

# Achieve Together Limited

## 33 Egmont Road

### Inspection report

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### Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

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

### About the service

33, Egmont Road is a residential care home providing accommodation and personal care for up to six people. These people live with a range of complex conditions, including profound and multiple learning disabilities, autism, sensory and communication impairments and complex behavioural needs. At the time of this inspection the service supported six people.

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

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

We found systems and processes used to ensure the service were not safe or effective.

The whole environment of the home was in need of redecoration, refurbishment and regular maintenance.

Incidents and accidents were not effectively reviewed or reported to ensure lessons were learnt to drive improvements.

We were not fully assured people were protected from the risk and spread of infection.

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

Systems in place to safeguard people from abuse were not effectively implemented.

The service was not well-led. Governance arrangements and quality assurance audits were not effective in identifying shortfalls in the quality of the service.

CQC had not always been informed of incidents and events at the service which the registered manager and the provider are required to do. This is so we can be assured that events and incidents have been appropriately reported and managed.

Staff supported people to take part in activities and pursue their interests in their local area and to interact

with people who had shared interests.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff placed people's wishes, needs and rights at the heart of everything they did.

People and those important to them, including advocates, were involved in planning their care.

People were supported by staff to enjoy a wide range of activities when it was possible due to the COVID-19 pandemic restrictions.

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

The last rating for this service was good (published 30 September 2021).

### Why we inspected

The inspection was prompted because we received information of concern from a whistle-blower about the environment and the care and support people were receiving. A decision was made for us to inspect and examine those risks.

The overall rating for the service has changed from good to inadequate. This is based on the findings at this inspection. We have found evidence the provider needs to make improvements. Please see the safe, effective and well-led sections of this full support.

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.

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

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to people's safety and the safety of equipment; the safe administration of medicines; people's dignity and respect; person-centred care, protecting people from abuse, the condition of the environment, how the service is managed, how staff are trained and supported and a failure to notify the CQC of important events and serious incidents 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.

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

#### Follow up

The provider took immediate action to mitigate the risks in all the areas we found of concern. The head of area operations at Achieve Together have provided the CQC with a comprehensive action plan and agreed to send the CQC weekly updates as to progress being made against the action plan. We saw work had started on improving the environment on day two of our inspection. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Special Measures

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 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?

Inadequate 

The service was not effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement 

The service was not always caring.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

The details are in our responsive findings below.

### Is the service well-led?

Inadequate 

The service was not well-led.

The details are in our well-led findings below.

# 33 Egmont Road

## 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 carried out by one inspector over three days and two inspectors on one of those days.

#### Service and service type

33, Egmont Road is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff, the registered manager, one of the deputy managers, the director of operations, the head of area operations, the environmental health officer, and an assistant from the provider's positive behavioural support team.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care 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 medication records.

We looked at four staff files in relation to staff supervision, training and recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with five relatives of people. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visited 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 good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People's risks were not always mitigated. When people displayed distress or anxiety, these needs were not always considered and this was seen with increased levels of distress or anxiety. One person who presented in a way that might indicate distress did not have a behavioural assessment, functional analysis or guidelines for staff. This meant the provider failed to understand the persons behaviour or to provide clear guidance to staff.
- Another person had not been supported with an assessment of their behavioural support needs for four years. This meant the provider failed to reassess and meet their changing needs and associated risks.
- Where people presented with behaviours which could result in harm to themselves or to others, staff were not trained to physically intervene using the safest and least restrictive methods. This meant that people were at risk of harm because staff did not receive the specialist training they required to keep people safe.
- The provider organisation had a positive behavioural support team to whom services could make referrals for assessments and support. However, the registered manager had not made referrals to this service for people. This meant the provider failed to do all it could to keep people safe and mitigate risks.

The failure to adequately assess and mitigate risks to people is a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. Safe Care and Treatment.

The provider responded to these concerns during and after the inspection. They confirmed all the people's needs and risk assessments would be reviewed and their care and support plans revised to ensure their changing needs would be supported appropriately. Systems and processes to safeguard people from the risk of abuse

- People were at risk of abuse and improper treatment because the registered manager failed to notify the local authority and CQC of serious incidents at the service. For example, care records showed that staff recorded a notifiable incident. However, the registered manager failed to submit a notification to CQC or forward a safeguarding referral to the local authority. The failure to inform the local authority and CQC prevented both agencies from assessing risks to people. In the case of CQC this information may have resulted in a decision to inspect the service sooner to ensure people were safe.

After the inspection the provider confirmed all the actions identified as needed to safeguard people from abuse were taken to ensure people's safety.

- Staff had policy guidance on safeguarding and whistleblowing. Staff told us they were aware of these policies.



- Staff received training in safeguarding people from abuse and improper treatment and they were able to tell us what they would do if concerns arose.
- People had detailed missing persons profiles within their care records. These up-to-date documents contained recent photographs of people and information critical to responding emergency personnel should people's whereabouts be unknown.

#### Staffing and recruitment

- There were insufficient staff on duty to meet people's needs. Relatives told us they felt there were not sufficient levels of staff at the service and this impacted on people's experiences. Comments included, "I know staff levels have been down but agency staff don't know people the same as permanent staff,"; "No I don't think there have always been enough staff on duty."
- The registered manager told us staffing levels were based on the number of people at the service, rather than their needs and the level of support they required.
- Staff told us they did not have the time to focus specifically on supporting people as they had cleaning and cooking duties to perform as well. This meant at times they were not able to fully adhere to people's personal care or spend time with people to help manage their behaviours and anxieties.

A lack of sufficient numbers of staff is a breach of regulation 18 of the Health and Social Care Act 2008 (regulated activities) regulations 2014. Staffing.

- Safe recruitment practices were in place. This included obtaining references from previous employers, checking staff's eligibility to work in the UK and undertaking criminal record checks.

#### Using medicines safely

- Safe medicines practices were not consistently followed. From checking stocks of medicines and reviewing medicines administration records (MAR), we found errors and GP instructions were not always being followed. No identifiable impact was reported on people's health.
- Some staff signatures were missing and stocks of medicines did not match records.

The provider failed to ensure the proper and safe management of medicines. This is a breach of regulation 12 of the Health and Social Care Act 2008 (regulated activities) regulations 2014. Safe care and treatment. Failure to manage medicines safely.

After the inspection the provider told us that all staff would receive refresher training and have their medical competencies assessed before they are able to administer medicines to people in the future.

- Medicines were stored securely and there were processes in place for the ordering, processing and disposal of medicines.

#### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The maintenance of the building had been severely neglected and considerable damage was seen to the fabric of the building internally.
- We were not assured that the provider was making sure infection outbreaks could be effectively prevented or managed. The Environmental Health Officer [EHO] was carrying out an inspection on the same day as this inspection and they reported several defects that may mean infection outbreaks could not be prevented. The EHO rating was "Major improvements necessary" with a score of 1. Examples included, the poor storage

and labelling of food, chopping boards were heavily scratched and could lead to cross contamination of foods and the number of sinks in the kitchen did not enable cleaning products and food products to be washed in different sinks.

The failure to ensure equipment used by the provider is safe is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

The provider responded during and after the inspection. The operations director told us that as part of the refurbishment of the building the improvements identified above would be met. As an example, the provider said they will ensure the correct number of sinks will be fitted in the kitchen and staff will receive refresher training for infection control practices and have their competencies assessed.

- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Visiting in care homes

The provider enabled visitors to the home as long as government guidance was followed and the provider's own policy and procedures were followed. We found that the provider's approach to visiting was in line with the government guidance and enabled people to see their relatives as they wished.

#### Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Learning lessons when things go wrong

- The registered manager failed to record all incidents of challenging behaviour, to review them and to ensure team-wide learning. This meant the lessons were not always learnt when things went wrong.

# 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 inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- People were not always supported with full assessments of their needs. Where people presented with distress and anxiety, they did not always have behavioural assessments in place.
- Where people were assessed as likely to experience anxiety or distress, there was a lack of guidance for staff to follow on how to deal with this.
- Without behavioural assessments, staff did not always have guidance as to the reactive strategies they should follow when people became distressed or anxious or the preventative strategies to follow to avoid situations which may trigger behaviours.
- The above concerns notwithstanding, needs assessments reflected people's choices and included areas such as communication, activities, personal care and people's strengths.

Staff support: induction, training, skills and experience

- Staff told us they had received induction when they started work at this home but they did not feel it prepared them adequately for their new roles. One member of staff told us, "It was rushed and I did not have enough time to read and digest people's care files." Another member of staff said, "I would have liked to have shadowed a more senior member of staff before I started. It would have helped me get a much better sense of what I had to do."
- Staff said they received training but it was mainly e-learning and comments from staff indicated it was superficial and did not benefit them as much as they had hoped. Comments included, "Yes I have had the training, mostly e-learning but face to face training and discussion in the team would have been far better for me"; "I didn't learn much with the e-learning, it seems more of an exercise to tick a box"; "I don't feel confident with the quality of training I've had."
- Staff did not receive appropriate or regular supervision and records we saw evidenced this. Staff comments included, "I haven't had any supervision for at least six months"; "I haven't had any supervision at all"; "I had some supervision. It was a face to face meeting about three or four months ago."
- The frequency of staff supervision meetings was irregular and did not meet the expected six to eight weeks frequency as set out in the providers policy. This meant the provider could not be assured staff received the right support and training and were able to deliver care effectively or safely.

The failure to ensure staff had the competence, skills and experience to provide care safely is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing

Following our findings the provider confirmed staff supervision and training would be reviewed and practice brought in line with their existing policies and procedures.

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

- Some relatives commented on the lack of regular maintenance over the last two years and the effect it has had on the look of the building. Comments included, "It does look tired, needs a good refresh", "The home needs more regular maintenance especially the decorations."
- The care home looked worn and tired and in need of a complete refurbishment and regular maintenance. The kitchen and bathrooms needed renewal, decorations and furnishings needed repairs for reasons including extensive water damage.
- People's rooms were originally decorated and designed to meet their needs and their wishes. However, the lack of adequate repair and maintenance to some people's rooms and to communal areas meant that they did not meet acceptable standards nor did they meet people's needs.

The failure to ensure the building was suitably repaired and maintained is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

- After we had spoken with the provider we saw contractors on site on the second and third day of this inspection beginning the agreed works.

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 were not always supported in line with the MCA. We found that the Deprivation of Liberty Safeguards for two people had expired. The registered manager failed to obtain authorisation from the local authority to continue restricting people's liberty. This meant people who lacked capacity were deprived of their liberty without safeguards.
- The environment of the home was restrictive with many internal doors locked and a keypad system which people could not use. Without MCA procedures and the appropriate DoLS authorisations in place we could not be assured that these measures were the least restrictive options to keep people safe.

The failure to act in accordance with the Mental Capacity Act 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

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

- People were supported to access healthcare services to ensure their healthcare needs were met. This was done in a timely way.

- Staff maintained records of people's appointments with healthcare professionals and the outcomes from them.
- People had Health Action Plans (HAPs) in place. HAPs contain important information about people's health and well-being such as details health conditions, allergies, medicines and screening. People's HAPs also contained the dates of their COVID-19 and seasonal flu vaccinations.
- Staff supported people with their oral and dental care. People received support to brush their teeth and to attend dental appointments.

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

- People said they liked the food and were happy with the choices they were given. One person said, "Yes the foods not bad, it's ok most of the time depending on the cook." Another person said, "I enjoy most of the meals".
- Relatives told us their family members enjoyed a good diet and were happy with the food they received. Comments included, "My [family member] seems to enjoy it," and "I think they'd complain if they didn't enjoy the food, they would tell me anyway."
- Staff told us people had a choice of the food they ate and were always offered alternatives if they did not like what was on the menu.
- We saw menu plans were in place and choices offered to people.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well cared for or treated with dignity and respect.

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

- We observed staff who demonstrated a caring and kind attitude when supporting people. Nevertheless we felt that where staff had brought issues of concern to the registered manager and senior managers attention, such as with the environment, these concerns were not acted upon.
- The provider failed to enable people to live in a home and an environment which promoted their well-being and where their rights were upheld. The care home looked worn and tired and in need of a complete refurbishment and regular maintenance.
- Relatives told us they thought their family members were well treated and supported by staff. Comments included, "Staff are caring, they support my [family member] well and they keep us informed", "The permanent staff know my [family member] well, not so happy with the agency staff."
- People looked to be well treated and supported by caring staff. People told us they were happy living at Egmont Road and were well supported. One person said how they were supported by staff to do the shopping they liked to do and another person told us they were supported to go to college each week.
- The daily notes entered by staff into people's care records were written in a way which conveyed care and respect for people.

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

- People were able to express their views and be involved in their care. People's care records detailed the support they required to make decisions. For example, where people risked being overwhelmed by choices, care records guided staff on the support required. One person's care records said, "Do not give me too many choices."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. One person's records stated that when they received a phone call they wanted staff to wait outside of the room.
- People's care records encouraged staff to value people's dignity. For example, each person had a section in their care records entitled, "What do people like and admire about me?"
- Care records noted the support people required to meet their personal care needs. This included noting the personal care tasks people could do for themselves. This meant people's independence was promoted.
- People's preferred toiletries were noted in care records. For example, people's favoured shower gels and toothpastes were stated.
- People were supported to engage in the activities of their choice, such as going to college or out shopping. This enabled people to enjoy not only their chosen activities but also some independence.

# 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 deteriorated 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

- People's care records were personalised. Care records contained people's likes and dislikes. For example, one person's disliked being late, walking very far or drinking hot drinks.
- Care records provided staff with information to meet people's specific needs. For example, care records provided staff with guidance to support a person who was known to become anxious when other people saw their families or went on holiday. In these circumstances staff supported the person to review their scrapbook and discuss the positive things they would be doing shortly.
- Our findings in safe and effective to do with the failure to assess all of people's needs and risks evidences that the provider was not as responsive as they might have been. For example, people's sensory needs were not being met within the home as the room for this purpose was no longer being used as a sensory room. After the inspection the provider assured us that the room would be re-equipped and used as a sensory room that could meet the needs of people. We saw evidence that confirmed this was being treated as a priority.

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 and support plans outlined people's communication needs. This included how people expressed themselves and how best to support people to communicate.
- Where people used speech to communicate, care records stated how they did so and support required from staff. For example, if people used one or two words at a time this was stated.
- Similarly, when people did not speak, how they communicated non-verbally was stated.
- Communication records informed staff how people conveyed they were unwell, experiencing pain, anxious or upset.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives were generally happy with the support they received, and they said they felt well informed by staff about their family member's progress.
- Staff supported people to maintain the relationships that were important to them. Care records noted people's family and friends and the support they required to maintain relationships with them.

- Care records also noted the support people might require around their sexuality and identity.
- People were supported to engage in a range of activities. These included going to college and an activity centre as well as swimming, bowling and walking in the park.

#### End of life care and support

- No one at the service was identified to be on an end of life pathway. We were told that should anyone require palliative care, referrals would be made to specialist healthcare professionals to ensure people remained comfortable.

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

- The provider has an appropriate complaints policy and procedure in place that staff told us they knew about. We saw notices on the main notice board displaying the procedure people would need to follow if they had a complaint. The registered manager told us they had not received any complaints since the last inspection.



# 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

- We received negative feedback on the management of the service. Some staff did not feel the service was well managed. Comments included, "[The registered manager] was always in the office behind closed doors with the deputy", "We reported the problems we saw with the environment to the registered manager but no action was ever taken" and "We were unaware of senior management as they never came here to see for themselves."
- Staff told us they felt unsupported, undervalued and described the staff morale as low with poor communication and teamwork. A staff member commented "I have not had any supervision for months and the training is poor. We have had one or two team meetings but behaviours and attitudes haven't changed until now."

The service was not effectively managed to provide good outcomes for people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- Some relatives were not so happy with the management of the service over the last two years as they felt the service had deteriorated in this time. Their comments included concerns over the condition of the environment and the support their family member received from staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was not well-led. Governance arrangements were not effective in identifying shortfalls in the quality of the service. There was a lack of visible leadership and the registered manager failed to act on known issues such as the environment.
- CQC had not always been informed of incidents and events at the service which the registered manager and the provider are required to do. This is so we can be assured that events and incidents have been appropriately reported and managed.
- Our findings from the safe and effective domains showed the service was not safely managed and appropriately audited to mitigate risks and meet regulatory requirements. The provider had good systems in place to audit the service but they were not used effectively. This included a series of in-house audits of staff supervision, medicines, the health and safety of the environment, care plans, infection control and aspects of health and safety. However, this auditing failed to identify the shortfalls we found such as with the

environment, the medicine records and reporting accidents and incidents. The medicines audit completed in December 2021 showed no issues and the environmental audit failed to report the considerable areas of the building in need of repairs and maintenance. There was no effective auditing of the rota which resulted, in poor management of the rota and the risks around insufficient staff on shift was not mitigated.

- Cleaning schedules and some health and safety check records showed gaps in completion. The registered manager informed us the gaps in the health and safety checks had occurred due to the staff member responsible being away from the service. However, those tasks were not delegated to enable the provider to be assured that the equipment in the service was safe and in good working order.
- Where external agencies had carried out audits, work in ensuring the necessary improvements were addressed had not been fully completed. For example, the London fire brigade carried out a fire risk assessment and made some recommendations. We found not all those recommendations had been completed or implemented.
- There were systems in place to promote learning from incidents to improve care. However, our findings in the safe and effective domains showed improvements were not embedded into practice for these to be effective in improving care.

Good governance was not established, and records were not suitably maintained. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- The service worked closely with local health professionals.

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

- Systems were in place to get feedback on the service annually, however annual surveys had not taken place in line with the providers policy on seeking feedback since 2019.
- The meeting minutes showed staff meetings took place three monthly.
- During the pandemic relatives told us they were updated with guidance relating to COVID -19, visiting and were enabled to keep in touch with their family members. Relatives told us they had frequent communication from staff during the pandemic.

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

- CQC had not always been informed of incidents and events at the service which the registered manager and provider are required to notify us off. This is so we can be assured that events and incidents have been appropriately reported and managed.
- After this inspection the provider was able to demonstrate they understood what action they needed to take with regards to making notifications to the CQC. A review was undertaken by the provider and any notifications that were not submitted at the time were made retrospectively.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider failed to act in accordance with the MCA 2005
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 assess risks to people; do all that was reasonably practical to mitigate risks; ensure premises were safe; ensure equipment was safe; ensure the proper and safe management of medicines
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider failed to ensure the premises were clean and properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider failed to ensure staff received appropriate support, training, professional development, supervision and appraisal to enable them to carry out their duties; failure to ensure the staff have the competence, skills and experience to provide care safely; failure to notify CQC appropriately

