the time of our inspection, all but one support worker were employed from agencies. None of the agency staff had received supervision or appraisal and their training needs had not been documented. Following the inspection the provider submitted additional information, stating that all agency staff had since received supervision.

People were placed at risk of harm because staff had not completed training in how to support people when behaviours challenged others. We could not be assured people were safeguarded from possible abuse because the service did not have effective oversight for identifying and investigating accidents and incidents. The provider did not have effective systems in place to protect people from avoidable harm.

People were not always protected against the risk associated with poor infection control and maintenance. Staff raised concerns about the state of the building and told us areas of the service required repair. We observed improvements were needed to promote safety.

Governance arrangements were not effective in responding to concerns about staff training, staff deployment, staff supervision, staff induction, infection control, activities, person centred care, learning

lessons, risk management and leadership.

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

Rating at last inspection
The last rating for this service was good and the report was published on 8 September 2017.

At this inspection we identified breaches in relation to four regulations. The service has now been rated inadequate.

Why we inspected
The inspection was prompted in part due to concerns received identified during our Direct Monitoring Assessment and from concerns raised by the Home Office.

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 identified breaches 4 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see what action we took at the bottom of the report.

Follow up
We will meet with the provider following this inspection to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures
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 six 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. 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?

The service was not safe.

See our detailed findings below.

Inadequate

Is the service effective?

The service was not effective

See detailed finding below.

Inadequate

Is the service caring?

The service was not always caring.

See our detailed findings below.

Requires Improvement

Is the service responsive?

The service was not always responsive.

See our detailed findings below.

Requires Improvement

Is the service well-led?

The service was not well led.

See detailed findings below.

Inadequate

Timaru

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was completed by one inspector and a specialist advisor.

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

The service did not have a manager registered with the Care Quality Commission. A new manager was in palace and they told us it was their intention to apply to become registered with CQC. Registered managers and providers 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 announced. We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or the manager would be in the office to support the inspection.

What we did before inspection
We conducted a Direct Monitoring Assessment on 15 August 2022 where significant concerns were identified. We were not assured people were being provided with safe effective care. We reviewed information we had received about the service since the last inspection. We used the information the

provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan.

During the inspection
We spoke with four support workers, the manager, the positive behaviour practitioner and the regional manager. We observed interactions between staff and people and reviewed feedback records associated with the care and support people received. We completed observations of the quality of care and support provided in the service's communal areas. This helped us to understand the experiences of people who we were unable to communicate with effectively. We reviewed a range of records. This included three people's care records and medication records. We looked at a staff file in relation to recruitment and a range of records relating to the management of the service. We also used documents provided to us during the DMA to support our judgements.

Inadequate

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

● The provider failed to ensure staff had the appropriate qualifications, competence, skills and experience to monitor safety and assess risk. At the time of our inspection, the manager told us all six people at times expressed distress or agitation when communicating and said staff were required to be trained in PROACT-SCIPr-UK. PROACT-SCIPr-UK is an accredited approach to working with adults with learning disabilities. It follows the positive behavioural support model and focuses on proactive methods to avoid triggers which may lead to behavioural challenges.

● Positive behavioural support plans detailed the types of behaviours which may be expressed and included, self-injurious harm, kicking, biting, throwing objects, spitting and pinching and scratching. Records also detailed the actions to take in a crisis which included, "PRN protocols to be followed regarding sedative medication if required". Whilst strategies were in place to mitigate risks and triggers documented, none of the support workers who were on shift had completed training in PROACT-SCIPr-UK. The Positive Support Director said, "Ten staff have done their induction for PROACT-SCIPr-UK and they will then have another 3 days in October. The 7th, 8th and 9th."

● A member of staff commented, "Training for agency workers is not good enough to keep people safe. Not enough training for challenging behaviours/restraints before starting work which leaves services users and staff vulnerable" and "Agency staff scared to work with service users. Sometimes people stay in different rooms / lock doors. Seen some agency holding plastic pipes for protection from service users (SA) or running away."

A failure to ensure staff had the appropriate qualifications, competence, skills and experience to provide safe care, placed people at risk of possible harm was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Records contained information regarding risks associated with people's care needs. Care plans were detailed and provided strategies to support people when they were expressing feelings or an emotional reaction.

Preventing and controlling infection including maintenance.

● We were not assured staff were promoting safety through the layout and hygiene practices of the premises. The Control of Substances Hazardous to Health (COSHH) cabinet was not locked and was in frequent use. This placed people at risk of avoidable harm.

● We were not assured staff followed the provider's infection prevention and control policy or the records relating to maintenance requests. One person's mattress was ripped with its foam exposed. Another person had mould in their bathroom and a broken radiator cover. Another person's floor needed to be replaced and

the flooring in the laundry room also needed to be replaced.
● A member of staff told us two people's rooms smelt of damp and in one of their rooms it smelt of sewage. They advised us the flooring in the conservatory posed a risk to people when wet as it became a slip hazard. Other concerns raised related to cracks in walls, panels falling off in the laundry room and ceiling lights not being fixed.
● We were assured that the provider was preventing visitors from catching and spreading infections. The manager checked the temperature of visitors and risk assessments were conducted.
● We were assured that the provider was using PPE effectively and safely.

A failure to assess and manage risk and prevent the possible spread infection was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment
● At the time of our inspection, there were eight support workers on shift. Six of these support workers were employed from an agency, one support worker was employed from bank and one support worker was a permanent member of staff. The manager told us the provider was in the process of recruiting support workers.
● The manager said, "We employ staff and then they leave pretty much straight away. I think this happens because they see they get paid more working for the agency" and "I think we do have exit interviews but I don't get told why they leave so it's hard to put things right to try and keep them working here." A member of staff commented, "Lots of staff leave, there are no staff left. There are many days where 100% care staff are agency. There is poor continuity for service users, staff with not enough training/understanding to provide care as required by each person" and "The team leader has left, the PSC (Positive Support Coordinator) left and even the new manager left after not long working for company."
● Due to the significant turnover in staffing we could not be assured people consistently received care and support from staff who knew their needs and understood the risks associated with their care.

A failure to deploy sufficient numbers of suitably skilled, qualified and experienced staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
● A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

Using medicines safely
● The service had systems and processes in place for the safe storage, administration and use of medicines. However, the temperature monitoring of medicines storage areas was not always undertaken and recorded.
● For medicines to be administered 'when required' (PRN), person centred protocols were in place. These provided staff enough information to administer these medicines at the appropriate times, as the prescriber intended.
● Care planning identified individuals needs and preferences, to support people using the service to take their medicines in a way that met their requirements.
● Records showed that staff had enough information to safely administer medicines, including when changes were made to medicines. However, body maps (a chart showing the front and back view of a body, to indicate where topical preparations are to be applied) were not completed.
● There were appropriate stock ordering processes in place. However, the service's stock monitoring system

previously had not been effective. The provider had systems in place to begin addressing this.
● Records showed that staff had completed medicines training. However, one member of staff had not completed the required training on time. Staff undertook annual competency assessments, although the competence of individuals carrying out the assessments, were not always checked.
● Medicines audits were completed by the provider. However, the audits did not always identify actions to be taken to make the required improvements regarding the issues we found during the inspection.
● Medicines to better support people to express their feelings or emotions were only used as a last resort, for the shortest time and in situations where people were a risk to themselves or others. People's medicines were reviewed to monitor the effects of medicines on their health and wellbeing, including evidence of the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).

Systems and processes to safeguard people from the risk of abuse
● Whilst records detailed staff had received training in safeguarding, we could not be assured people were always protected against the risk of abuse. A failure to ensure staff were properly trained to support people with behaviours that challenged, placed people at risk of harm. Whilst staff were aware of the different signs of abuse, we could not be assured the leadership team or the governance systems consistently identified potential safeguarding concerns and that referrals were always made to the relevant local authorities.
●Following the inspection the provider informed us that, "A whistleblowing scan code is displayed in all staff areas on notice boards which encourages staff members to raise any concerns that they may have". They also stated, "We have a robust system for recording and analysing incidents. Incidents are reported via our electronic system (Product). All staff have access to the system, incl. agency workers. Shift leaders ensure that all incidents are reported and recorded during the shift". However, due to the high turnover in staff and a significant lack of training, we could not be assured these systems were used effectively by appropriately skilled staff.

Learning lessons when things go wrong
● We were notified by the Home Office the provider had employed agency staff who were not eligible to work in the service. As a result, we reviewed staff records and recruitment systems to check the provider had learned lessons. We found improvements had been made and correspondence demonstrated the provider had worked with the Home Office to make improvements.

Inadequate

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now changed to inadequate. This meant the effectiveness of people's care, treatment and support did not achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider failed to assist staff to undertake training and ongoing learning and development to enable them to fulfil the requirements of their role. Agency staff had not always received training specific to people's diagnosed conditions and there were no learning and development plans in place to support their training and development needs. A member of staff said, "To be honest, I don't have training here."
- The provider's supervision and appraisal policy stated, "This policy will provide a framework for the one to one supervision of all staff whether on a temporary (including agency staff), permanent, full time or part time basis" and "The frequency of formal supervision for care workers is every 6 weeks. These should be regarded as an absolute minimum." We found no record of staff supervision and appraisal for agency staff. The regional director said, "Agency staff should be part of the supervision process." However, the manager told us agency staff did not receive any formal supervision, appraisal or competency assessment. Agency staff confirmed this was accurate but told us they could access advice from the manager if they felt it was needed.
- Agency staff were not appropriately inducted into their role. The provider's induction record stated, "As part of working with us, you will be required to go through some key points at the home where you will be working at" and "You will be allocated a supervisor or Induction champion who will go over with you some of the health and safety information such as fire assembly points, risk assessments and reporting procedures." We found induction records were not always fully completed, signed or dated and two records of induction were blank. We asked the manager why they were not completed properly and they said, "I am sorry I don't know why this is". This meant people were placed at risk of significant harm because staff were not properly trained to meet their needs or understand the risks associated with their care.

A failure to deploy suitably skilled, qualified and experienced staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Due to the concerns regarding staff deployment, training and competency, we could not be assured care and support was consistently delivered in line with best practice guidance and law.
- Assessments were completed before people moved into the service. These identified people's needs and the choices they had made about the care and support they wished to receive.

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

- Due to the lack of training, we could not be assured staff were sufficiently skilled to recognise possible

physical and mental healthcare needs. This placed people at risk of not receiving appropriate care and support form external professionals.

● The manager and staff did support people to access services to have their COVID injections and these decisions were made appropriately and in line with the requirements of the Mental Capacity Act 2005.

● Documents recorded occasions where people were referred to healthcare professionals such as speech and language team, GP's and the dentist.

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

● The provider's governance system was not always effective in identifying the actions required to support people to maintain a healthy weight. For example, one person gained weight and another person had lost weight. When we asked the manager why this happened they said, "It's just what they do".

● Snacks or other food was available between meals for those who preferred to eat 'little and often'. We found no evidence to suggest people were provided with poor nutrition and hydration. During our inspection we observed people eating and drinking at regular intervals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The manager had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

● Records showed MCA assessments and best interest decisions were made where needed.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

● The provider failed to ensure the requirements of Right Support, Right Care, Right Culture were consistently met. For example, the model of care and environment failed to maximise people's choice, control and independence. Care was not always person-centred and often failed to promote people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff failed to ensure people using services lead confident, inclusive and empowered lives.

Respecting and promoting people's privacy, dignity and independence

● People were not always treated with dignity. On numerous occasions during our inspection we found staff failing to engage with people whilst sitting on chairs looking at their mobile phones. We brought this to the attention of the manager who told us this was not acceptable. Staff were not always aware of people's hobbies or interests or how to engage with them in a meaningful way. The manager told us they were concerned for people because some agency staff had no basic knowledge of how to care for people and told us he needed to safeguard them (people).

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

● The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was evidence that people's preferences and choices regarding some of these characteristics had been explored with people and had been documented in their care plans. Staff told us they respected people's protected characteristics and said they would assist and support people without discrimination and involve them as much as possible when helping them to make decisions.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now changed to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Due to the significant lack of permanent qualified and skilled staff, people were not always provided with sufficient stimulation and engagement. The manager told us two people enjoyed being taken for a drive in the car and said, "I am the only driver out of all of the staff so if I am not here then people can't go out. I have just come back from holiday and I was not happy because people didn't do anything" and "They (people) used to go horse riding, used to go for cycling, all of them used to go swimming. The other thing is all staff need to be trained. It doesn't happen now because of lack of permanent staff, no drivers. staff trained to go swimming have left, four left in July." Due to the high turnover in staff we asked if the provider had conducted staff exit interviews to determine the reason why they left. The manager said, "I am sure there is exit interviews, but I don't ever get feedback about why people left. It's not helpful because we then don't know what to improve but I think it's probably pay."
- A member of staff commented, "Not enough staff for [people] to do activities (such as swimming, which they pay for) which has been the case for a long time. Even if staff are available, the company cars are not available due to poor condition. Each of the two cars have been out of use for periods of months. Only one car available to use and there was a long period of time where neither car was available so [people] could not go out or do activities."
- Despite care records highlighting people's preferred activities, daily records failed to demonstrate people were regularly supported to access their chosen interests and hobbies.

A failure to engage people in their chosen activities was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs; Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Whilst people's records contained information about their preferences, these were not always respected or actioned due the lack of experienced and skilled staff in place.
- During our inspection we did observe occasions where staff interacted with people using a method they understood. We found this to be effective.

Improving care quality in response to complaints or concerns

● We could not be assured the provider had effective systems in place to receive, record and investigate complaints. The manager showed us a file which contained one complaint dating back to 13 May 2015. The file contained two compliments. It was not clear how people and their relatives could raise concerns using accessible information suitable to their understanding and ability. Therefore, we were not satisfied the provider fully met the requirements of the AIS.

End of life care and support

● At the time of our inspection nobody was receiving end of life care. The manager and staff told us they would work with relevant organisations should this be required and said people's next of kin and their power of attorney would be involved when reviewing people's needs and wishes.

Inadequate

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now changed 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of our inspection there was no registered manager in place.
- The provider's governance systems were not effective in driving improvement which placed people at significant risk of harm. Audits were not effective in identifying and responding to concerns about staff training, staff deployment, staff supervision, staff induction, infection control, activities, person centred care, learning lessons, risk management and leadership. The provider failed to meet the requirements of Right Care, Right Support and Right Culture.
- Due to significant staff turnover and a lack of permanent staff, we could not be assured staff were aware of their responsibilities and understood how to respond to the risks associated with people's care.
- We notified the local authority safeguarding team about the concerns we had about the service.

A failure to ensure governance systems were effective at maintaining the quality and safety of the service and driving improvement was a 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

- The provider failed to create a person-centred culture that empowered people to achieve good outcomes. People were restricted in what they could achieve and participate in due to staffing and leadership difficulties.
- A member of staff commented, "Feels institutional with doing same things at same times with same people".

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

- Whilst the manager was open and transparent with us, we could not be assured accidents, incidents and notifiable incidents were always reported and investigated appropriately. This was because we did not have confidence in the organisation's governance systems.

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

- Mental capacity assessments demonstrated people's power of attorney had been involved in helping

people to make decisions and were involved with regards to care delivery. However, we found little evidence to suggest the provider, staff and manager had engaged with the public and staff.

Continuous learning and improving care

● Whist the provider had learned lessons in respect of recruitment, we were not satisfied the provider had effective arrangements in place to learn lessons from incidents and accidents in relation to people's healthcare needs.

Working in partnership with others

● Records demonstrated the manager and staff worked in partnership with internal and external healthcare professionals. However, because we had concerns about learning lessons, ineffective governance systems, unqualified staff and no registered manager, we were not confident partnership working was taking place with local authority safeguarding teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure people were provided with person centred care and did not meet the requirements of Right Care, Right Support and Right Culture.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to appropriately assess and manage risk at times.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure governance systems were effective at all times.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to deploy sufficient numbers of suitably skilled, qualified and experienced staff at all times.