

Integrity Home Care Ltd

Stubblefields House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (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

Stubblefields House is a residential care home providing personal care and accommodation for up to ten adults or older people with a learning disability and/or autistic spectrum disorder. There were ten people living at the service on the day of the inspection. The service was not supporting anybody in the community at the time of inspection.

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

Systems were not effective to assess, monitor and improve the quality and safety of the service. The lack of systems meant the provider had failed to identify and address the concerns we found at this inspection.

Measures were not in place to mitigate the risk of the spread of infection. The service was not always clean and tidy and some areas of the environment required improvement. The provider acted during the inspection to improve infection control measures.

People were at risk of avoidable harm because risks to people had not always been identified, assessed and mitigated.

There was insufficient staff deployed which impacted on the cleanliness of the service and people's ability to access the community. The management team were consistently working on shift which impacted their abilities to carry out their roles. The provider was actively recruiting staff.

People did not always receive individualised care and were not always fully supported to continue their hobbies and interests during the pandemic.

People received their medicines as prescribed but best practice was not always followed. We have made a recommendation about this.

Recruitment procedures were in place, but these had not always been followed. We have made a recommendation about this.

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.

People and their relatives shared positive feedback about the service. We received positive feedback about the management team and staff felt supported. It was clear people had developed positive relationships with staff and the management team.

This service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. This included people's environment been restricted due to been used as a staff sleep area and a office in a communal corridor. People had not been supported to maintain hobbies and interests during the pandemic. The provider told us they would be working with the local authority to review individuals needs and support.

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 of this service was good (published 10 January 2018)

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about visiting procedures. A decision was made for us to inspect and examine those risks.

We inspected and found there were concerns with infection control, person centred care and governance, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, responsive and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion 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 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 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 risk management, infection control, person centred care and governance at this inspection.

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

Follow up

We will request an action plan 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stubblefields House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Stubblefields House 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 CQC. 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before 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 all of this information to plan our inspection. 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.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the manager, and three care workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not safely managed. Risks to people and staff had not been identified and no action taken to mitigate the risks.
- Risks in relation to the environment had not been mitigated. This include window safety, fire evacuation, water safety and legionella.
- People's health conditions were not always recorded to ensure they were monitored effectively.
- Staff had not received training to support people with their health conditions, such as epilepsy.

The failure to assess and monitor risk was a breach of regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider started taking action to address these concerns. They immediately fitted window restrictors and sourced training for staff in relation to people's health conditions.

Preventing and controlling infection

- The service was not always clean and tidy. One toilet did not have appropriate flooring down so it could not be effectively cleaned.
- Donning and doffing stations were not appropriately placed. They were in a high traffic area and not in separate areas to reduce the risk of contamination.
- Handwashing facilities were not always available. For example, in one person's bedroom and the laundry.
- Bins did not always have lids on or were not always pedal bins.

The provider had failed to ensure effective infection and prevention control measures were in place. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the provider took action to improve infection control measures. They employed a cleaning company, replaced carpets with flooring to enable more effective cleaning and purchased new foot operated bins.

Staffing and recruitment

- There were insufficient staff employed to run the service safely. The registered manager and acting manager were consistently on shift whilst also carrying out their own roles.

- The staffing levels impacted the level of cleanliness and people's ability to access the community.
- There was no dependency assessment to assess people's needs and ensure safe staffing levels.
- Appropriate staffing was not available for people who needed support with medicines during the night.
- Staff had not always received training in relation to people's health conditions. For example, staff had not received epilepsy training.
- Competency assessments were not carried out to ensure staff had the appropriate skills for their role.

Failure to have sufficient numbers of suitability qualified, competent and skilled staff is a breach of regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment checks were not robust. For example, one person only had one-character reference and had not completed an application form.

We recommended the provider review their recruitment processes.

- The provider was actively recruiting additional staff.

Using medicines safely

- People received their medication as prescribed. However, best practice was not always followed.
- One person had medication that was discontinued remained in their medication cabinet, and their prescribed creams had no opening or discard date and were not in the original box. The manager told us they would address this.
- Staff had not received medicines competency assessments to ensure they were competent to carry out their roles.

We recommended the provider seek advice from a reputable source regarding following best practice in relation to medicines.

Learning lessons when things go wrong

- There had been very few accidents at the service. If these increased the manager would monitor these for any trends.
- Accident reports for the incidents that had occurred did not contain sufficient detail.

We recommended the provider review their systems for recording and monitoring accident and incidents.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One relative told us, "Yes [Name] is certainly safe, they are always okay, so we are happy."
- Staff had received safeguarding training and told us they would feel confident to report any abuse.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Blanket decisions were made as a service rather than on an individualised basis meaning people did not always receive care centred around them. Guidelines regarding visiting had not always been fully followed.
- Care plans had not been reviewed to ensure people's hobbies, interests and social needs were met during the pandemic.
- People expressed they would like to be more engaged in the community as they had previously been.
- People could not freely access the communal lounge because this was being used as a sleep area.

The failure to ensure people received individualised care was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

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

- Care plans were in place to ensure people had support with their communication needs.
- Documents were available in accessible formats such as surveys.

Improving care quality in response to complaints or concerns

- The provider had not received any recent complaints.
- A complaints procedure was in place and people and their relatives told us they felt confident they could raise any concerns should they arise. One relative told us, "Yes, absolutely I could complain if needed and I am assured they would deal with anything that was not right."

End of life care and support

- Nobody was receiving end of life care at the time of inspection.
- The manager told us people had been offered the opportunity to discuss their end of life care wishes but had declined.

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

- Systems in place were not effective. They had not always identified the areas of concern we found at this inspection.
- There was a failure to manage risks posed to the health, welfare and safety of people. This included safe staffing levels, health and safety risks and infection control.
- The provider had failed to identify that using people's environment was not always in line with best practice. For example, an office area had been created in the communal corridor which meant there was no appropriate area for staff supervision and interviews in line with the providers policy. People's lounge was used as a staff sleeping area.
- Records were not always fully completed or accurate. This included people's health records, supervision records, induction records and recruitment records.
- The lack of management oversight meant the service had failed to identify people's care plans had not been reviewed or updated to meet their needs during the pandemic.

The provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were receptive to feedback and started taking action during the inspection to address some of the areas we identified.

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

- Work was required to ensure people received individualised, person centred care that empowered people.
- People and their relatives shared positive feedback about the service. One relative told us, "Stubblefields House is great, its excellent. It was a good choice for [Name] to move there." One person told us, "I am happy, the staff are nice and caring. They're very good to me."

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

- Relatives were confident they would be informed if anything went wrong. One relative told us, "Yes they

would definitely tell me of any incidents, they keep me fully up to date."

- The management team were open and honest throughout the inspection.

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

- People and relatives had completed surveys. However, there was no records of when these were sent/received nor were they dated meaning we could not be assured of how old these surveys were.
- No staff surveys had been carried out to gather their views. There was no appropriate place to hold staff meetings to gather staff views. However, staff told us they felt supported by the management team. One staff told us, "Yes, I definitely feel supported; even if it is a personal issue I can go to them."

Working in partnership with others

- The management team had struggled to work in partnership with others such as attending local authority support calls due to having to work on shift. They told us they were going to make time to attend these.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not receive individualised care. People's care plans had not been reviewed to ensure their needs were met. 9(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks to people were mitigated. The risk of spread of infection was not mitigated. Appropriate health and safety checks were not carried out to ensure a safe environment. 12(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service. The provider had failed to assess monitor and mitigate risks relating to the health and safety of others. The provider had failed to maintain accurate, complete and contemporaneous records. 17 2 (a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider has failed to deploy sufficient numbers of staff.</p> <p>They had failed to ensure staff received training and competency assessments to ensure they had the skills to carry out their roles.</p> <p>18(1)</p>