

Holly Tree Lodge

Holly Tree Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Holly Tree Lodge is a residential care home providing personal care to 10 people with learning disabilities at the time of the inspection. The care home is registered to accommodate up to 14 people, however, the home is no longer able to provide accommodation for more than 10 people. The building was spread across a main house and three additional and separate bungalows.

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

The service was registered for the support of up to 14 people. This is larger than current best practice guidance. The size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home.

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

People and relatives told us they felt safe. However, we found that systems and practices in the service meant people were not safe and at risk of harm and abuse. Risks to people had not always been identified and assessed.

Cleanliness in the communal areas of the home was not to acceptable standards which meant people were at risk of infection or disease or other illnesses. Medicines were not secure due to the keys being openly available to anyone and one person's supply of emergency medicine had run out.

Staff recruitment process had not been completed as required which meant that staff were not suitably assessed to ensure they were safe to work with vulnerable people. Staff rotas were not well managed which meant staff were working excessively long hours and shift patterns that meant people were at risk of errors or harm due to staff not being fully rested.

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 were not always consulted about their consent before support was given and mental capacity assessments were not always completed or were not decision specific. This meant people's rights were not supported and protected.

The service did not apply the principles and values of Registering the Right Support and other best practice

guidance. People were not encouraged to do things for themselves or be involved in daily tasks.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons, there was a lack of choice and control, limited independence, limited inclusion e.g. People did not have the opportunity for meaningful activities and staff did not promote their interests, social network, hobbies and cultural or religious needs.

People were not valued or respected as they were living in unclean environment which was also in need of repair and redecoration in many areas. Staff did not always talk with people when carrying out tasks and choices were not offered.

People were supported to access a variety of health and social professionals when required and actions suggested by professionals were put into place. Staff did ensure that people who were supported in bed due to their conditions were well cared for in relation to skin and pressure care. Records showed people were involved in reviews along with their relatives and social care professionals. People who could not communicate easily through talking, were supported to use symbols, gestures and sounds to communicate.

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 20 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to keeping people safe and assessing their risks and needs, poor hygiene practices, poor standards of the environment, safe recruitment processes, treating people with dignity and respect, lack of personalised care, lack of staff support and lack of good management of the service systems and practices.

We have imposed positive conditions on the provider's registration to drive improvement in the areas of concern highlighted above and promoting the principles of Registering the Right Support.

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.

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 six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Inadequate ●

The service was not caring.

Details are in our caring findings below.

Is the service responsive?

Inadequate ●

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Holly Tree Lodge

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

Holly tree Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We 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. 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 and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the deputy manager, and care workers. 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 multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with two professionals who regularly visited the service.

After the inspection

We sought clarification from the provider to validate evidence found. We looked at training data, staff and care records 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 deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- The registered manager had not reviewed and updated all risk assessments to reflect the current risks to people and the support they required. We did find some up to date risk assessments but these were stored in a box file in a separate filing cabinet instead of the daily file staff were using. Staff were not aware of risks related to people's needs and behaviours. These risks had not always been identified and assessed. Therefore, some people did not have any control measures in place to keep them safe.
- One person goes out alone on a regular basis. The risk assessment for this person was not sufficient in identifying the risks to this person or how these risks were to be mitigated. Assessments did not detail whether the person understood the risks or had an awareness of how to keep themselves safe.
- The same person had purchased and stored multiple bottles of bleach. Although staff and the registered manager were aware of this there were no risk assessments to assess the risks to this person or others.
- Staff were given training on abuse awareness and how to safeguard people but this was not followed up to check if they had understood the training and were able to apply the learning to their practice.
- Staff and the registered manager did understand how to report a concern but did not have a full understanding of the sign and indicators of abuse. Not all risks of abuse were identified and action not always taken. One person had been exposed to a potentially significant risk from a member of the public and had exhibited behaviour that could indicate abuse. Staff had not fully assessed the risks to this person or whether the person understood the risks and how to keep themselves safe. Neither staff or the manager had identified that the person's behaviour could indicate abuse.

Preventing and controlling infection

- The home was not clean. We found multiple infection control risks about the home. The kitchen had ingrained dirt, grease and stains on walls, shelves, skirting boards, pipes and the top of surfaces. The cooker extraction hoods were not working, when we tried them, due to a broken button and excessive grease and debris. The extraction fan in the window was full of dust and ineffective because it was so dusty. The fridge and freezer seals were dirty and one seal was broken and rusted.
- Other communal hallways and doors had brown stains on them from a build-up of dirt. Light switches had sticky yellow stains on them where they had not been cleaned. The last infection control audit was dated 08 February 2017. The registered manager said they do not test for the risk of legionella, which can cause serious illness and even death if contracted. This placed people at risk of infection, disease and other illnesses.
- We discussed this with the registered manager and pointed out the areas that were not clean. They explained there was a cleaning schedule in place and cleaning was checked by the registered manager. We

found this process ineffective as the infection control concerns we identified had not been raised or addressed. During the inspection process the staff did clean some of these areas but this only made a slight improvement, as the dirt and grease was so ingrained.

- Due to the level of concern regarding cleanliness and safe extraction we reported our concern to the Food Standards Agency who plan to inspect the service.

Using medicines safely

- Medicines were not safely or correctly stored. Keys to medicines cabinets were stored in an unlocked box in an unlocked room. The same room contained a medicine fridge that was also unlocked. The fridge contained two different medicines accessible to all. The fridge also contained a selection of food and drink items. This meant there was a risk people could access the medicines and harm themselves and there was also a risk of contaminating the medicines.
- Protocols for emergency medicine for one person who had epileptic seizures had not been since 2011 despite the registered manager telling us there had been a change in their needs and numerous appointments with health professionals. This meant there was a risk the procedure staff were following to administer the medicine was incorrect as it was so far out of date.
- The staff had not ensured there was a constant supply of emergency medicine for the person and were out of stock. This meant there was a risk of causing harm should they experience a prolonged seizure which required this prescribed medicine.
- We spoke to the registered manager about this and reviewed the frequency of the person's seizures. Seizures had occurred the day before and the registered manager told us they thought staff were confused about whether this was a single or multiple seizure. This showed the importance of an updated protocol and checking staff knowledge and competency to ensure procedures are correctly carried out to ensure people's safety.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed and people were protected from the risk of harm and abuse. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) and regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives had a different view to inspectors about the safety in the home. One person said, "Yes I feel safe, when I was at [previous care home], I didn't feel safe. Here they have lots of staff here so if you are feeling a bit down or anything they always come and have a chat with you and that helps you feel better." A relative told us, "I feel very safe for my family member...everything is documented so well and the systems are in place. The manager is amazing, really so caring and fun."

Staffing and recruitment

- The registered manager had not ensured that robust recruitment procedures were followed. One staff had been working at the service at least three months without having any references to confirm if they were of good character. Two other staff had not had a Disclosure and Barring Service check updated since they started employment up to five years earlier.
- All staff documents reviewed revealed significant unexplained gaps in their employment history that had not been checked by the registered manager. Interview records were missing and some ID documentation could not be verified due to the quality of the photocopy.
- There appeared to be sufficient numbers of staff on shift to be able to meet people's needs on the day of the inspection visit. However, many opportunities for engagement were missed and staff were not supporting people to follow interests and hobbies or get involved in daily tasks such as cleaning and

cooking.

- The registered manager had not ensured safe management of the rota to deploy staff in a way that enabled sufficient rest periods. For example, one staff member was working periods of up to fourteen waking night shifts in a row over the next two months without a break. Other staff worked twelve hours shifts for five or more consecutive days without a break. This meant there was a risk of staff being too tired to work safely. The RM had not assessed or considered this to be a risk to people.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff recruitment processes were safe and effectively managed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The registered manager and some staff did tell us that information about incidents or poor care seen on television was discussed at staff meetings. However, there was little evidence of this as staff meetings only occurred three times in 2019. The records for these meetings showed little evidence of reflection and learning and had no clear outcomes or actions.

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

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.

- The registered manager had completed some mental capacity assessments. However, they were not always decision specific and some situations that required a mental capacity assessment to be completed were not done at all.
- Assessments by the registered manager and the provider to determine if a person had the mental capacity to make their own decisions were incomplete and failed to show how they had worked with the person to demonstrate the person understood.
- There was also a lack of understanding of from the provider and registered manager about the best interest process. For example, they had claimed to have followed this process for someone who they said had the mental capacity and had failed to involve the appropriate people. Best Interest is used as a multi-agency process to ensure any restrictions are in a person's best interest when they are unable to make decision for themselves.
- Staff had received training in the MCA but did not have a good understanding of how to promote choice and ensure consent is given. Staff were also unclear on who could legally decide on behalf of someone who was unable to do so for themselves. We saw staff did not give people choices or ask for their consent before carrying out tasks.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the need for consent was effectively understood and managed. This placed people at risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008

Staff support: induction, training, skills and experience

- The registered manager confirmed they did not conduct any assessments of staff competence of skills, knowledge and practice following training. Staff induction and support records such as opportunities to speak about their roles on an individual basis with senior staff showed this was very infrequent and the discussion was brief.
- One person, who had worked at the service since 2014 had just one supervision in 2015, one in 2016 and then nothing until 2019. Another staff member had not had supervision since 2016 and a third member of staff had no supervision records at all. One staff member told us, "We had one training course which was brought in by the council, but the working hours are such that people work 12 hour shifts and you had to do the training in your own time. The provider does not give you time off to do it."
- Tasks carried out by most staff were observed by inspectors to be against best practice guidance. For example, staff did not promote people's autonomy, independence or show respect. This showed training and staff developmental support was ineffective.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff training and support was effectively managed. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The decoration in the home and some equipment required replacement and redecoration. For example, there were many scuffs on doors, paintwork and furniture was tired looking, cupboards and skirting boards which were in a poor state of repair. The ceiling of the bathroom had flaking paint hanging down and the shower room door was rusted with mouldy on it. The bathroom hoist stand was rusted as was the trip switch fuse box in the kitchen.
- One person 'self-propels' in their wheelchair to mobilise around the house. The corridors are only just wide enough for equipment such as a wheelchair and subsequently this person scratched and dented the walls in corridors and doors every time they passed.
- The registered manager was unable to locate evidence that the bath lift, stair lift or hoist had been serviced. This placed people at risk of injury from falls or mechanical failure. Staff told us that the provider had agreed for the required work to be completed in two weeks' time but there was no evidence of this being booked and we were told people were still to be supported to choose colours.
- Staff told inspectors that people chose their own décor. However, one person said, "It's not too bad. I didn't choose the decoration but the pictures are of my [relatives]."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager and staff told us how they involved people in menu planning the week before and gave examples of how they supported choice and individual preferences. However, we did not observe staff giving people choice on the day in case they had changed their minds since menu planning day. Examples menus forwarded to us by the registered manager showed a 'rolling menu' not one that is individually prepared each week. Staff did not encourage people to be involved in the meal and food experience. One

person told us, "I like cooking, I like to lay the table, I am not cooking tonight, they (staff) are."

- Most staff were able to tell us that one person did not eat beef due to religious and cultural reasons, but not all staff were aware they also did not eat pork. Only one staff member was aware of the reason for this.
- Meal times were in a conservatory style dining room that was either very hot or very cold as the radiators did not work and the main heater could not be temperature controlled due to a lock on the switch. The room was bare except for table cloths. The registered manager told us they tried flowers but two people did not like things on tables. Nothing further was done by the registered manager to make it a more pleasant atmosphere for all. Drinks were also given in childlike plastic beakers.
- Staff were seen to pour people drinks and present food in front of people without offering any choice or encouraging the person to do these things for themselves. While carrying out these tasks staff did not speak to people. One staff member came back in after removing a jug of juice from the room and sat and stared at someone while they ate lunch without saying a word or giving any interaction.
- People and relatives told us they thought the food was good. Inspectors thought a meal prepared by staff for the evening on the day of inspection did look and smell appetising. One person told us, "The food here is good, if you don't want it then they will provide something else so that's good."

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

- The registered manager did not have evidence that people had a holistic assessment of their care needs which reflected people's preferences and interests. One person had evidence of a basic assessment. This did not include their history, cultural and religious preferences, hobbies, interests and views. This led to missed opportunities to ensure staff understood the person well as information transferred to support plans was not always sufficient.
- The registered manager was aware of most best practice guidance but had not ensured this was translated into records and delivery of care in the service.

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

- The staff did ensure that people had good access to a variety of health and social care professionals such as doctors, dentists, chiropodist and hospital consultants. Two professionals visited the service during the inspection to assess one person due to their changing needs. Outcomes of this were recorded in people's daily files and messages passed on to other staff through the communication book.
- The registered manager told us how they were working to support a person to attend hospital for day surgery. The person becomes very anxious about health appointments and had to have a long time to prepare. One relative told us, "[The care] is exemplary, when my family member came out of hospital they weren't expected to live. That was nine years ago. Staff are so good the manager is so slick at making sure my family member is turned regularly [to prevent pressure ulcers] and for their welfare and comfort."
- Only one person had a health action plan (HAP), the aim of which is focus on how to support a person to stay healthy. The registered manager told us this was also used as a guide to their needs if they were required to go into hospital. The HAP had not been reviewed since 07 October 2015. This meant other health professionals could not be confident the contents reflected the persons current conditions and needs.
- People's weight was checked and recorded regularly but explanations of weight gains or losses were not recorded. One person had lost 25kg in the past year. We discussed this with the registered manager who explained the person wanted to lose weight and the GP was happy with the person's new weight. However, there was no evidence of discussion with the person about wishing to lose weight, how they wanted to do that safely or how the person had lost such a large amount of weight without changing their diet or exercise regime.

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 inadequate. This meant people were not treated with compassion and there were breaches of dignity; staff caring attitudes had significant shortfalls.

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

- People were not treated with dignity and respect nor were they encouraged to be as independent as possible. The culture in the service amongst the staff team was very institutionalised and staff could not tell us what good care looked like. For example, the principles of registering the right support.
- Staff showed a lack of understanding about how to support people whose behaviour might challenge others. For example, staff had written a message to the registered manager explaining how they told one person they would have to leave Holly Tree Lodge if they did not stop their behaviour. We discussed this with the registered manager who did not recognise this was abusive and had not followed up with the staff concerned.
- The registered manager, provider and staff team had not respected the environment as people's own home. The communal areas were very dirty with faulty equipment. Staff continued to prepare people's food in this environment. Posters in the kitchen and toilet to promote good hygiene were old and dirty and had yellow stains on the edges.
- Staff did not always support people with full personal care, for example one person had not appeared to have brushed their hair and had a number of days facial hair growth. The registered manager told us the person wishes to wait to have a shave at a barber they knew, but there was no evidence of this recorded. Or how staff had encouraged the person to take more pride in their appearance. One relative told us about their concern that staff do not do more to encourage their family member to clean their teeth and wash regularly but instead simply accept when the person said no.
- Staff did not engage with people and in fact ignored one person who was trying to talk to them and get their attention for over 10 minutes. During this time the staff member simply watched the television or looked down at their hands making the occasional sound of agreement without giving eye contact.
- People living in the service told us they were able to do a number of things for themselves. Staff members also told us people were capable of learning new skills and doing daily tasks. However, from our observations, this was not encouraged. Staff did not give people the opportunity to be independent, for example, drinks were poured, food cooked and presented and plates cleared away without any encouragement to be involved and without any communication at all.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate choice, respect and valuing people was effectively managed. This placed people at risk of harm. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people were independently going out of the home to the local shop or into town. However, the risk assessments for these were not sufficient and more work was needed to ensure people were safe.
- People and relatives said staff treated them well. One person said, "The staff are all nice to me. If we can't do the cleaning then staff will do it sometimes, they are very good." A relative told us, "Staff are very caring, they treat my family member so well, always speaking to them and involving them in what is going on."

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

- Care records were not very personalised and did not contain people's views. Daily notes written by staff were task led. People did not have planned goals to look at what they hoped to achieve. There was also no evidence of what people might have previously achieved. Reviews of care and seeking people's opinions was only completed annually by social care professionals. There was no evidence of the registered manager and staff team having more frequent reviews with people about their experiences, dreams and wishes.
- One person told us they were involved in making decisions about their care during formal reviews with social care professionals and they felt listened to. Relatives also told us they were involved during these formal reviews once a year.
- Relatives told us staff contacted them via the telephone to discuss any changes or concerns and keep them up to date. The registered manager told us relatives are also invited to attend some health professional appointments.

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 to inadequate. This meant services were not planned or delivered in ways that met people's needs.

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; End of life care and support

- People did not have a full assessment of their needs completed to be able to identify information about preferences, interests, cultural and religious beliefs and hobbies. Some people's support plans included some information about places they liked to go or things they liked to do but this was inconsistent.
- Staff told us about one person who did not eat vegetables. However, in later conversation the staff member told us, "They don't like peas but we buy the big bags of mixed vegetables that has lots of peas. No-one can take all the peas out and so the person doesn't eat vegetables. We should probably offer them other separate vegetables." This meant one person's nutritional needs were not being met due to a lack of personalised care.
- Staff and the Registered manager were not aware of one-person religious beliefs. One staff member told us, "I am not sure what [the person] is? But I don't know the difference anyway." Another staff member was aware of the person's faith but stated they did not support the person to celebrate festivals and holy days. A staff member said of another person, "The only thing I know about [person] is that they forget a lot about what they do. They don't remember to flush the toilet that's all I know about them."
- People were not offered choices of food and drink. Choices for activities were not meaningful or stimulating and were mainly focused around things like doing art in the house, listening to music, watching television, being alone or going for a local walk. People did not have schedules to provide individual support focusing on things of interest. Most people did not have meaningful community involvement. Staff and relatives told us about an annual trip taken by everybody as a group to places such as the coast. Whilst people appeared to have enjoyed this, it was only once per year and did not promote the values of registering the right support.
- Staff did not encourage people to learn new skills or to voice their views and opinions. When people did try to talk with staff, they were either ignored or staff gave one or two worded answers. During our use of SOFI to observe interactions, we observed staff interactions with people did not improve people's mood, people were not laughing or smiling.
- One person who was receiving palliative care due to a degenerative condition had references to end of life wishes in their file. However other people did not have an end of life care plan. The registered manager explained that not all people and relatives wished to discuss this area of care but they had not recorded attempts to discuss this or have a record if a person had refused to have an end of life care plan.
- There was no evidence work had been done with people or relatives to understand the purpose and

content of an end of life care plan. MCA assessments had also not been completed to ascertain who did and did not have the mental capacity to make these choices for themselves. There was an over reliance on relatives to make these decisions who would not necessarily have the legal right to do so.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate personalised care that promoted the principles of registering for the right support. This placed people at risk of harm. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place but no complaints had been recorded. The registered manager told us that lower level complaints such as if someone did not like a meal were recorded in their daily diary. This again presented a challenge for the registered manager and provider to then be able to review and analyse complaints for any trends and patterns. The provider would have to read months of daily notes for each person to find the complaints.
- People and relatives knew how to complain should they need to and were confident they would be listened to. One person told us, "If I am not happy I always talk to the manager or one of the staff and they help me."
- The complaints procedure was in symbol language format. Only one person was able to read this symbol language. The complaints procedure was 34 pages long and went into great detail about employment rights and appeals process. This could be very confusing for most people to understand and prevent them from easily accessing the information they need to make a complaint.

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.

- People communicated using a variety of different methods. Some people communicated with speech, other people with sounds, body language and gestures. One person used a symbol form of language. Most people had a communication passport in place which described the form of communication they used. We did not observe staff using forms of communication other than verbal speech.
- However, the level of detail required for those who did not communicate easily was not sufficient. For example, for people who used sounds and gestures, the passport lacked detail of what each sound and gesture sounded and looked like and what this would typically mean. They also did not use a system of clearly identifying how each person would communicate pain or emotions. This information can be helpful for health professionals to be able to identify the appropriate treatment response should they become ill.

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 deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- The provider did not have effective systems and staff training plans in place to prevent and respond to situations where people's behaviour might challenge others. For example, no staff training in the safe use of restrictive interventions such as medication or in positive behaviour support (PBS). PBS is a way of working with people that analyses the function of their behaviour and staff fulfil that need before the person communicates it in a more challenging way.
- The registered manager did not give staff the opportunity to reflect on incidents and interactions with a view to learning lessons from and reviewing future practices to mitigate the risks of the incident reoccurring. As a result, incidents of challenging behaviour often led to the use of medication to sedate a person.
- The provider did not have sufficient quality assurance systems and process in place to be able to identify other concerns such as unsafe recruitment practices, lack of interaction and engagement for people, poor hygiene and unsafe equipment. They did not analyse the information for trends and patterns nor put action plans in place to promote improvements. For example, service audits in relation to infection control, care plans, risk assessments and staff training and development had not been completed for at least two years.
- Monthly audits of the service were completed by the provider, who staff told us visited the service weekly. The provider had failed to identify through either of these processes, any of the many serious concerns raised by inspectors during this inspection. Some of these concerns placed people at high risk of harm or abuse.
- The provider and registered manager had failed to ensure the care being delivered was safe, person centred and in line with regulations and best practice guidance. There was no service improvement plan in place or schedule for maintaining the fabric and décor of the building. Staff were not being adequately supported or supervised to be able to fully understand the requirements of their role and how to provide person centred care.
- The registered manager told us they were aware of registering the right support principles and other best practice guidance such as the accessible information standard. However, this guidance was not being implemented by either the registered manager or the provider and they had not assessed the culture of the service. When we asked about this, they were unable to demonstrate how they delivered care that was based in the principles of enablement, independence, choice and inclusion. People and their families or

representatives were not given opportunities to communicate and be involved in the development and design of the service. Their preferences were not taken into account by the provider.

- The registered manager was unaware of the requirement to display the rating of the most recent inspection in the service. We explained this on the day. We also had to ask the registered manager to send in a notification of an event involving the police which had occurred the day prior to the start of the inspection. Notifications are required by law to be sent for specific incidents or events. This helps the CQC analyse services for risks.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed 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.

- Relatives felt the care given to their family members was individualised and safe and most relatives spoke very highly of the staff team and the registered manager. They praised the caring attitude of staff and the care delivered as well as the environment. One relative told us, "Very friendly staff and the management is very nice. I don't hardly see them but when they are here they are very nice and they treat you as family." However, we did not find this to be the practice during visits to the home.

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

- People and relatives said they were consulted for their views during the social care professional reviews. Relatives could not recall receiving surveys or questionnaires and the registered manager and relatives confirmed the service does not provide any type of newsletter or regular update of news about the service.

Working in partnership with others

- The registered manager did liaise regularly with health and social care professionals regarding people's needs as they arose but did not clearly record the outcomes and actions of this.
- There was no involvement or partnership with any community groups or other providers for the purpose of sharing best practice ideas and improving the delivery of care.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People who use services and others were not provided with person centred care based on a holistic assessment of needs. Care and activities were not individualised or meaningful.</p> <p>Regulation 09 (1) (a) (b) (c) (3) (a) (b) (c) (d) (e) (f) (g) (h) (I) (5).</p>

The enforcement action we took:

We have imposed positive conditions on the providers registration to drive improvement in this area.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>People who use services and others were not treated with respect. They were not valued as individuals. Staff carried out tasks without communicating with people. Cultural and religious needs were not understood or promoted by staff.</p> <p>Regulation 10 (1) (2) (c).</p>

The enforcement action we took:

We have imposed positive conditions on the providers registration to drive improvement in this area.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People who use services did not have their right to choose and consent protected. Mental Capacity Assessments were either not in place or not appropriately completed. Best interest processes were not completed effectively and decisions were not time and situation specific.</p>

Regulation 11 (1) (2) (3) (4) (5).

The enforcement action we took:

We have imposed positive conditions on the providers registration to drive improvement in this area.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable practices. Risk assessments were either not in place or insufficient. Lack of infection prevention and control, cleanliness and working extraction units placed people at risk of harm from disease or other illnesses. Medicines and related guidance were not secure, not up to date and stock of emergency medicine had run out.</p> <p>Regulation 12 (1) (2) (a) (b) (c) (d) (e) (f) (g) (h) (i)</p>

The enforcement action we took:

We have imposed positive conditions on the providers registration to drive improvement in this area.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable practices. People were placed at risk of harm due to the safety of people at risk not being properly assessed and managed. Staff were unclear about what different types of abuse looked like. Staff used psychological threats in one incident to manage one person's behaviour. Incidents were not analysed for patterns and trends and actions not taken to mitigate risks. This resulted in the use of PRN medication to control behaviour.</p> <p>Regulation 13 (1) (2) (3) (4) (b) (c) (d) (6) (b) (d)</p>

The enforcement action we took:

We have imposed positive conditions on the providers registration to drive improvement in this area.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Hoisting equipment was rusty, paint was flaking from the ceiling, ingrained dirt and grease was on walls and light switches, many areas had deep scratches in doors.

Regulation 15 (1) (a) (c) (e) (2)

The enforcement action we took:

We have imposed positive conditions on the providers registration to drive improvement in this area.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not effectively used to ensure the provider could assess, monitor and improve the quality and safety of the service. Quality assurance audits and records were years out of date or non-existent. There were no action plans and staff were not supported or effectively managed. The providers own systems failed to identify and act on the many serious concerns found during this inspection.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (d)(i)(ii) (e) (f)</p>

The enforcement action we took:

We have imposed positive conditions on the providers registration to drive improvement in this area.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People who use services and others were not protected against the risks associated with ineffective recruitment processes to ensure staff employed were of suitable good character to safely work with vulnerable adults.</p> <p>Regulation 19 (1) (a) (b) (2) (a) (b) (3) (a) (b)</p>

The enforcement action we took:

We have imposed positive conditions on the providers registration to drive improvement in this area.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People who use services and others were not protected against the risks associated with ineffective staff support, assessment of skills and</p>

development that enables staff to fulfil the requirements of their roles. Staff supervision were very inconsistent and in some cases not completed for a year or more. Staff were not assessed to check the competency of their knowledge, skills and practices. There was very little continuous learning promoted and shared.

Regulation 18 (1) (2) (a) (b)

The enforcement action we took:

We have imposed positive conditions on the providers registration to drive improvement in this area.