

Committed Care Services Limited

Seymour House

Inspection report

21, 23 & 25 Seymour Road
Slough
Berkshire
SL1 2NS

Tel: 01753820731
Website: www.seymour-house.co.uk

Date of inspection visit:
07 January 2020
13 January 2020
20 January 2020

Date of publication:
03 June 2020

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Seymour House - 21, 23 & 25 Seymour Road is a residential care home for up to 11 people with a learning disability and/or autism. The care home is located across three semi-detached properties in Slough. One of the properties has two annexe buildings in the garden which two people have on-suite bedrooms. The home is within easy walking distance of the local shops. Each property has a mixture of private bedrooms and communal areas. At the time of our inspection the service was supporting nine people.

Not all aspects of the service have been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service did not always receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. For example activity schedules and menu plans were not consistently available to people.

The service is registered to support up to 11 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design. People were supported in three domestic properties and two annexe buildings in the garden. There was no signage to indicate it was a care home and staff did not wear uniform that suggested they were care staff when coming and going with people.

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

Systems or processes were not established and operated effectively to ensure compliance with regulations or to monitor and assess the quality safety of the service or welfare of people. The lack of robust management and staffing structure meant there was not consistent oversight of the service from service leaders. Systems were not implemented to report serious incidents to all relevant people so we have made a recommendation about the duty of candour requirement.

Systems were not always implemented to ensure the effective management of medicines. For example, medicines were not stored securely. Health and safety checks for legionella were not completed and fire safety actions were not progressed in a timely manner. Substances hazardous to health were not secured safely. The service did not always take appropriate action to prevent or respond to the risk of abuse or improper treatment towards people. Incidents were not always escalated appropriately by the registered manager or reported to the safeguarding authority.

The service monitored people's weight and made referrals to the dietitian where there were concerns. Monitoring templates did not refer to and were not adapted to include nationally recognised malnutrition assessments. We have made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the systems in the service did not always support this practice. For example, documentation did not always follow the mental capacity code of conduct. We have made a recommendation about the Mental Capacity Act 2005.

Interactions from staff towards people were generally caring. However, we reported one member of staff to the registered manager for speaking to a person disrespectfully. We have made a recommendation about human rights training for staff. We received mixed feedback from relatives about their involvement in decision about their family member's care. Two relatives were dissatisfied because the service did not always inform them of incidents or health related concerns, whilst other relatives were happy with the level of inclusion.

In general people's privacy and dignity were upheld by staff. CCTV was in use at the exterior entrance of people's home without an impact assessment on their privacy and we have made a recommendation about this.

The service did not act upon relative's complaints in accordance with their complaints policy and procedure. Some relatives were unhappy about the way the manager dealt with their concerns about the service.

The service did not always (consistently) apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons; People did not always receive information to support them to prepare, plan and make choices about their day. For example, information about people's activities and menus were not available or communicated to all people using the service.

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 (March 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, incidents and allegations of abuse not reported or investigated, poor management of the service and low staff morale, medicines management, nutrition and access to food, staff training and induction. A decision was made for us to inspect and examine those risks.

The inspection was prompted in part by notification of a specific incident. Following which a person using the service sustained an injury. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about the management of accidents and incidents.

We have found evidence that the provider needs to make improvements. Please see the all sections of this full report for further information.

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

Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding people from abuse and improper treatment, acting upon complaints, governance of the service, deployment of suitable staff, staff recruitment checks and notifying the Commission of events such as allegations of abuse.

We have issued the provider with warning notices in relation to safe care and treatment and governance of the service.

Follow up

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

Special Measures

The overall rating for this service is 'Inadequate' and the service is 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 of 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 caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well led.

Details are in our well led findings below.

Seymour House

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.

Inspection team

The inspection was carried out by two inspectors and a Specialist Advisor for medicines on 7 January 2020. One inspector continued the inspection on 13 and 20 January 2020.

Service and service type

Seymour House, 21, 23 & 25 Seymour Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before 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. 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.

During the inspection

We spoke with two people who used the service and six relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, care workers and the proprietor. We observed staff care and interactions with people to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, training and supervision data and quality assurance records. We spoke with two social care professionals who regularly visit the service.

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection we recommended the provider seeks advice and training from a reputable source to ensure medicine management is in line with national guidance. Not enough improvement had been made at this inspection.

- One person had some medicines in liquid form because of swallowing difficulties. The registered manager told us some of their other medicines were crushed to facilitate swallowing and said this had been checked with the prescriber as safe. However, there were no records of this agreement, or that it was possible to crush safely without altering the formulation of the medicines.
- The medicine trolley was stored in the home in a locked office, however this was not secured to the wall to maintain its security, which was against legal standards and best practice guidance.
- The home had no medicines fridge and we saw an antibiotic medicine was stored on a shelf with food products in the domestic fridge which was unlocked.
- A member of staff told us another member of staff had asked them to dispense medicines without receiving the required training. They refused to do this and said since then they had received some training from a member of staff but was not yet administering medicines. We fed this back to the registered manager who said they would look into this.
- The registered manager told us that only they delivered medicines training to staff. Their own training was last completed 2 July 2018. They could not demonstrate how they refreshed their knowledge and kept up-to-date with changes in and best practice guidance.
- No external medicines audit by a competent person had taken place to identify potential areas for improvement.

We found no evidence that people had been harmed however, systems were not always in place to ensure the effective management of medicines. 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.

- The provider responded immediately during and after the inspection. We saw the medicines cabinet was now secured to the wall, a lockable container was purchased to keep medicines secure in the fridge. The registered manager told us they would record decisions about crushing medicine and confirmed an external competent person was planned to provide medicines training in future.
- The service no longer practiced secondary dispensing. Staff followed best practice for transferring medicines and gave relatives their family member's medicines in their original labelled container and

recorded supplies and returns.

- We saw records of recent medicines training and competency assessments for staff trained to administer medicines.
- Clear protocols were in place for staff to follow for medicines used occasionally.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The service did not always take appropriate action to prevent or respond to the risk of abuse or improper treatment towards people.
- Incident reports for two people stated they had unexplained marks on their bodies. Another incident report stated a person had choked and required staff to administer first aid to dislodge food. The registered manager did not report these safeguarding concerns to the local authority; appropriate investigations and actions were not undertaken to reduce ongoing risk of avoidable harm.
- Accident and incident reports were not routinely reviewed by the registered manager to assess whether action was required to reduce the risk of ongoing harm. We found that incidents were not cross referenced. For example, where staff reported a person had fallen one day, the following day a different member of staff had reported bruising but there was no analysis of previously related incident to assess the root cause.
- One incident related to an unexplained mark was logged, but we found the report was missing from the file. The registered manager could not tell us what action had been taken in response to this and told us they would investigate. We found an incident of physical aggression from a person towards a staff member had not been documented. No action was taken by the registered manager to review risk assessments for the person or for the health and safety of staff.
- A person's bedroom and other rooms had star key locks which meant if a person was locked in they would not be able to unlock it from the inside. There was no evidence staff locked people in these rooms, however, we were concerned about the potential risk of staff depriving people of their liberty unlawfully. We raised this with the registered manager who had not considered this risk and was not aware of best practice with regards to safe locks.
- Financial procedures for people's monies were not robust to protect them from the risk of financial abuse. Staff did not consistently counter-sign transactions. We found recording discrepancies in relation to transactions and cash balances, which were not reported by staff or identified by the registered manager.
- The registered manager signed records to confirm they had checked transactions. However, there was no audit-trail to show how transactions and balances were reconciled, or whether any action was required or taken to investigate discrepancies.

Systems were either not in place or robust enough to protect people from the risk of abuse or improper treatment. 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.

- The registered manager responded after our inspection and reported concerns to the safeguarding local authority. Safer locks were arranged to replace star key locks. The registered manager told us they would follow-up financial recording discrepancies and planned to improve financial procedures and checks.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The service did not consistently take appropriate action to mitigate risks to people or make sure that staff were familiar with people's specific risks.
- For example, one person's risk assessment stated they were at high risk of choking and required constant staff supervision. This had not been reviewed following the person's choking incident, no medical attention was sought and no referral to an appropriate healthcare professional was made. Two staff members we spoke with were not aware this person was at risk or what support was required to prevent choking.

- Health and safety risk assessments and checks to make sure the premises were safe were not always completed and identified actions were not followed-up. For example, there was no risk assessment or checks for the prevention of legionella. A fire risk assessment, dated 12 August 2019, highlighted several high-risk priority actions, which the service had not addressed. For example, we found a spare room contained cardboard boxes of paper work stacked to the ceiling and the garden side gate (fire escape route) was locked with a combination padlock; the registered manager did not know the code to open this.
- Maintenance issues were not always reported or acted upon in a timely manner which posed health and safety risks. For example, a protective cover for a boiler and pipe work had come loose and jagged edges of damaged picture frames in one person's bedroom had not been reported or made safe.
- Chemicals or substances hazardous to health (COSHH) such as paints and corrosives were accessible in an unlocked, unsupervised spare room adjacent to a person's bedroom on the first floor and in another unlocked cupboard in a communal area. The designated COSHH cupboard was locked, however we found that storage of materials was not orderly and washing powder was decanted into an unlabelled container.
- Procedures to reduce the risk of infection were not always implemented. Mop heads (colour coded to control risk of infection) were stored upside down in the garden with all mop heads touching each other, which was a risk of cross-contamination.
- Two of the shower rooms were dirty and there was a malodour of damp and urine. Shower curtains had spots of black mould and were tied up in a knot which did not allow any remaining water to run off. Several toilets and bathrooms did not have hand drying facilities as the paper towel dispensers were empty.
- We found raw meat thawing in the fridge was out of date. There was no label to show when the meat had been frozen or when it was taken out of the freezer to defrost, which posed a food safety risk. The registered manager took immediate action to dispose of this.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. 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.

- The registered manager immediately responded and took action to address areas of concern. COSHH materials were secured and a schedule was implemented to rectify maintenance works and fire safety actions. We saw plans for a competent person were in place to complete a legionella risk assessment. A referral to a relevant healthcare professional was made for a person's swallowing assessment.
- Other health and safety checks such as water temperatures to prevent the risk of scalding and gas and electric checks were completed.
- Protective personal equipment such as gloves were available for staff use. We observed staff completing cleaning tasks during our inspection.

Staffing and recruitment

- Safe recruitment procedures were not consistently implemented by the registered manager to make sure staff were suitable.
- The registered manager confirmed no interview or recruitment checks were completed for one employee as they did not think this was required for staff who had worked for the service previously through an agency.
- Verbal references were gained in some cases which were not recorded; there was no audit trail of the outcomes to assess whether the applicant was of good character.
- There was no system to check the criminal record of overseas staff with their country or origin. Staff employment history was not robustly recorded, and gaps were not explored by the registered manager.
- The registered manager told us one member of staff's criminal records check was out of date by a couple of months but could not show us documentation for this. They had applied for a criminal record check on the 10 January 2020 and were awaiting the outcome. There was no risk assessment or safe measures to mitigate

potential risks to protect people if they were unsuitable.

- There was no process or risk assessment in place to check the suitability of contractors, such as maintenance workers. The registered manager told us contractors were always supervised by staff.

Systems were either not in place or robust enough for the safe recruitment of staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager confirmed they would review their recruitment policy. They planned to have an external consultant check all staff recruitment records to address any gaps and to make sure appropriate checks were all in place before future staff were employed.
- Staff were not always deployed to make sure people were supported by experienced staff who understood their needs.
- Before the inspection we received whistle-blowing concerns that not enough staff were deployed to meet people's needs during the day or night. A funding authority quality monitoring visit in December 2019 found one person was not in receipt of the level of staff support in accordance with their agreed care plan.
- We looked at rotas between 1 November 2019 and 17 January 2020. We found that until the 19 December 2019 only one waking night staff was planned for house number 25 and one for house number 21 and 23 (adjoined), where there should have also been a sleep-in member of staff. This had also been highlighted in a fire service visit 17 September 2019 which advised the service should seek advice to ensure safe levels of staff were in place but had not been implemented until 19 December 2019.
- There had been a high turnover of staff; 15 staff had left in the past 12 months. There was an over-reliance on agency staff. We were told regular agency were used. However, during our inspection two new agency staff were working. One was lone working with two people who had complex needs and behaviours of concern. The agency staff member was not familiar with people's specific needs and did not know how to respond to one person who continually blocked our path with their body, which led to us withdrawing from their home to maintain everyone's safety. There were several more experienced staff working in the adjacent service, however the skill mix had not been reviewed and staff deployment was not adapted. Another agency member of staff told us they experienced the same situation in December 2019.
- Rotas were not contemporaneous and there was no other documentation to show all staff who had worked. This made it difficult to check whether enough staff were deployed to meet people's needs. We noted that one member of staff was recorded on the rota as working who was not there during our inspection visit. We raised this with the registered manager who confirmed they had not worked, which meant the rota was inaccurate.

The service did not always deploy enough staff. Systems were not in place to review staff skills mix or adapt the deployment of staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would review the deployment of staff and had interviews planned to recruit more permanent staff.

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.

Staff support: induction, training, skills and experience

- The service used a high number of agency staff, however there was nothing in place to supervise regular agency staff or ensure they received inductions about people's care, risks or health and safety policies and procedures.
- One new agency worker was lone working, supporting two people who had complex needs and behaviours of concern. They were not familiar with people's specific needs and told us permanent staff said they would bring people's care plans for them to read, but this had not happened. We asked them what they would do if they needed help in an emergency. They said they would use the home's phone. However, there was a pin number on the phone which the agency staff member did not know. It was not written down anywhere for them to refer to. This meant they could not implement emergency procedure to keep people and themselves safe.
- We heard a similar account from a different member of agency staff who lone worked on their first day of work, supporting the same people. They said, "No-one told me any risks or behaviours, was told to just clean, wait for someone to come and ensure they went to the bathroom. No-one came to introduce me to them, was left to go in on my own." This member of staff had not received any training in how to de-escalate people's behaviours of concern or how to protect themselves.
- The registered manager did not check whether agency workers had received all the training required to support people with their specific needs, such as epilepsy, challenging behaviour or breakaway (self-defence) training.
- The Care Certificate is an agreed set of 15 standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. These standards need to be observed and assessed in the workplace rather than in the classroom. There was no system in place for the service managers to assess staff new to care against the Care Certificate standards.
- The service did not provide staff with training in moving and handling of people, which was required to meet one person's needs. Staff told us they had used an inappropriate method of moving a person to assist them to stand up from the floor. We reported this to the registered manager who said they would take immediate action to make sure staff followed the agreed strategies.
- The service supported some people with autism spectrum disorders, however staff had not received training in this to help them understand and meet people's specific needs. When we spoke to staff about people's needs they did not demonstrate any insight about people's needs in relation to this.

The service did not always make sure people were supported by staff who had the right competence, skills and experience to do so safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act

- The registered manager said they would take action to induct and supervise agency care workers to support them to perform in their role.
- We saw a plan for permanent staff to complete training to meet people's needs such as epilepsy, challenging behaviour and autism.
- Permanent staff told us and records confirmed they received inductions which included opportunities to shadow more experienced staff.

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

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

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

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

- Mental capacity assessments and best interest decisions were documented for specific decisions such as medical treatment. However, some documentation needed improvement. For example, a best interest decision was recorded by a health care professional, but information such as other relevant people's involvement, or their views were not recorded to show how all views were considered.
- The service had a consent form in place for a person's representative to sign where they person lacked capacity. However, only a signature was recorded with no other information about the role of the person or whether they had legal authority to make decisions on people's behalf.

We recommend the service seeks advice from a reputable source about the mental capacity code of conduct.

- Staff were trained in the principles and codes of conduct associated with the Mental Capacity Act 2005.
- We observed staff sought people's consent about day to day decisions. For example, during our inspection the registered manager made sure people were asked for their permission before we accessed their private bedrooms.
- DoLS authorisations were in place or applied for and conditions were understood and followed by the service.
- Care plans included detailed support strategies about how staff should involve people and enhance their capacity to make decisions about their care and support.

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

- The service monitored people's weight where there was a risk of malnutrition, made referrals and followed dietary care plans to meet people's nutritional needs. Monitoring templates did not refer to and were not adapted to include nationally recognised malnutrition assessments. Some information was hand written onto the template, however actions taken in response to identified medium and high risks were not

recorded.

We recommend the service seeks advice from a reputable source to fully implement nationally recognised malnutrition screening tools.

- One member of staff told us the variety of meals, snacks and drinks offered needed improvement. The registered manager told us they had reviewed this in response to feedback from people and their relatives. We saw different versions of the menu on display which had been updated to reflect people's preferences and reviewed by the registered manager who made further changes to make sure the menu was nutritionally balanced.
- One person said, "I've got goodies in the kitchen" and showed us a variety of snacks and fresh fruit. We observed lunch and dinner were freshly prepared and in accordance with the menu. Meals were suitably portioned and appeared and smelt appetising. People showed their enjoyment when eating their meals.
- Staff were aware of people's religious dietary requirements and we saw ingredients were available to meet these needs.

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

- The service did not always make sure people's needs were assessed by a competent person with the required levels of skills and knowledge. The service completed risk assessments and care plans for two people which identified hazards and safe measures for their swallowing difficulties, however this did not include any reference to guidance from relevant healthcare professionals. This meant the service could not be sure they were delivering care safely in line with best practice standards. The registered manager took action and confirmed they had made referrals after our visit.
- Agreed care plans were not consistently followed by the service. During our visit we saw one person was not wearing their prescribed orthotic shoes. The registered manager told us they had advised staff not to follow the guidance the day before in response to concerns raised by the person's relative. The registered manager said they would follow the agreed plan as prescribed by the healthcare professional in the person's best interest, and seek a review to raise relative's concerns.
- We saw examples where the service had made appropriate referrals to healthcare professionals and followed plans to meet people's complex needs such as, dietitian, epilepsy nurse and physiotherapist guidelines. We noted that the epilepsy guidelines written by the specialist incorrectly referred to 'rescue medication', however the person was not prescribed this. The registered manager told us they would ask the specialist to review this.
- In general people's care plans were comprehensive and included staff strategies to support people's physical, emotional and social needs. For example, plans were seen for positive behaviour support, continence, recognising and managing pain, work and leisure preferences.
- Records showed people were supported to access a range of healthcare services such as GP, psychiatrist, dentist and optician.

Staff working with other agencies to provide consistent, effective, timely care

- The service co-ordinated with other health and social care professionals to assess changes in people's needs. We received feedback from a health and social care professional the registered manager had not initially provided information requested in a timely manner, which they told us led to a delay in assessing the person's needs.
- The registered manager acknowledged they found it difficult to respond to requests for documentation from different agencies in a timely manner. They said this was due to the staffing structure and current lack of management support which they planned to rectify with the recruitment of a service manager in January 2020.

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

- At the time of our inspection, refurbishment of the adjoined houses was in progress to improve the general decoration of the premises. Decorated communal areas appeared bright and comfortable. The registered manager told us the shower rooms, people's bedrooms and the adjacent premises were also planned for refurbished.
- People's bedrooms were personalised and decorated to their taste with their own memorabilia and personal items. Televisions were not operational in two people's bedrooms; the registered manager said they would take action to have them tuned/repaired.
- A transferable ramp was available for one person who sometimes required the use of a wheel chair.
- The garden was accessible to people. There were raised beds which were not currently in use, but the registered manager said these would be prepared in the coming months for people to grow vegetable and flowers and we saw herbs had been grown by some people who enjoyed this activity.
- The registered manager had arranged some of the decoration to be completed during the night when people were less likely to access communal space, to minimise disruption to them.

Is the service caring?

Our findings

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

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

- In general, we observed staff interactions were caring towards people. However, one member of staff spoke with a person in a manner and tone which was disrespectful and uncaring, telling them to "Sit down" and "Stop crying" when they were in distress. We reported this to the registered manager who took immediate action to address staff performance.
- Staff had not received training in equality or diversity. We found some of the language used by staff in people's daily notes was inappropriate and disrespectful. For example, "[Person] naughty at times when [they] wouldn't listen to staff." We discussed this with the registered manager who said they would address this in a staff team and complete more frequent checks of these records to make improvements.
- Other daily records showed staff were respectful and showed concern about people; "[Person] really interested in animal book – read together and spoke about animals, using sign language which was a joy to see. I will look to see how we can make more activities for [the person], as it calmed [them] down. [Person] was so happy and engaged."
- One person told us "[Staff name] put make-up on me and did my hair. It was nice." We received mixed feedback from relatives about staff with comments such as, "Staff do not help", "Staff are abrupt", "[Family member] is looked after quite well, last few months settled and happy to go back to the service. [Staff are] friendly and caring" and "[Family member's] key workers looks after [them], they're kind." The registered manager was aware that some relatives were not satisfied with staffs' attitude and told us they were taking action to address this.
- We observed the registered manager knew people well and people responded positively to them and appeared at ease.

We recommend the service provides staff with training and competency assessments to increase staff awareness and understanding of people's human rights and the principles and values of care.

Respecting and promoting people's privacy, dignity and independence

- The service used CCTV at the external entrance of the adjoined property which made visual and audio recordings of people and visitors who rang the bell. The service did not have a policy or procedure about the use of CCTV and no assessment of the potential impact on people's right to privacy had been completed. We also saw a CCTV camera in the communal lounge, however this was not yet operational.
- Staff told us they respected people's privacy, "[Person] loves their privacy. I always make sure their privacy is respected, it's important. [Person] prefer to always wear their gown to walk to the bathroom."
- We saw staff made sure doors were closed when supporting people with personal care. We noted that one

person had blinds on their windows but not on their glass door. The registered manager said they would take action to remedy this.

- Care plans included people's abilities and what they could do for themselves to maintain their independence. For example, where people were able, staff supported them to prepare their own snacks.

We recommend the service seeks advice from a reputable service to assess the use of CCTV.

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

- We received mixed feedback from people's relatives about the service involving them in their family member's care. For example, two relatives told us they were not always informed of incidents or changes in health and were concerned about this. This was raised with the registered manager as part of the local authority's safeguarding investigations. Lesson learnt included to make sure relatives were informed of incidents or changes in health.
- Other relatives told us staff kept them up-to-date with people's changes in need and said they were involved in reviews of people's care and felt listened to.
- Individual communication books were implemented by the service for some people and their relatives. This was to promote information sharing about changes in people's needs.
- Records showed an advocate had been involved to support a person and their relatives.

Is the service responsive?

Our findings

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

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

Improving care quality in response to complaints or concerns

- The service complaints log was blank. The registered manager could not provide information about how complaints were responded to, investigated or what the outcome was.
- Three relatives we spoke with told us the registered manager had not responded to complaints in relation to the care provided, such as managing the risk of falls, management of finances and missing property.
- The service had an appropriate complaints policy and procedure and we saw easy read forms were accessible to people in communal areas. However, relatives told us the registered manager had not made them aware of their right to escalate complaints or seek support from the local government ombudsman.

Systems to respond to and investigate complaints were not implemented by the registered manager. This was a breach of regulation 16 (Receiving and acting upon complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service captured information about people's preferences in their care plans; 'personal passports' included people's likes and dislikes, preferred leisure activities and favourite foods. More experienced staff showed they knew people's preferences and choices.
- People were supported by staff to attend their preferred place of worship to meet their religious needs, however daily records for one person showed this happened much less frequently than once a week according to their 'weekly timetable.' The registered manager said this could be because the person had not wanted to go or not been safe enough to, however no explanation was provided in their daily notes.
- The service had implemented a new electronic care planning system to improve staff records about how people's needs had been met. This had been implemented in November 2019 although the registered manager told us this was yet to be fully embedded and they were delivering additional training to staff to improve this.
- During our inspection people were supported to access activities in the community. One person was supported to access work experience in the community to help them work towards their goal of paid employment.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- Care plans gave staff detailed information about how to present information to people, for example, the best time of day when people might be more able to process and understand information. Some information was available in easy read format. However, we found in practice staff did not always have the information available to inform people. Picture activity schedules and menus were not available at all for two people. The registered manager said they would make sure these were provided.
- The registered manager talked through and showed they understood their responsibilities to meet the AIS.
- People's communication plans identified people's needs and provided staff with strategies. For example, "Avoid jargon. Use two-word phrases." Information about people's communication needs were recorded in their hospital packs to share with others.
- The current staff team had not received communication training. However, we saw training was planned in February and April 2020 to improve this.

Is the service well-led?

Our findings

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

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

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

- The registered manager told us they did not have a robust management or staffing structure to support them. There was no deputy manager or team leaders in post. This meant the registered manager was unable to operate effective monitoring systems for all aspects of the quality of the service provided or the safety and welfare of people.
- Quality audits were completed but were not effective in identifying the concerns we found during our inspection. For example, the review of people's risk assessments, maintenance issues, the control of substances hazardous to health, storage of medicines and infection control concerns.
- Several policies and procedures which were due for review in August 2019 had not been completed. The registered manager said this was because they had been too busy with day to day operations. Policies did not always follow current legal standards or best practice. For example, the recruitment policy did not account for criminal checks for overseas staff and the medicines policy lacked information about medicines storage and did not state that medicines storage needed be fixed to the wall.
- Most relatives told us the registered manager was accessible to them, however some of their feedback about the registered manager was negative, with comments about them such as, "Unprofessional" and "Poor management, no ability to turn it around. Heard it all before. Staff morale is low, and they complain." The registered manager acknowledged their working relationship with the relatives of three people had broken down, which they said was partly due to staff causing rifts and the service not being able to meet their expectations.
- A health and social care professional told us the registered manager confirmed they could meet the person's needs safely and no concerns were raised at a review meeting in November 2019. However, they were concerned the registered manager had not communicated openly with them, as on 4 January 2020 the registered manager cited the person's ongoing behavioural needs and that the service could not meet expectations of the person's relatives as reasons to serve notice.
- We received mixed feedback from staff about the registered manager's leadership and treatment of staff. Some staff told us the registered manager got angry and shouted at staff when they made mistakes, whilst other staff felt supported.
- The registered manager told us they were addressing staff performance to improve standards and thought this had led to some staff leaving or feeling disgruntled.
- The registered manager told us they spent half of their time at a separate supported living service, which they were responsible for. Staff told us this was where the registered manager's office was based and we

found management records were held at this office. This meant there was reduced management presence and there was no other competent person to oversee the service.

Systems or processes were not established and operated effectively to ensure compliance with regulations or to monitor and assess the quality safety of the service or welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager did not always report incidents to the Commission as required. For example, incidents of unexplained injuries, a choking incident, and an allegation of abuse against a member of staff were not reported without delay or until the service was prompted to do so by the local authority or the Commission. These incidents should have been treated as allegations of abuse which meets the criteria for notifying the Commission.

The service did not always notify the Commission about events as required. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager assured us they would review all incidents and report them to us. Since our inspection the service has notified the Commission of incidents 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 duty of candour is a legal requirement for providers to be open and transparent and take a number of actions when certain events happen, such as reporting and apologising to relevant people. We were not aware of and records showed no such events had occurred. However, the registered manager did not have systems in place to make sure they fulfilled this duty and there was a pattern of other incidents and complaints not being escalated appropriately.

We recommend the registered manager seeks advice from a reputable source and establish systems to deal with events appropriately to meet the duty of candour requirement.

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

- There were no formal systems such as surveys or relatives' meetings to gain their feedback. However, relatives said the registered manager was accessible to them.
- Links were not established with health and social care departments to achieve positive outcomes for people. The registered manager did not always seek advice or support from other agencies.
- The service had systems to engage people in the way the service was run such as surveys and residents' meetings. Outcomes of surveys were not documented. However, the registered manager told us the action they had taken in response to people's feedback such as more community activities and variety of food.
- We saw staff meeting minutes for September and November 2019 which included updates about the service and advice about how staff should respond to situations in relation to relatives.

Continuous learning and improving care

- The registered manager provided us with a service improvement plan after our visit with plans about how to improve the quality and safety of the service. Time frames and staff responsible for achieving actions were not yet identified. However, we saw a template they intended to use to address this.

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 18 Registration Regulations 2009 Notifications of other incidents The service did not always notify the Commission about allegations of abuse.
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 The service did not always take appropriate action to prevent or respond to the risk of abuse or improper treatment. Safeguarding concerns were not always reported to the local authority as required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider did not operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not established or operated effectively to ensure that staff employed were of good character.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The service failed to deploy sufficient numbers of suitably qualified, competent, skilled 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to do all that was reasonable and practicable to identify and mitigate risks to people. Medicines were not always managed safely.

The enforcement action we took:

We have served a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure compliance with regulations or to monitor and assess the quality and safety of the service or welfare of people.

The enforcement action we took:

We have served a warning notice.