Eleanor Nursing and Social Care Limited

York House and Aldersmore

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
York House and Aldersmore is a residential care home providing accommodation and personal care to 17 people, including autistic people, people with a learning disability, and/or physical disability and people living with dementia. The service can support up to 18 people.

The service accommodates people in one large home, which is in keeping with other large domestic properties on a residential street.

People's experience of using this service and what we found
During the inspection we identified serious concerns about Infection Prevention and Control (IPC). This included concerns about the cleanliness of the service and poor practice in the use of Personal Protective Equipment (PPE), which placed people at the risk of infection. We wrote to the provider setting out the urgent nature of our concerns and asked them to provide an action plan on how they would address this.

The provider employed a consultant to visit the service and created an action plan alongside the management team to address these concerns.

The service did not have a manager registered with the Care Quality Commission at the time of inspection, although a manager was employed and had made an application. Where a manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager told us they had been working to try to change the culture in the service. We found that governance and oversight systems were not robust and did not identify areas of concern in order to effectively mitigate risk. Whilst the service had received some compliments, it was not demonstrated that lessons were learned following complaints or other incidents and effective action taken as a result. The service had also failed to notify the CQC of safeguarding concerns, which is a legal obligation on providers so that CQC can monitor the safety and quality of care.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

The model of care and setting should maximise people's choice, control and independence. Whilst the service is a domestic style home on a residential street with access to local amenities, the number of people living at York House and Aldersmore is greater than best practice guidance. We were also told by the manager that people living at the service were not always from the local area. We had concerns about the

varied mix of people of different ages with diverse and complex needs, which alongside the number of people living at the service could impact upon the quality of care. We raised this with the provider's representative, who told us that people are assessed upon entry to the service to see whether their needs can be met, and any possible impact on others living there. However, as the service could not demonstrate the assessment process was robust and effective, we raised this as a concern with the local authority.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 23 October 2019).

Why we inspected
We received concerns in relation to Infection Prevention and Control (IPC) and management and oversight of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

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

We have been provided with an action plan on how urgent concerns relating to IPC and cleanliness of the environment have or will be addressed to keep people safe from the risk of infection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for York House and Aldersmore on our website at www.cqc.org.uk.

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.

We have identified breaches in relation to safe care and treatment, staffing, governance and oversight and lack of notifications to CQC at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The 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 well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

York House and Aldersmore

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 (IPC) 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.

Service and service type
York House and Aldersmore 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used information we had received about the service since the last inspection. 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 spoke with the local authority and requested feedback. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service, and one relative about their experience of care provided.

We spoke with six members of staff including two support workers, the manager, operations manager, company director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including documents relating to two people's care and a variety of records relating to the management of the service, including audits, policies and procedures. We requested further documents to be provided for review off-site, including medication records, further care records, and those relating to staff training, recruitment and supervision, but some of these documents were not provided.

After the inspection
After the date of the inspection site-visit, the inspection continued remotely. We continued to seek clarification from the provider to validate evidence found. We reviewed the documents we requested that had been supplied, including policies and risk assessments for COVID-19. We raised urgent concerns with the provider in relation to poor IPC practice at the service and requested an action plan was completed. We also reported concerns to the local authority safeguarding team.

Inadequate

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.

Preventing and controlling infection

- Staff were not using Personal Protective Equipment (PPE) safely in line with government guidance, including senior staff and management. Staff were seen with masks worn under their noses on multiple occasions. We saw PPE stored loose in unsuitable containers such as a shoebox, which posed a risk of contamination. Discarded PPE was found throughout the premises, including in the front garden.
- Whilst the manager told us that training on safe use of PPE had been completed by staff, this was not effective. The manager told us there were no routine observations undertaken of staff PPE donning and doffing or handwashing techniques to ensure staff were competent. Whilst there had been no recorded outbreak of COVID-19 at the service at the time of inspection, this placed people at the risk of harm from infections.
- We were not assured that the provider was safely accessing COVID-19 testing for people using the service and staff. There was no effective system in place for recording who had been tested and when. We raised our concerns with the provider and were informed that a system had been introduced to provide the manager with oversight of the testing process. Swabs taken during staff testing had not been sent off for processing within 48 hours as required under government guidance. The manager told us this was due to non-collection by the courier and that they had identified an alternative means of sending tests promptly for processing in the future.
- The layout and hygiene practices of the premises did not promote safety. Communal bathrooms were found to be unhygienic, with faeces on one toilet seat and unpleasant odour in parts of the home. Showers and shower drains were unclean and used shower water was found on the floor, posing an infection control risk and slip hazard. People's toiletries were left in the room posing a cross contamination risk. Cardboard boxes were being used as bins for PPE disposal, and others did not comply with best practice guidance. The manager acknowledged that this issue had not been identified as part of the Infection Prevention and Control (IPC) audits carried out.
- It was not always demonstrated that plans were in place to ensure infection outbreaks could be effectively prevented or managed. There was no clear and person-centred plan in place for ensuring people and staff knew who would be self-isolating in their room in the event of an outbreak. Risk assessments had been undertaken for staff in at increased risk of COVID-19, but no individual risk assessments for people using the service were provided.
- There was no robust system in place for preventing visitors from catching and spreading infections, including checks for COVID-19 symptoms upon entry to the home. Whilst the manager told us there was a visiting protocol, compliance with government guidelines including appropriate social distancing was not being effectively monitored. The manager told us that a COVID-19 safe visiting room was being constructed to support safe visiting in the future.
- A general risk assessment was in place for staff to support people on local walks in the community and

with social distancing rules. One person told us, "When we go out, we need to wear a mask". However, staff were observed demonstrating poor PPE practice, which did not reinforce the need for safe PPE use and did not protect people who were clinically vulnerable.

● The manager told us that people moving in to the home did not always isolate in their rooms for 14 days, despite this being government guidance and, in the home's own policy on safe admission procedures during the COVID-19 pandemic. The manager could not demonstrate people moving into the home during the pandemic had risk assessments in place which considered the potential infection risks of not being able to self-isolate.

● The provider had infection prevention and control and COVID-19 management policies in place but were not following their own policies or government guidance in a number of areas, including safe admissions, testing and visiting. We raised our concerns with the local authority. We have also signposted the provider to resources to develop their approach.

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

● Some safety certification was in place, including for electrical wiring, gas safety and the presence of legionella.

● A fire evacuation plan was in place, alongside evidence that people had a Personal Emergency Evacuation Plan (P.E.E.P) in their care files. However, two broken garden chairs were found partially blocking the fire escape route out into garden. We raised this with the manager who moved them straight away. However, this had not been identified as part of routine environmental checks undertaken.

● Fire extinguishers were not on their hooks and the manager did not know where they were. One was found in a locked cupboard which meant it would not be immediately available in the case of an emergency

● The environment was not always safely maintained, with one disused bathroom found unlocked with a broken mirror and mouldy ceiling. As the manager told us most people were ambulant, this posed a risk that had not been considered or mitigated. We raised this with the manager who told us they would arrange for the lock to be promptly repaired. Curtains were partially falling down in the lounges, with a curtain rail coming away from the wall, posing a risk to people passing underneath them. We raised this with the manager who said they were being replaced.

● Food in the kitchen cupboards was not labelled with the date of opening, and the manager disposed of some items which were empty or dirty during the course of the inspection.

● We requested the care plan and risk assessments for a person at risk of pressure ulcers. When asked, the manager could not tell us the grade of pressure ulcer the person had. Whilst records showed the person was being regularly repositioned, there was no reference to the person having a pressure ulcer in their care plan, and no risk assessment for supporting skin integrity was provided.

● Equipment was overdue for servicing, including hoists, so it was not evident that it was fit for purpose or safe to use.

● Some audits were taking place, including for nurse call bell system. However, we were not provided with the incidents and accidents report or falls audit, so could not confirm whether these were regularly reviewed for themes and trends and appropriate professionals notified.

● Visiting professionals had raised concerns they were not being asked to have their temperature checked when entering the home, and staff were answering the door without masks on. Despite this feedback, poor staff PPE practice had continued. This did not demonstrate that lessons were learned when things had gone wrong, with appropriate action taken and followed-up.

People who use services were not protected against the risk of harm associated with unsafe infection control practice and maintenance of equipment and the environment. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

● Staff told us they felt there were enough staff on shift to meet people's needs. One member of staff told us, "I have never felt like we struggle, we cover mainly amongst ourselves and [the manager] would step in if needed".

● However, on the day of inspection there were five members of staff recorded as being on shift including the manager to support 17 people, some of whom were cared for in bed or required 1:1 support. We asked the manager to demonstrate how they worked out the staff numbers required to meet people's needs, but the document provided was high-level and unclear. They could not demonstrate how they oversaw this to ensure people received safe, good quality care against the need to also complete cleaning, cooking and other activities to a good standard.

● There was a diverse mix of people of different ages and needs living at the home at the time of inspection. It was not demonstrated how assessments had been made to ensure the service could care for people safely and consider the impact on others. We saw a person with complex needs enter another person's bedroom and pull their clothing from the wardrobe, which did not respect their privacy and dignity and posed an infection control risk.

There were not sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● The service could not demonstrate safe recruitment practice as some documents from staff files were not provided to the CQC to review upon request. In the files provided, there was no recorded education or full employment history for recently recruited staff seen, and no evidence that gaps had been explored.

Systems and processes to safeguard people from the risk of abuse; Using medicines safely

● Whilst we saw evidence that some safeguarding concerns had been reported to the local authority, the service could not show that there was onward notification to the CQC, or that safeguarding concerns were effectively analysed for themes and trends so action could be taken to reduce the risk of future occurrences.

● Two members of staff told us they would escalate any safeguarding concerns externally if they did not feel it was being dealt with appropriately by the management team.

● Staff told us their training was up to date, including for medication and safeguarding. One member of staff told us, "[The manager] supervises and checks competency regularly, if I have a problem or a doubt on medication I will always check." We asked to see training records to demonstrate staff were competent and sufficiently trained. The documentation we were provided with had a number of gaps and did not show if or when all staff had received training in a number of areas, including for safe infection prevention and control.

● The manager told us that referrals were made to external healthcare professionals and medication reviews undertaken where required, and there was correspondence in one person's care file that supported this. However, Medication Administration Records (MARs) and associated audits were not supplied to check any gaps in administration were being appropriately followed up. This meant that the service could not demonstrate the safe management of medication.

Requires Improvement

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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Some documents requested by the CQC as part of the inspection process were not supplied by the manager or the provider, despite repeated opportunities to do so being provided.
- Staff were made designated leads for areas such as safeguarding and Infection Prevention and Control (IPC). However, the IPC lead was seen demonstrating poor PPE practice during the inspection which did not provide a good example to others.
- There was a lack of oversight to ensure that notifications were made to the CQC. The manager had not notified the CQC of events that had occurred. Notifications are required by law to ensure the CQC can monitor the service and ensure people are receiving safe care. We found that four safeguarding concerns reported to the local authority safeguarding team had not been notified to the CQC.

The provider had not submitted statutory notifications of abuse or allegations of abuse as required to the CQC without delay. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

- We identified concerns that had been noted in previous inspections relating to cleanliness and the environment which showed that quality assurance processes were not robust and action taken to improve quality had not been sustained.
- A service improvement action plan was in place, including the resolution of some maintenance issues. A further action plan was submitted to the CQC outlining steps the provider had or would take to resolve our concerns about IPC and other urgent risks.

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

- Since the last inspection there had been changes in the management at York House and Aldersmore. Whilst there was no registered manager in place at the time of the inspection, the manager had submitted an application with the CQC. They told us they were actively trying to change the culture within the home but that this was challenging. There was no plan in place to demonstrate how this was to be achieved, what support was being provided to the manager and what the expectations were of staff working in the service

● The service was not always well-managed, with inconsistencies and shortfalls in oversight and identification of concerns or risks. Where risks were identified and communicated with the staff team, this was not always followed up effectively to ensure changes were made. Issues found during the inspection had not been identified as part of the provider's quality assurance process. People did not receive consistent positive outcomes as a result. The manager was not able to demonstrate how the leadership were ensuring best practice and role modelling to ensure improvements to the quality of care. This included how the home was ensuring systems were working for mitigating risks associated with infection control and the COVID-19 pandemic.
● Staff we spoke with told us they felt supported by management. However, the service did not demonstrate that staff received regular supervisions or an effective system to monitor they were taking place. One member of staff told us they had only had two supervisions in the last year, and supervision records showed that no formal staff supervisions had taken place between January and October. Without this oversight, opportunities to improve practice and quality in care provision had been missed.
● In addition to missed opportunities to improve practice, the manager did not always take immediate action to rectify poor practice. A member of staff was seen carrying loose bedding through a communal dining area, which did not respect the person's privacy or dignity and was an infection control risk. We raised this with the manager, but no steps were taken to resolve this concern and the same member of staff was later seen repeating the practice.
● A whistleblowing policy was in place. One member of staff told us they could access this policy and, whilst they felt confident the manager would follow up on any concerns raised, they would whistle-blow if required.
● Staff meetings continued to take place remotely during the pandemic, where information could be shared with the staff team, including on the safe use of PPE and PPE disposal and protocol for visitors. However, this was not always seen to have had an impact in practice.
● A Duty of Candour policy was in place at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The manager told us they had been trying to improve the culture of the service. Posters were displayed to challenge bullying or gossip. New members of staff had also been recruited to support this process. An equality and diversity policy was in place and set out the service's response to discrimination.
● A person's relative told us, "The manager is very busy but always available when I have a query [about my relative]".
● There was a diverse mix of people living at York House and Aldersmore. It was not demonstrated that people's backgrounds, equality characteristics and care and support needs were being robustly assessed upon admission to the home, to ensure compliance with the Right support, right care, right culture guidance and consideration of any possible impact on others already living there.

Working in partnership with others
● The management worked with other professionals such as social workers, GPs and district nurses, although concerns raised were not always followed up.

We found no evidence that people had been harmed, however, systems were either not in place or not robust enough to evidence effective oversight of the service and the fulfilment of regulatory requirements, placing people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents How the regulation was not being met: The provider had not submitted statutory notifications of abuse or allegations of abuse as required to the CQC without delay. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. Regulation 18 (Registration) (2) (e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: People who use services were not protected against the risk of harm associated with unsafe infection control practice and maintenance of equipment and the environment. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 (2) (h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found no evidence that people had been harmed, however, systems were either not in place or not robust enough to evidence effective oversight of the service and the

fulfilment of regulatory requirements, placing people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulation 17 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing How the regulation was not being met: There were not sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18 (1).