

Achieve Together Limited

Homeleigh

Inspection report

Middleton Road
Crumpsall
Manchester
Greater Manchester
M8 4JX

Tel: 01617407313

Website: www.achievetogether.co.uk

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

About the service

Homeleigh is a 'care home' providing accommodation and personal care to older and younger adults with a diagnosis of either mental health and/or learning disability and autism. At the time of our inspection there were 15 people living at the home. Three people were in receipt of the regulated activity personal care.

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

Right Support:

The home did not give people care and support in a safe, clean, well equipped, well furnished and well maintained environment that met their sensory and physical needs.

The support for people to achieve their aspirations and goals were not consistent or effective. We could not be assured that care was person centred.

People were not supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture:

The culture had been impacted by changes to management and it was not clear if people were supported to live empowered lives.

The provider had submitted an application to CQC prior to the inspection to remove the service user band for learning disability and autism and were looking at alternative placements for people with this diagnosis.

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 26 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement

We have identified breaches in relation to safe care and treatment, person-centred care, premises and equipment 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Homeleigh

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 Health and Social Care Act 2008.

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 and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Homeleigh is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Homeleigh is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 1 month and had submitted an application to register. We are currently assessing this application.

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

During the inspection

We spoke with 2 people about their experience of the care provided. We spoke to 8 members of staff, including the manager, the area manager, the operations manager and 5 care staff. We reviewed a range of records, including 3 people's care records and multiple medicines records. We looked at 2 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including quality assurance were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Using medicines safely

- Medicines were not administered safely.
- Written guidance was not available for staff to follow when medicines were prescribed to be given, 'when required'. When guidance was in place it was not personalised. Therefore, staff did not have the information they needed to administer this type of medication.
- Medicines which must be administered at specific times were not always given at those times. This meant the medicines may not have been effective.
- Creams were not always applied as prescribed, and no explanation was recorded.
- Medicines were not stored always stored safely. The fridge temperatures were not properly monitored and the medicines room on the day of inspection was warmer than the recommended temperature for storing medicines.

The provider had failed to ensure safe systems for the management and administration of medicines. We found no evidence people were harmed at the time of the inspection, however, unsafe management of medicines placed people at increased risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection to ensure measures were taken to administer medicines safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Effective environmental checks were not in place to keep the home safe. A third floor Velux window did not have a window restrictor to prevent access to the roof.
- The front door to the home was faulty. Inspectors were able to gain access to the home on numerous occasions, during the inspection, without staff knowledge. The provider had arranged for this to be repaired on several occasions, including during the inspection. This had not been effective.

The provider had failed to ensure the premises were safe and secure. This was a breach of Regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The provider responded immediately during the inspection to fit a window restrictor and the door was fixed after the inspection.

- The home had up to date safety certificates for gas, electric and regular checks of fire safety equipment.

- There were policies and procedures in place to ensure that accidents and incidents were recorded, actioned, and analysed if they occurred.
- The manager was working with staff to support their compliance with the process for accidents and incidents. Their internal auditing had highlighted this as a shortfall.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were not assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

In response to the inspection findings the Local Authority infection control team has arranged to visit the home.

Visiting in care homes

- The service supported visits for people living at the home in line with current government guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff completed regular safeguarding training. They knew how to identify and report any concerns. The service had a whistleblowing policy in place and staff were confident to report to outside agencies if required.
- The manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

Staffing and recruitment

- Staffing levels were safe.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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 premises were not visibly clean and free from odours. The manager agreed to review the cleaning schedules and arranged for deep cleaning to take place.
- The home was in urgent need of decorating. Floors needed replacing in bathrooms and communal areas. The garden area was overgrown and not in use and had damaged fencing. People did have access to an outdoor patio with seating.
- The provider has sourced quotes for a full renovation of the home although nothing has been agreed. Other options are also being considered.

The provider had failed to ensure the premises were clean and properly maintained. This was a breach of Regulation 15 (premises and equipment) 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

- People's care and support and needs were assessed prior to a placement at the home being accepted.
- The provider was reviewing current placements to ensure people's needs could be met. The provider had identified they were not currently meeting the requirements of right support, right care, right culture.
- People did not have up to date care and support assessments, including medical, psychological, functional, communication, preferences and skills. The manager was in the process of updating care plans during the inspection to address shortfalls.

Staff support: induction, training, skills and experience

- Staff new to care, completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People were supported by staff who had received relevant training. This included more specialist areas such as epilepsy and diabetes.
- A training plan was in place to ensure all training was up to date.

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

- People received support to eat and drink enough to maintain a balanced diet.
- The manager had identified people were not fully involved in choosing their food and planning their meals. Actions were being taken to ensure monthly key worker reviews had achievable goals for each person

in relation to this aspect of their care.

- People could have a drink or snack at any time.
- People were able to eat and drink in line with their cultural preferences and beliefs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans identified people's health needs and provided staff with guidance on how to support them.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA.
- The manager had made appropriate applications for DoLS authorisations.
- Best interests meetings took place when people were unable to make their own decisions.
- The manager had identified shortfalls in documentation related to best interest decisions and measures were in place to address the shortfalls.

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 our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff received equality and diversity training. Staff delivered care and support in a non-discriminatory way and upheld people's rights.
- We observed positive interactions between people and staff throughout the inspection. Staff were patient and used appropriate styles of interaction with people.
- Staff were observed to be kind and caring.
- A visiting professional told us, "Staff are polite, friendly and accommodating. I have witnessed staff tending to resident's needs on numerous occasions and behaving in an appropriate manner."

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

- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics.
- People had one-page profiles highlighting what was important to them and how they liked to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they respected people's privacy and dignity.
- People were supported to be independent.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Recognised models of care and treatment for people with a learning disability or autistic people were available but had not been implemented successfully. Care planning was inconsistent, and we could not be assured care was personalised. The manager was in the process of reviewing all the care plans during the inspection to address a range of shortfalls.
- Timely, reasonable adjustments had not been made. One person's sensory needs had not been met for a prolonged period.
- One person's health action plan was out of date and had been recorded as, 'not applicable'.
- Monthly reviews of oral care had not been completed consistently to ensure good care.
- Care plans identified what was important to people. People's outcomes were not regularly monitored and adapted as a person went through their life. This had been identified by the home, although it was unclear at the time of the inspection, if this had been resolved.

The provider had not provided person-centred care. This was a breach of Regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The manager responded immediately during and after the inspection to ensure measures were taken to address these issues.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- One person had been waiting for a considerable period of time for a communication assessment with a Speech and Language Therapist. The manager had been chasing this referral prior to the inspection.

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

- People were supported to access activities and the community. The recording of activities and people's progress had been poor, making it difficult to evidence what had taken place for each person.
- The activities room was in need of decoration. It did not provide an appealing environment and we did not see it being used during the inspection.

Improving care quality in response to complaints or concerns

- A formal complaints policy was in place. There had been a low level of complaints.
- Governance systems ensured any complaints were logged, investigated and where necessary lessons learned.

End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life.
- There was an end-of-life policy and a process to follow if people required support.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had left one month prior to the inspection. They had been in the position for a relatively short period of time. A new manager had been in post for 5 weeks and additional support from an area manager had been provided 2 days a week since February 2023.
- Management changes had impacted negatively on the home. The provider had identified a poor culture. Staff were not always clear about their roles and responsibilities. Poor communication between staff had been highlighted as a shortfall and staff did not implement key aspects of their roles to the required standard.
- Care plans were difficult to follow. The format of each care plan was different. With different information in each folder, making it difficult to follow. Information for identified gaps was found later, on computers, or placed in the wrong sections of paper files.
- Despite efforts by the provider to explore available options to improve the physical appearance of the home, the décor, furnishing and cleanliness of the home did not provide a good environment for people or staff.
- The provider had a schedule of audits to monitor the performance of the home. These had not been effective, and the provider had introduced an action plan to address the shortfalls prior to the inspection.
- The management of medicines had put people at increased risk of harm. This had not been addressed adequately by the homes action plan as it did not identify all the issues. Audits of the environment had also failed to identify the safety issue with the velux window as reported in the safe domain.

The quality assurance system was not robust. This placed people at increased risk of harm and was a breach of regulation 17(1) 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

- We could not be assured care was person centred or focused on achieving consistently good outcomes for people.
- Concerted efforts had been made to improve the culture of the home through regular team meetings, supervisions and training plans to ensure staff had all the support they needed. Staff were positive about the new leadership team. They told us, "The recent staff meeting went well. It was received positively by staff. The managers are listening and being supportive", "Management changes were difficult as sometimes managers didn't know what they were doing. We were left to it under the previous manager. It is getting

better now as there is clear leadership in place" and "It has improved a little bit, but before it was terrible."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We did not see evidence of regular reviews and involvement of people and their families in their care. We also saw no evidence of completed surveys to find out people's experience of the care provided.

- The home worked collaboratively with other local community health services.

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 senior management team was fully aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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 had not provided person-centred care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure safe systems for the management and administration of medicines. We found no evidence people were harmed at the time of the inspection, however, unsafe management of medicines placed people at increased risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the premises were clean and properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality assurance system was not robust. This placed people at increased risk of harm.

