CareTech Community Services Limited

Faycroft

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Faycroft is a residential care home providing personal to six people with a learning disability at the time of the inspection. The service can support up to seven people.

The home is split over two levels with the majority of bedrooms and bathrooms on the first floor. Downstairs people have access to communal facilities, and a secure garden. The home is located close to local amenities.

People's experience of using this service and what we found
People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not supported this practice.

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

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. A closed culture had begun to develop. A closed culture can be described as a poor culture where the risk of harm is increased due to a range of different factors such as, poor leadership and restrictive practice.

People were not always protected by the systems in place and risks to their safety were not always considered. Accident and incident forms were completed and reviewed but lessons were not always learnt. The guidance in place for the administration of 'as required' medicine was often generic and did not give clear enough guidance to ensure it was given at the right time. The audits and process in place had not identified all the issues found prior to recent concerns being raised.

People were supported by sufficient numbers of staff who were recruited following a check to their background, qualification and character.

We were somewhat assured by aspects of how the home was able to manage the risks associated with COVID -19 such as visitor access and touch cleaning. We were assured by the use of personal protective equipment, COVID -19 testing, and the homes ability to manage a potential outbreak.

People's care needs were not always clearly defined, and gaps were noted in the care planning process. Staff were trained in subjects relevant to their role, but we found limited evidence of specialist training especially around mental health.

People were supported to access enough to eat and drink, but we questioned whether all people were being supported to have a balanced diet. The staff worked with other agencies and plans were in place to improve the environment.

People were observed being treated with kindness and respect. However, we found aspects of people's care plan that recommended a dedicated time to talk had not happened consistently. People were able to express their views on a daily basis and their independent living skills were promoted.

The provider was able to demonstrate an understanding of their duty of candour and was working with other agencies to improve the quality of care people received.

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

Rating at last inspection
The last rating for this service was good (published 17 April 2019).

Why we inspected
The inspection was prompted in part due to a specific incident and concerns received about the processes in place to protect people from harm, the management of risk, leadership and culture. A decision was made for us to inspect and examine those risks. The specific incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to people being safe from potential abuse, safe care and treatment, consent and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will

return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Faycroft

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
This inspection was carried out by one inspector.

Service and service type
Faycroft is a 'care home'. People in care homes receive accommodation and 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. The registered manager was not available at the time of inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We reviewed the care files for three people and observed the care of all six persons living in the home. We spoke with seven staff members including, team leaders, the supporting manager and care staff. We looked at three staff files and a range of other documentation including audit reports, risk assessments and cleaning records. As part of the inspection we also reviewed records for all six people which had been taken from the home as part of an investigation.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with other agencies and senior managers from the provider to confirm the actions being taken to address the concerns found.

Requires Improvement

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

Systems and processes to safeguard people from the risk of abuse
• People had not always been protected from abuse. The culture in the home had not enabled staff to feel confident in raising concerns. Staff described a previous culture whereby speaking up had made them wary. One staff member said, "We can talk now but previously you would be viewed as causing trouble." This meant the process intended to keep people safe had not always been effective.
• From a review of the records we could see that incidents of staff needing to use physical intervention to support people were minimal. However, the care documentation which supported this practice was not person centred or in line with best practice such as that produced by the Restraint Reduction Network. There was no description of the strategies staff needed to use first or any explanation of what physical intervention techniques had been approved. This meant people were at risk of being unnecessarily held, as staff did not have clear guidance to follow.

We found no evidence that people had been harmed, however the systems in place did not always protect people and ensure staff had the confidence to speak out. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
• People were supported by staff who had received training and understood the safeguarding procedures in place.
• We asked people if they felt safe in the home. One person told us, "I feel safe here, so long as no one is having a go at us. We get on but we do have our moments." We followed this up with the staff who advised sometimes people in the home will tell each other off.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• Risk reduction strategies put in place by the provider were not always followed. For example, the fire risk assessment for the building had recently been completed and stated escape routes were clear. However, we found a lot of items stored under the stairs which was contrary to what the risk assessment stated. These items were removed before the site visit concluded.
• Not all risks to people's safety were considered. People had personal risk assessments which explored some of their complex needs. However, we found they were missing relevant information. For example, one person had a diagnosis of diabetes. Their dietary intake was considered but the associated risks they experienced as a result of having diabetes, were not.
• Risk assessments did not always contain expected risk reduction measures or offer enough explanation as to why some strategies were chosen. For example, one person who coloured their hair was not directed to complete a strand test before applying the dye. This is an industry recommendation to ensure people do not

have an allergic reaction. Instead the risk assessment suggested the person needed two staff present for the activity, but we could not find any explanation as to why.
• Accident and incident forms were completed by staff and these were reviewed by the management team. However, we struggled to find updates in people's care plans which reflected lessons had been learnt. We found one person experienced anxiety around key events such as Christmas and Halloween which often led to incidents of unsettled behaviour. We looked at the person's care plan but could not find any advice on how to effectively support the person to avoid future incidents. This meant the person and those around them, may experience a repeat of the same incidents as lessons had not been learnt.

Using medicines safely
• Staff did not always have access to up to date information about people's medicine. Information about what medicine people took and why it was prescribed was lacking from people's care plans. This meant staff did not always know why it had been prescribed and what the expected outcome was supposed to be.
• People were at risk of not receiving 'as required' medicine such as pain relief or medicine to ease anxiety at the most suitable time. We found the guidance in place was generic and did not explain how a person in pain or feeling anxious may present themselves. This meant people were could be given their medicine either too soon, too late or not at all.
• Staff did not always record people's mood to ensure accurate information could be shared at medicine reviews. People had regular medicine reviews with the prescriber who stated the staff prepared information and got in touch with them when there were concerns. Unfortunately, we noted sections of the daily records related to people's mood were not always completed. This meant we could not be confident staff were sharing accurate information when medicine reviews took place.

We found no evidence that people had been harmed, however risks were not adequately assessed, and staff did not always have access to appropriate guidance to help keep people safe. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• People received their medicine from staff who had been trained in the safe administration of medicine.

Preventing and controlling infection
• We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. This was because the provider could not evidence the touch services were cleaned on a regular basis although they did give verbal reassurance that it did happen.
• We were somewhat assured that the provider was preventing visitors from catching and spreading infections. This was because the entrance to the property being used came directly into the kitchen. This meant visitors were in communal areas before having their temperature taken and answering the Covid-19 screening questions. The provider stated they would be looking to see if using the original front door would be better.
• We were assured that the provider was meeting shielding and social distancing rules as far as reasonably possible.
• We were assured that the provider was admitting people safely to the service.
• We were assured that the provider was using PPE effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured that the provider's infection prevention and control policy was up to date.
We have also signposted the provider to resources to develop their approach.

Staffing and recruitment

• People were supported by sufficient numbers of staff. We observed people being supported with daily living tasks, activities in the home, and accessing the community. We did not observe anyone needing to wait for their care needs to be met.

• Staff were recruited following the application of a recruitment process which included checking a candidates' character, background and qualifications. These checks were completed, and we could see the documentation gathered. We found the provider's own policy of repeating background checks had not always been maintained. The provider acknowledged this and took immediate action to rectify.

Requires Improvement

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.
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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.
• People's rights under the MCA were not protected. The principals of the MCA were not being fully considered, especially when formal decisions were required. We found one person had a care plan developed for a serious health need. In the care plan there was conflicting advice regarding what the person did or did not understand, what decisions were being taken in the person's best interests and whether the person had capacity to make an unwise decision. This meant the instructions for staff were confusing and risked the person receiving care which was contrary to what they needed.
• Care records suggested the process of assessing people's capacity was often carried out without the input of others such as, professionals, family members or other members of the staff team. In another person's file we found a single staff member had completed an MCA assessment and carried out a best interests meeting without the input of anyone else. The outcome of the assessment led to the creation of a plan which restricted the person's drinks, snacks and cigarettes to hourly intervals. It was unclear if this was based on the staff members own view and whether others had been given the opportunity to make alternative suggestions.
• Records did not explain what efforts had been taken to involve people in decisions about their care or what their thoughts were on any plans being put in place. People's voice had not been documented on any of their care plans or behaviour management plans. This meant people were at risk of being excluded from formal the decision-making process.

We found evidence that people's ability to make decisions and those made on their behalf were not being considered in line with the MCA. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• DoLs application were in the process of being resubmitted by the supporting manager to ensure applications were in line with people's current care needs. Assessments by the local authority were still pending following these submissions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

• Staff did not always have access to up to date information about people's diagnosis and needs. We found examples where people's diagnosis varied depending on what document was being read. We found that not all of people's care needs were referenced in their care plan or came with an explanation. For example, some people suffered from a mood disorder or conditions such as osteoporosis. How these conditions impacted the individual on a day to day basis, was not clearly described.
• We found reviews of care documentation did happen, but they often stated, 'no change.' This was despite many being written some time ago by staff who had long since left the service. Some people had medical letters indicating a change had occurred to their treatment plan which we would expect would have been transferred to their care plan. As this did not always happen it meant people were at risk of not having all their needs understood as there was information missing or in need of updating.
• The provider had begun revising the care plans when we arrived on inspection. From a review of their action plan we are aware they have set themselves a timescale for completion of this work. The action plan is being monitored by the local authority and we will check the work has been completed on our next visit.

Staff support: induction, training, skills and experience
• Staff told us they received good training from the provider but were unsure if they had received enough specialist training. One staff member said, "We get lots of training, but I never know if we get enough for the people living here." On the training records we could see the staff had completed training such as fire safety, food hygiene, and person-centred care. There were some specialist courses delivered around behaviour interventions. However, we found limited evidence of specialist training around people's diverse range of health needs, especially mental health.
• We discussed with the management team the level of mental health training staff had undertaken and whether it was sufficient to enable staff to adequately understand people's needs and the care they required. We highlighted the fact people's care plans contained a lot of generic information which suggested a more detailed understanding was needed. The management team advised us they would be working with their training team to ensure staff had the right training and would be introducing more specialist subjects.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to have access to food and drink. However, we were not confident everyone was being encouraged to maintain a balanced diet. It became apparent during the inspection that some people had experienced restrictions in the past, especially around snacks. These restrictions had recently been lifted and we observed some people accessing multiple snacks throughout the day. Several staff were worried about the impact this would have on people's health, especially for those lacking capacity around maintaining a healthy diet. One staff member told us, "I think it is good people have a choice but some of the choices people are making are really not healthy and they are putting themselves at risk."
• People's weight had not been adequately monitored for a considerable period of time. This meant the impact of people's eating habits had not been closely monitored to ensure any action needed was taken at the appropriate time. The supporting manager was aware of the past and current concerns and informed us

they would be working with the team and community health teams to look at ensuring people were getting a balanced diet while at the same time avoiding any unnecessary restrictions.

Staff working with other agencies to provide consistent, effective, timely care
• We found evidence of the staff working with other agencies to support with people's health needs.
• Some people living in the home had moved from other locations managed by the provider. We saw evidence of transitional visits taking place prior to them moving in on a permanent basis. This meant previous staff had the opportunity to handover important information to the new staff team to ensure people received consistent care.

Adapting service, design, decoration to meet people's needs
• The property had received some attention from the provider and items were being purchased to help make the environment feel more homely. The lounge area had been refurbished and one person told us, "I like it, it's nice."
• There were some areas of the home which still required attention. For example, one person had bedroom furniture which had been damaged and was still awaiting replacement. Other areas such as the front lounge were cluttered which limited their use. We spoke to the provider about this and were advised they had plans in place to update all areas in need.

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 deteriorated 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
• People were treated with kindness and respect during our site visit. We observed people interacting well with staff, laughing and requesting their support, when needed. We observed one person becoming anxious and staff quickly diverted their attention to an alternative activity which proved effective in reducing their anxiety levels.
• We asked people if they felt well cared for and one person told us, "It's alright here, the staff are nice." We asked staff if they felt people were well treated. One staff member said, "People are well treated, and the atmosphere is loads better. Previously the home had a real edgy feel, but people are laughing a lot more." Another staff member said, "People are being well supported, it's easier for them now the stress levels in the home have reduced."
• Some people, according to their care plan, were supposed to have a weekly 'my time' session where they could speak one to one with staff and record any thoughts or feelings about themselves or what was going on in the home. We could not find evidence of these taking place in recent months. This meant people may not of had the opportunity to confide in staff if they were having issues. This also meant part of the persons care plan was not being met.
• People had been supported to understand Covid-19 and why staff were wearing masks in the house and had changed some of their usual routines.

Supporting people to express their views and be involved in making decisions about their care
• People were asked their views throughout the day and we frequently saw people making informal decisions about daily activities. We saw two people asking to go out into the community and both were supported to do so and involved in decisions about where they went. We observed another person wanting to make a call to a family member and an agreed time was discussed which suited the individual.
• Where people could not have their needs met straight away, they were offered reassurance and a reasonable explanation as to why and when they would get the support. For example, one person wanted their hair cut but with a national lock down in place this was not possible. Staff were supportive in explaining when the person would be able to go. This meant staff were listening and responding to what people were telling them about their day to day needs.

Respecting and promoting people's privacy, dignity and independence
• We observed people being supported with dignity. Conversations of a sensitive nature were held out of ear shot of other people living in the home where possible.
• People's independent living skills were seen being promoted. People were observed being supported to

clean their bedrooms and plan for a shopping trip.
• We saw that daily records had been left out in the kitchen area. We brought this to the team's attention, who immediately returned the records to the office. This was to ensure the home remained compliant with data protection regulations.

Requires Improvement

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People living at Faycroft had been exposed to a closed culture. A culture of not speaking up had developed and restrictive practice had gone unchallenged which had the potential to put people at risk of harm. The provider was still in the process of reviewing all practice which could be deemed restrictive at the time of inspection.
- Evidence of poor leadership was found. The provider's own policies and procedures were not always being met and this had not been identified by the current systems in place.
- Care plan audits did not identify inaccuracies in the content or highlighted MCA assessments which were not in line with the key principles of the MCA. Risks to people's health were not always considered and improvements to the environment were needed.
- While supervisions appeared to have ceased for a prolonged period, we did see some supervision notes where the culture of Faycroft had been raised. These concerns had not been escalated within the organisation which prevented an earlier investigation and resolution.

We found evidence that the governance systems in the home had not always been effective. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider has acknowledged the improvements needed and created an action plan to ensure these issues are addressed. This action plan has been shared with the local authority and the care quality commission.
- Notifications to the commission had been received as required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider demonstrated an awareness of their duty of candour. Families of the people living at Faycroft had been notified of the current concerns and actions being taken.

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

• People and the staff had not had their usual opportunities to speak up. It was not clear why this had happened. The provider told us they had recommenced supervisions and time was being taken to speak with people about their care needs and wishes for the future.

Continuous learning and improving care
• Since the last inspection there had been a deterioration in the level of care people received. However, since being notified of concerns the provider had acted swiftly to ensure people received improved care. Additional resources had been diverted to the service and advice was being sourced from external agencies and specialists working in other areas of the providers organisation.
• The provider told us that once the work had been completed, they would be carrying out a thorough investigation to identify the root cause of what went wrong and ensure lessons were learnt.

Working in partnership with others
• The provider had increased their work with others to improve outcomes for people living at Faycroft. Work had commenced with the local authority and relevant health teams to ensure people were able to achieve their desired outcomes and the correct processes were in place.

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 11 HSCA RA Regulations 2014 Need for consent The principals of the MCA are not being met and it is unclear if all decisions are being made in people's best interest.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety were not always considered and staff did not always have access to guidance to help keep people safe.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Physical intervention guidance was not in line with best practice.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The governance system in place had not been effective in identifying the concerns in the service.

The enforcement action we took:

A warning notice was issued to the provider