

# Sanctuary Ltd

## 12 Collett Close

### Inspection report

12 Collett Close  
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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 caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

12 Collett Close is a care home. The home accommodates up to four people in one adapted building. People have their own rooms and access to communal spaces. At the time of the inspection there were two people residing at 12 Collett Close.

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

Fire safety measures were inadequate placing people at risk of harm. Systems in place to monitor fire safety had failed to identify this. Staff had not been recruited safely, effective risk assessments had not been completed for staff before or after had they started work.

Medicines were not always managed safely. Infection prevention control measures relating to Covid-19 were not always sufficient, placing people at risk.

People had not always been consulted about their care and care plans lacked detail. People sometimes had a preference to approach the registered manager for support when distressed rather than the care staff, this meant that learning opportunities for care staff were less available and the care approach may not feel consistent for people.

Although systems to assess safety and quality were not adequate to keep people safe and ensure consistent and effective care, people told us that they felt safe and supported. We saw that they found the registered manager to be approachable and shared concerns with them.

People told us that they felt safe but were not always protected by effective risk management and oversight. Staff had received training relevant to their role. People chose how they wanted to spend their time during the day. Health professionals were involved in people's care.

People were not always 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; the policies and systems in the service did not always support this practice.

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

This service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Support plans lacked detail and updates and were not always completed in consultation with people to maximise their choices, control and independence. Care was not

always person centred. Improvements were needed to help people have as much inclusion in decision making as possible.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 13 January 2020 and this is the first inspection.

Why we inspected

This was the first inspection for this newly registered 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 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 keeping people safe from known risks, employment practices and management of quality and safety checks 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

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 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.

# 12 Collett Close

## 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

The inspection was completed by one inspector, who visited the site and also viewed information off site.

#### Service and service type

12 Collett Close 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.

#### What we did before the inspection

We reviewed the information we received about this service since it was registered. We sought feedback from the local authority and from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three members of staff including the registered manager and care staff. We spoke with two people who used the service about their experience of the care provided. We reviewed a range of care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two further care staff, one relative and two professionals about their experience of the service. We reviewed two staff files in relation to recruitment and 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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- Risks within the home environment had not been sufficiently assessed to protect people from harm. The fire risk assessment had not been adapted to reflect the specific risks at 12 Collett Close, this meant that people were at significant risk in the event of a fire.
- Checks to fire safety equipment had not been updated and were overdue. Fire safety equipment was not positioned in the best place to protect people in the event of a fire.
- Fire drills had not been practiced and people had not been supported to learn how to safely evacuate their home in the event of a fire. This meant that there was no way to establish whether people would evacuate safely from their home in the event of a fire and no contingency plan was in place for this.
- The use of emollient creams which are flammable and can build up on clothes had not been risk assessed to protect people from risk of fire. The registered manager was not aware of this risk and had therefore failed to consider, assess and mitigate the risks associated with emollient creams and fire. This exposed people to the risk of avoidable harm.
- There was poor staff safety in relation to fire safety in the home. We saw that a fire door had been propped open with a wedge which meant that it could not close in the event of a fire, a plastic container was being used as an ashtray which increased the risk of fire. This meant that people were exposed to risks associated with fire.
- People's known risks had not been sufficiently assessed, for example a person's risk assessment for being in the community did not include how they needed to be supported with road safety, this meant that people were not protected from potential avoidable harm.

The provider had failed to operate effective processes to assess risks to people's health and safety and mitigate risks. 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.

We discussed these concerns with the registered manager, some immediate concerns were addressed during the inspection. After the inspection, they consulted with the fire service, the fire safety equipment was re-positioned, and an additional extinguisher was obtained. A thorough risk management plan around the use of emollient creams was also completed.

### Staffing and recruitment

- Recruitment practices were inadequate; staff had been employed without the necessary checks to ensure they were safe to work with vulnerable people.
- Staff were employed prior to their Disclosure and Barring Service checks (DBS) being received. This meant

where a staff member may have been convicted of a crime, the registered manager would not know this prior to them starting work with vulnerable people. In addition, no risk assessments had been completed to identify and mitigate the possible risk of staff working without a DBS check.

- Where a staff member's DBS had been returned and showed a possible risk, the registered manager failed to complete adequate risk assessments, to consider the risks of staff working with vulnerable people. This placed people at risk.

The provider failed to operate effective recruitment practices to ensure that staff were recruited appropriately and safely. This placed people at risk of harm. This was a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection we saw that there were sufficient staff to support people with their needs.

#### Using medicines safely

- The service did not always follow national guidelines around the storage and monitoring of medicine stocks.
- People's medicines were not counted regularly. This meant there was no way to know if the appropriate number of tablets were left in stock and it could not be established whether people had received their medicines as prescribed.
- People's medicines were not counted regularly to safeguard against medicines being lost or used inappropriately. Following our inspection, the registered manager ensured that all stocks were counted.
- Staff who were supporting people to use 'as needed' medicines did not always have clear guidance on how to use these medicines safely. Although this had not led to any errors, the registered manager agreed that these would be put in place to support staff to help people use the medicines safely and effectively.
- Not all creams had been marked with an 'open' date to show staff when the cream would need to be disposed of. This meant that people were not always supported to use their creams whilst in their best condition.

#### Preventing and controlling infection

- We were somewhat assured by the home's infection prevention control measures in relation to the safe management of COVID-19.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. During our inspection we saw that in one bathroom there was no soap, hand sanitiser or means to dry hands. Following our inspection, the registered manager gave assurance that checks would be made to ensure that people could practice good hand hygiene in the home.
- We were not assured that the provider's infection prevention and control policy was up to date. The registered manager assured us that the infection prevention control policy would be updated to reflect government guidance to reduce the transmission of COVID-19.
- We were somewhat assured that the provider was using PPE effectively and safely. We saw that staff were wearing the appropriate PPE and could tell us what PPE was needed for different care activities, however there was no bin in a person's room to enable staff to dispose of PPE after helping with personal care, this meant that contamination and transmission risk was increased as staff had to walk through communal areas to use a clinical waste bin. After our visit the registered manager assured us that a clinical waste bin had been placed in the person's room.
- 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 accessing testing for people using the service and staff.



- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe at 12 Collett Close, one person said; "Yes I feel very safe here, I can tell [the staff] [if I am worried about anything]".
- Staff were able to describe how they would effectively respond to any safeguarding concerns and told us that they felt confident any concerns would be responded to appropriately. One staff member told us; "if something was being done wrong, I would tell [the registered manager] and [they] would listen and I think [they] would take action. [The Registered manager] encourages people to tell [them] any problems."
- A safeguarding concern had been shared appropriately with the adult safeguarding team and with family, however a notification had not been sent to CQC. The registered manager sent the notification as soon as this was highlighted to them.
- People were supported by staff who had received safeguarding training and knew about the safeguarding policy and procedures.

#### Learning lessons when things go wrong

- Systems were in place to help analyse how and when incidents and accidents had occurred.
- During our visit we saw adaptations that had been made to the home in response to incidents to help people to live there safely.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

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

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

- People had undergone mental capacity assessments where they were not able to make certain decision for themselves, but support plans did not always clearly explain this and detail what this meant for people. We raised this with the registered manager who advised us that the relevant support plans would be put in place.
- Staff had received appropriate training and were able to describe what decisions people could make for themselves and what decisions they might need support with.
- DoLS had been applied for and obtained for people who needed them, and best interests' decisions were made and recorded when needed.

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

- People's support plans were not always updated to reflect their current needs and abilities. This meant expected outcomes for people were not always reflected in their plans. However, staff were able to tell us about people's needs and how they could promote choice and independence.
- When people had additional needs, these were met by referral and liaison with other health professionals.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained appropriately and had relevant skills and experience.
- Staff received an induction which included opportunities to work with trained staff whilst learning about

the requirements of the role.

- Staff received the appropriate training to enable them to support people and told us that they felt confident that the training had been effective.
- Staff received regular supervision to support them with learning and development, although a written record of supervision was not always provided. We highlighted this with the registered manager who gave assurance that supervision records would be given in the future.

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

- People had access to plenty of food and drinks and had assisted in putting together a meal plan including their favourite foods.
- One person showed us where they keep all their snacks and treats and where drinks are made and told us about how they loved to bake cakes with support from the staff.
- People received support to prepare their food but were independent with their eating and drinking.

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

- The service had clear systems and processes in place to refer people to external services, and additional support had been sought from health professionals as needed.
- People were supported to access support from a range of professionals including GP's, social workers, specialist consultants and learning disability support teams.

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

- The home had been adapted to meet people's needs. For example, some kitchen cupboards were kept locked unless needed and the electric hob had safety features to mitigate risk of accidental burns when people were being supported to prepare their own food. A quiet room was available for people as needed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always supported to actively participate in their support plans. This meant people had not always been given the opportunity to express their views and opinions to ensure their care was tailored to meet their needs. We discussed this with the registered manager who agreed to look into ways to ensure people could meaningfully contribute to their support.
- Support plans contained some information on the likes and interests people had but this was not detailed. There was information missing on people's preferred routines and their life histories. As the small staff team would need to rely on agency staff in the event of staff sickness, this could mean people were at risk of unnecessary restrictive practices as agency staff may rely on incomplete support plans for guidance.
- Advocacy had been arranged for people who needed it.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Although we saw good examples of care provided during our visit, we also saw that some people did not have full confidence in all care staff and would repeatedly ask for the support of the registered manager. This meant their experience of care from staff was not always consistent and staff could miss out on some learning opportunities to help people manage difficulties.
- We saw staff treating people with respect and they were able to describe ways in which they could support people to be independent. Relatives told us that they felt that people were treated with respect and dignity. One relative told us; "The staff are brilliant, and I can't fault them."
- Staff knew people's preferences and told us they had plenty of time to spend with them.
- Some people required support with needs of a sensitive nature, where this was the case, they were respectfully documented in their support plan which meant staff had information about how to meet people's needs and preferences.
- Staff understood and supported people with their social needs by ensuring they had the contact they wanted with the people who were important to them.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- There was not always sufficient or up to date guidance in support plans to promote effective outcomes for people. For example, one person had become more confident in using the stairs in the home and their support needs had changed. There was a risk of their choices around how they moved around the home being unnecessarily restricted as guidance had not been updated.
- Not all people had positive behavioural plans in place, this meant that when people became upset or angry, there was no plan in place for how staff could support them. We spoke to the registered manager about this who explained that one was in the process of being produced.
- The staff recorded when people became upset or distressed. This meant there were opportunities to better understand what caused people to become upset and how they could be better supported in the future. However as some people tended to ask for the registered manager when distressed, this learning was not always available to staff.

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.

- The service has not fully implemented the Accessible Information Standard to identify, record, share and meet the information and communication needs of people with a disability.
- Although support plans reflected some consultation with people, the registered manager agreed that using accessible information techniques such as pictures in care plans could assist people to make more of a contribution to their support plans.
- Picture cards and illustrations were being used to support one person to communicate emotions more effectively, they told us how they enjoyed using these with staff.

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

- We saw people were making choices about how they wanted to spend their time, and when people changed their minds this was respected by staff.
- People told us about how they were supported to engage in activities they enjoyed, one person told us how much they liked to bake, showed us baking kits and told us about how staff help them to bake cakes.
- A relative told us all the activities their loved one was encouraged to participate in met with their interests and abilities.

- One person had moved into Collett Close with little community contact, they were now being encouraged to access the community and the registered manager told us about plans to help them develop more meaningful relationships.

#### Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place. However, it was not in a format to help people to understand it. We spoke to the registered manager about this who advised that this would be implemented.
- People told us that they would speak to staff and to the registered manager if they had any concerns. A relative told us that they would feel confident to raise any concerns with the registered manager.
- No complaints had been received at the time of our visit.

#### End of life care and support

- At the time of our inspection no one receiving the service was using end of life support.
- The section of people's support plans where their end of life wishes should be recorded was not completed. The registered manager explained that as a new service this had not yet been discussed but in time would be addressed with the support of relatives and advocates to capture people's views and wishes.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Systems to monitor quality and safety were inadequate, this meant people were exposed to risks.
- The registered manager had failed to implement effective systems and processes to monitor health and safety within the home. We found significant concerns around fire safety which had not been identified prior to our visit. This meant that people were not effectively protected from the risk of fire.
- The registered manager had failed to ensure effective systems were in place to check staff were recruited safely. This exposed people to risk of harm.
- Audits had failed to identify the concerns that we found with medicines management. For example, missing medicines counts had not been identified during medicines audits, posing a risk of not being able to account for medicines if any were to go missing.
- Systems and processes to monitor infection prevention control had failed to identify the home was not working in line with COVID-19 government guidance. For example, cleaning schedules were not in line with current government guidance to reduce the risk of transmission of COVID-19.
- Daily checks of the environment had failed to identify that people did not have access to the provisions needed to practice good hand hygiene.

The provider failed to ensure systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. These are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, Good governance.

- The registered manager failed to ensure incidents were notified to the Care Quality Commission in line with legal requirements.

This was a breach of Regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009

- We discussed this with the registered manager, who after our site visit notified us in the appropriate manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's care plans did not always contain up to date and accurate information about their needs, this meant that people were at risk of not receiving the appropriate care to meet their needs.
- The registered manager had not identified that people were not always approaching staff when they

needed support. This meant when the registered manager was not on site, there was a risk people's needs may not be met.

- Staff told us they enjoyed working at 12 Collett Close, one staff member described the registered manager as "very approachable" and told us "there is nothing I don't like about my job".

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

- Throughout the inspection the registered manager was honest and open with us. They acknowledged the shortfalls identified at this inspection and were eager to put processes in place to ensure people receiving care and support were safe and protected from harm.

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

- People's opinions and preferences had not been consistently sought. This meant people had not been fully engaged when their care was planned. The registered manager agreed more could be done to engage people and ensure their support needs were met.
- Relative's meetings had not yet been held, and formal systems to seek their opinions had not yet been put in place.
- Formal staff meetings had not been held to involve staff in the development of the service, but we saw that the registered manager had an 'open door' policy and they told us that staff meetings would be held soon to formally solicit staff feedback. The registered manager told us that there were plans to hold relatives' meetings in the near future.

Continuous learning and improving care

- Quality assurance arrangements had not always been applied consistently or were not effective enough to always identify possible improvements.

Working in partnership with others

- Records showed that the registered manager and staff engaged with a range of professionals and people in the local community to ensure that people received the additional support they needed.
- A health professional told us that they had had a positive experience of working with the registered manager when transferring a person's care to 12 Collett Close, they told us; "[the registered manager] kept in contact through the process and shared what measures and contingencies they had in place."



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  Safety and monitoring systems had failed to ensure that people were protected from potential avoidable harm.

### The enforcement action we took:

We served a notice or decision to impose conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems in place to monitor quality and safety were not effective.

### The enforcement action we took:

We served a notice of decision to impose conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Systems to ensure the safe and effective recruitment of staff were not effective.

### The enforcement action we took:

We served a notice of decision to impose a positive condition on the provider's registration.