

Lambs Support Services Limited

Bank Hall Farm

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Bank Hall Farm is a registered care home providing personal care to six younger adults at the time of the inspection. The service can support up to seven people. It provides accommodation to five people who are autistic or have a learning disability in one adapted building; as well as separate accommodation in line with one person's accommodation needs.

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

The service was not safe. People's health and safety was at risk given shortcomings in fire evacuation arrangements, regular fire drills and testing of fire alarm systems. The building was not hygienic and was in need of significant improvement and refurbishment. This put people at risk of infection and the stark presentation of the building meant people did not always receive a dignified service.

People were at risk of being supported by staff who had not been sufficiently inducted or had their experience/training history gained. This was particularly the case for agency staff who had become a key part of the staff compliment in Bank Hall Farm.

People's health needs were at risk through a lack of action following commissioners' reviews, poor recording of fluid intake (in line with critical health needs) and the absence of nutritional risk assessments.

Whilst the manager has been registered on 25 May 2021, they had only commenced the role a short time before our visit and had been open and transparent about shortcomings in the quality of care; the multiple breaches of regulations we identified had not been detected previously by the registered providers' auditing systems. As a result, the service was not well led.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The service had developed in response to the needs of people with complex needs originating from a number of neighbouring authorities to the Cheshire West and Chester area. People lived in accommodation located off a main road and the property blended in with other housing in the area.

However, the accommodation was stark in appearance, requiring significant refurbishment as well as a significant improvement in hygiene standards. Governance at provider level had not detected a number of

shortcomings and this led to the risk of Bank Hall Farm developing into a closed culture with the wishes of people not at the centre of support.

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 10 November 2018).

Why we inspected

The inspection was prompted in part due to concerns received about risks to people's safety, staffing levels and risks to health identified by commissioners. A decision was made for us to inspect and examine those risks.

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

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 COVID-19 and other infection outbreaks effectively.

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

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

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 the premises, staff recruitment and training, person-centred care, dignity, safe care and treatment and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-Led findings below.

Bank Hall Farm

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 2 inspectors.

Service and service type

Bank Hall Farm 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 on the first day and announced on the second.

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, commissioners and safeguarding teams who work with the service. 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 to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

People who used the service did not use words to communicate and were not always able to provide a verbal account of their experiences of the support they received. We used observations of the way support was provided to people and their non-verbal responses to our visit and their support. We spoke with eleven members of staff including the nominated individual, operational managers, quality improvement lead, registered manager, deputy manager and support workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at staff files in relation to recruitment and training. A variety of records relating to the management of the service, including risk assessments, action plans, policies and procedures were reviewed.

After the inspection

We requested records and documentation to be sent to us and reviewed these following the inspection visit. We continued to seek clarification from the provider to validate evidence found.

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 deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management.

- The registered provider had not fully recognised the risks faced by people living in the service.
- Risk assessments had been completed for fire detection and evacuation processes yet during our visit; we identified omissions in the assessment which had not been considered. Access to the property was limited in the event of a fire due to locked gates which required immediate attention.
- One access gate was ordinarily opened by staff remotely when the call bell was activated but was not linked to the main fire alarm to enable ease of access. Another gate was locked with a coded combination lock. The use of these and their role in an emergency had not been reflected in the fire risk assessment, but subsequently had been included in the fire evacuation procedure.
- The last fire drill took place in March 2021 and personal emergency evacuation plans had not been reviewed since May 2021. No staff had received training in testing fire detection and prevention systems, and this had been the case since the alarm was last tested in August 2021. This placed people at significant risk of harm in the event of a fire.
- No nutritional risk assessments were in place for people. Commissioners had raised weight monitoring for one person as a concern in August 2021, yet no action had been taken to put effective measures in place to manage the risk. This meant that people were at risk from harm from poor management of their needs..

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that risks associated with people's safety or nutrition were safely managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The premises were not hygienic.
- Bathrooms, toilets, some bedrooms and living areas were unclean; one radiator was rusted, paintwork/plaster was chipped, and door handles were either missing or broken. Some sofas were ripped and in need of replacement. We were advised subsequent to the inspection that a new radiator and sofa had been ordered.
- No domestic staff were employed at the time of our visit. All domestic tasks were at that time were carried out by support staff which potentially detracted them from their usual role. As a result; domestic tasks were not prioritised leading to poor hygiene standards.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that risks associated with infection control were safely managed. This was a breach

of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had recognised the issues with hygiene standards and had informed us that the domestic staff had left. No domestic staff were on duty during our visits. The registered manager informed us subsequently that a domestic member of staff had been recruited and that a deep clean of the building by external contractors had been arranged.

- We were somewhat assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- 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 were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment

- Recruitment records were either not organised or unavailable. As a result, we were unable to be assured the providers recruitment practices were safe.

We found no evidence that people had been harmed however, there was no evidence that appropriate records had been maintained in respect of the recruitment of staff. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a significant use of agency staff and this was reflected in staff rotas. However, there was insufficient information to confirm they had the skills and experience of all agency workers. This meant there was no assurance suitably trained and experienced people were supporting people.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that staff had the necessary skills, training and experience to support people. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staffing levels reflected the support needs of people. Where shortfalls arose; measures were put in place to address these and we were notified.
- Our observations of care staff noted that they remained committed to the needs of people and cared about the people they supported. Staff outlined that previous management changes and difficulties in staffing levels had impacted on their morale. They felt confident that the new registered manager would be effective and supportive moving forward.

Systems and processes to safeguard people from the risk of abuse

- The newly appointed registered manager had recognised allegations of abuse and had reported them appropriately and promptly.
- The registered manager continued to co-operate with safeguarding investigations that were ongoing at

the time of this report and had been offered support from the local safeguarding team in respect of training and whistleblowing processes.

- People appeared comfortable and relaxed with the staff team.

Learning lessons when things go wrong

- The registered manager had devised a number of action plans to recognise the shortcomings they had identified in quality of support. These were ongoing.
- The registered provider had a system in place for the reporting of incidents and accidents.

Using medicines safely

- Medicines were safely stored.
- Staff were trained and competent to administer medication.

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

Adapting service, design, decoration to meet people's needs

- The decoration of the building did not meet the needs of people.
- The environment was stark and not home-like in appearance. Items of furniture were worn, in need of replacement. There was a lack of soft furnishings such as curtains. Staff told us they had been torn down on some time ago and not replaced.
- The grounds contained disused household appliances and other discarded items. This posed a potential hazard to people and restricted access of some facilities for people. We were subsequently informed that these had been removed.
- There was limited personalisation of some people's bedrooms and all living areas. There was no signage or communication aids to assist people with their orientation.
- The need for refurbishment of the building had been identified at past provider visits but as yet, had not been fully actioned. The registered provider produced an action plan of proposed refurbishment after the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that risks associated with people's safety or nutrition were safely managed. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People did not have their nutrition and hydration needs fully assessed.
- No nutritional risk assessments were in place to evidence the risks of malnutrition or obesity which put people's health at risk.
- Relevant records on fluid intake were not coherent. Records could either not be located, poorly stored or totals of fluid not calculated. This meant that there was a risk to health needs.
- Commissioners told us there had been a lack of action by the provider to respond to one person's health needs. We also saw evidence to support these concerns.
- Recording of health appointments in support plans were not consistent. Some plans contained an ongoing commentary of when people had received appropriate access to health agencies and outcomes. However, other people lacked any records since 2019. As a result, access to health services could not be evidenced.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that risks associated with people's safety or nutrition were safely managed. All of the above is evidenced as a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- There was a significant reliance on the use of agency workers to maintain safe staffing levels to support people. However, as stated, records relating to induction, skills, experience and training of agency workers were not maintained or missing.

- Training records of staff employed by the provider also identified training which had not been completed which was required..

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance: Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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.

- One person had limited access to parts of the main building. This arrangement had been agreed to manage risk and keep the person and others safe.
- This person had access to the facilities they needed, however we could not see any evidence this was subject to a regular review to mitigate any potentially negative impact this could cause in the longer term. We asked the registered provider to consider whether this had been recognised as a form of segregation.
- Deprivation of liberty safeguards had been applied for people living at Bank Hall Farm.
- These safeguards were either current or when expiry dates were approaching; appropriate applications to review these safeguards had been made.
- There was evidence of appropriate best interests processes recorded to reflect people's limited capacity to make important decisions about their lives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 service had a manager who was registered with us on 25 May 2021 but had only started in the service in post for a short time prior to our visit.
- Our visit identified breaches in multiple regulations. People were not provided with hygienic or well-maintained accommodation, were at risk in the event of a fire, were not consistently receiving dignified care, not receiving support in response to health needs and not being supported by consistently well-trained and experienced staff.
- There was little evidence to suggest that these shortcomings had been identified prior to the registered manager commencing their role and as a result; quality assurance processes used by the registered provider had been ineffective.
- A record of incidents was maintained. An incident involving an altercation between service users had not been reported to CQC as required.
- Discussions with staff found that they while they remained committed to supporting vulnerable people; they considered that they had not received managerial direction in the past; yet were hopeful of the commitment made by the new registered manager.

The registered provider had not ensured that the quality assurance and monitoring systems in place were robust and identified the breaches we have identified in this report. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) 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 registered provider had not evidenced that statutory guidance such as "Right Support, Right Care and Right Culture" had been considered in their care practices or values.
- There was no reference made to this guidance in any aspect of the records, policies, the environment or procedures, to indicate that it was an underlying guiding principle.
- While the building blended in with the local community; the lack of effective quality audits had meant that the support provided was at risk of becoming a closed culture. A closed culture is one where people's needs are not placed at the heart of care practices and people not being involved in their support.

- The environment was not personalised. It required significant refurbishment and was clinical in appearance as opposed to homely.
- We did not see evidence that current and potentially restrictive living arrangements for one person had been reviewed or how this was to continue in the future.

This placed people at risk of receiving undignified support. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A quality assurance survey had been sent out to relatives early in 2021. No responses were made.
- A similar questionnaire was devised for service users but there appeared to be no clear process for capturing their views or adapting the questionnaire so that some feedback about their support could be gained.

The registered provider had not ensured that the quality assurance and monitoring systems in place were robust and identified the breaches we have identified in this report. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 10 HSCA RA Regulations 2014 Dignity and respect The registered provider had failed to apply good practice guidance reflecting the needs of people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider had failed to ensure that the premises met the needs of people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to apply effective governance to ensure quality of care for people was appropriate
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to ensure that there were enough suitably qualified, competent and experienced staff to meet people's needs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to ensure that sufficient action had been taken to ensure fire safety within the premises, to maintain appropriate hygiene standards and to ensure risk assessments were in place to fully protect people's wellbeing.</p>

The enforcement action we took:

We issued a warning notice