

Achieve Together Limited

St Gabriel's House - Apartments

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

St Gabriel's House - Apartments is a residential care home providing personal care to seven people at the time of the inspection. The service can support up to eight people. People's accommodation was on the first floor of the building and split into two flats including communal areas.

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

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

Right Support

People were supported by mainly agency staff who were not trained to support people to pursue their interests in their local area and achieve their goals. People were not consistently supported to lead fulfilling and meaningful everyday lives. Staff did not always have the skills to communicate with people in the way they preferred.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were able to personalise their rooms. Staff supported people to play an active role in maintaining their own health and wellbeing. Staff supported people to make decisions following best practice in decision making.

Right Care

People had not always been protected from abuse, incidents between people living at the service had not been reported to the local safeguarding authority as required. The service did not have enough appropriately skilled permanent staff to meet people's needs such as activities.

People's care, treatment and support plans reflected their range of needs. People were treated with kindness, staff respected people's privacy and dignity. Staff who knew people well understood people and responded to their needs.

Right Culture

People were supported by two permanent staff, regular agency staff and a rotation of new agency staff this did not provide people with the opportunity to lead inclusive and empowering lives. Staff did not always know people and understand their needs.

Staff responded to people's wishes on a daily basis and respected people's choices in how they wanted to spend their time.

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

Rating at last inspection

This service was registered with us on 6 July 2021 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 25 January 2020.

Why we inspected

This inspection was prompted by the length of time since the service had registered with CQC.

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 and will take further action if needed.

We have identified breaches in relation to protecting people from abuse, management of medicines, oversight of the service, training of staff and person centred care at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

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

The service was not safe.
Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our caring 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 well-led.
Details are in our well-led findings below.

Inadequate ●

St Gabriel's House - Apartments

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

St Gabriel's House - Apartments is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Gabriel's House - Apartments is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager had been employed

and been working at the service for a month.

Notice of inspection

We gave the service 48 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.

Inspection activity started on 17 October 2022 and ended on 20 October 2022. We visited the service on 17 October 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met all the people living at the service and we spoke with one person and two relatives about their experience of the service. We observed staff interactions with people in the communal areas. We spoke with six members of staff including the manager, head of service, carers and agency staff.

We reviewed a range of records. This included three people's care plans and all the medication records. We reviewed a variety of records relating to the management of the service, including checks and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse

- There had been no effective system in place to keep people safe from discrimination and abuse. We reviewed completed incident forms from April 2022 until September 2022. There had been five incidents of aggression between people when one person had moved into the service, including throwing a drink at another person and grabbing their jumper. These had not been reported to the local safeguarding authority as required for investigation. Action had not been taken immediately to reduce the risk of the incidents occurring again and they continued until the person settled into the service. The incident forms had not been reviewed by the provider to check the appropriate action had been taken.

The provider did not have systems and processes in place to effectively to prevent people being at risk of abuse and investigate evidence of abuse. This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was aware of their responsibilities to report incidents to the local safeguarding authority. Since the manager has been in post, incidents had been reported to the local safeguarding authority. The manager had acted to reduce the risk of the incidents happening again.
- Staff told us how they would report any concerns they may have. Staff were more confident the new manager would take the appropriate action to keep people safe. Staff told us, "They have acted when we discussed things with them quickly."

Preventing and controlling infection

- Staff were not wearing masks in line with government guidance. We discussed this with the head of service, they told us they were following the new guidance about supporting people with communication needs. Government guidance stated all care staff should wear masks but there may be circumstances where the use of face masks inhibits communication or is challenging for people. This should be part of a risk assessment, and consideration should be given to how best to put PPE guidance into practice to maintain infection prevention and control, while supporting people. There was no risk assessment in place to support face masks not being worn at all by staff. During the inspection, people did not appear upset or distressed by the inspector and manager wearing a mask. Following the inspection, the head of service told us staff would now be wearing face masks. This was confirmed when speaking to staff after the site visit.

The provider had failed to assess the risk of, preventing and controlling the spread of infection. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Using medicines safely

- Medicines were not managed safely. People's medicines were being administered by agency staff. People had not received their medicines as prescribed, one person had not been given three doses of a course of anti-biotics.
- Records were not always accurate. Some people had gone home on social leave, they had taken their medicines with them. When people returned the tablets taken while they were at home were not recorded on the medicine administration record (MAR). The number of tablets available were less than the records stated on stock checks.
- Medicine audits had not been completed regularly. The manager had completed an audit when they started at the service. They had disposed of out of date medicines and creams. The manager told us they would be now be overseeing the ordering of medicines to make sure improvements were made.

The provider had failed to manage medicines safely. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were not enough permanent staff employed at the service. Staff had left the service in the previous six months following the resignation of the previous registered manager, two permanent staff remained.
- Records showed there was the required amount of staff on duty to support people. However, most shifts had only agency staff on duty. Most agency staff were regular but due to the large numbers used, new staff were completing shifts constantly. When new agency staff started, they often received an induction by other agency staff. During the inspection, we observed a new agency member of staff being shown round the service and reading the essential policies.
- One agency staff member told us they had been working at the service for three years and knew people well. We observed them communicating well with people in one flat. Another agency staff member told us they had started coming to the service for a couple of months and were getting to know people. The provider had not assured agency staff had the skills required to support people as needed.

The provider had failed to deploy suitably qualified, competent, skilled and experienced staff. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the service changed provider there had been no recruitment of staff. The provider had a recruitment policy in place which follows the legal requirements for safe recruitment.

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

- Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to reduce the risk to people. There was information for staff about what was a good day for people and what was a bad day. There was guidance about how people reacted to these feelings and how this was expressed.
- People had positive behaviour support plans in place, which had been developed once staff knew people. These included the triggers for people and how they expressed themselves was categorised as red, amber and green. There was guidance for staff about how to manage these expressions. Staff told us they knew

where to find the guidance and had followed the guidance when needed. Records showed the guidance had been effective.

- The guidance to support people with expressing their emotion had been updated following incidents, for example, staff had worked with people following incidents to identify what could have been done differently, when management strategies had not been fully successful.
- Checks had been completed on the environment and equipment used to keep people safe. A new fire alarm system had recently been installed but a fault had been identified. During the inspection an engineer attended the service. People also took part in a fire drill, they were calm and knew what to do when the alarm sounded and were calm while waiting outside.

Visiting in care homes

People were supported to have contact with their families. There were no restrictions on relatives visiting the service, but most people preferred to go for visits with their parents. During the inspection, one person was getting ready to go home for a week and their parent had come to the service to travel with them. Other relatives told us, visits had been arranged even though they lived a distance from the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

- People were not consistently supported by staff who had received training appropriate to meet people's needs. People living at the service communicated using British Sign Language, not all the agency staff employed were able to communicate in this way. Staff who knew people well were able to understand them.
- Staff had not received training on physical intervention techniques that may be required. One person had low risk interventions in their support plan, though they had not displayed any distress that would require the intervention to be used. The manager told us, training had been organised for shortly after the inspection, for the permanent staff and the regular agency staff.
- There was no training matrix or information about training the permanent staff had received since the change of provider. Staff told us there had been no training recently.
- Staff had not received regular supervision since the previous registered manager had left. Staff told us the manager had started supervision sessions to get know them and how they would like to develop. The manager told us, they had met with regular agency staff to identify if there was any support they needed.

The provider had failed to provide appropriate training, professional development and supervision to staff. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had been assessed before they moved into the service to check the service was able to meet their needs. A full assessment was completed covering all aspects of people's lives including aspects covered by the Equalities Act 2010. People were asked about their spiritual needs and how they expressed their sexuality or gender.
- People had care and support plans that were personalised, strengths based and reflected their needs. Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

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

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food and planning their meals.
- Staff supported people to be involved in preparing food, under supervision and guidance. People could have a drink or snack at any time, and they were given guidance from staff about healthy eating.

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

- People had health action plans/health passports which were used by health and social care professionals to support them in the way they needed.
- People played an active role in maintaining their own health and wellbeing. One person was encouraged to complete a self-assessment of their moods each day to identify when they needed support.
- People were supported to attend annual health checks, screening and primary care services. People were referred to health care professionals to support their wellbeing and help them to live healthy lives. People had received vaccinations and screening when recommended.

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

- People's accommodation was on the first floor of the service and split into two flats. The flats had communal spaces, people's bedrooms and bathrooms.
- People personalised their rooms and were included in decisions relating to the interior decoration. The design, layout and furnishings supported people's individual needs.
- People showed us their rooms which included belongings which were important to them.

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 MCA 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had applied for DoLS authorisations when required, this also included renewals. There were no specific conditions.
- Staff supported people to make decisions about their care and support. Regular staff knew about people's capacity to make decisions through non-verbal means and this was documented.
- Staff respected people's daily decisions about what they wanted to do and how they wanted to spend their time. We observed one person going out to the shop with staff when they wanted.

Is the service caring?

Our findings

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

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

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

- People were not always well supported. There were not enough permanent staff for people to have a designated worker they could develop a relationship with. People were often supported by staff who did not have the skills including communication skills needed to support people in the way they preferred. New agency staff did not always have the time to read people's care plans to understand their needs.
- During the inspection we observed staff treating people with respect, people were supported to spend time in the way they wanted. Staff knew when people needed their space and privacy and respected this. People were supported to be as independent as possible in daily activities such as assisting in cleaning their room and doing their washing.
- People were observed in the kitchen being supported by staff to make their breakfast. Regular staff knew how to support people to be independent with their personal hygiene and express their gender in the way they preferred.

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

- People had been supported to be involved in decisions about their care. One person told us, they were confident to let staff know when their mood changed and identify when they needed support from healthcare professionals. They told us, the manager had arranged for them to access professionals at the weekend and they were now feeling better.
- People had been involved as much as possible in decisions about vaccinations and health screening. People had been shown pictorial information to promote understanding. Staff respected people's choices and wherever possible, accommodated their wishes, including those linked to protected characteristics.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

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

- People did not consistently receive person centred care. The high use of agency staff meant people were not always supported by staff who knew them well and understood their needs. One relative told us, their loved one had set routines and had found the changes in staff difficult to cope with. They were getting used to some regular agency staff but there was always a risk of change which they found hard.
- People had not been supported to participate in their chosen social and leisure interests. Agency staff were not able to support people to participate in activities such as swimming. One relative told us, their loved one had stopped going swimming when the staffing changed. Other people had not been able to go bowling or horse riding. The manager had started to develop plans with the permanent staff to plan for people to start horse riding again.

The provider had failed to design care to achieve people's choices and ensuring their needs are met. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People were supported to maintain contact with their families. People had regular phone and video calls with relatives. People were supported to visit their families and stay for breaks.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, and this was available to people and relatives, there had been no formal complaints in the last year.
- Relatives told us they had raised concerns through email to the previous temporary managers, but they had not received replies. They told us these had not been serious concerns, but they had expected to be able to discuss with whoever was in charge. However, since the new manager had taken over, they told us, there had been a change and they now felt more confident any concerns would be dealt with.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People received information in ways reflecting their needs. All care plans and questionnaire were available in pictorial form, people had been able to circle their response to a question.

- People had visual cues in their rooms and bathrooms to support them to complete a task to maintain their independence. Pictorial prompts were used when people were choosing their meals and what food to buy.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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; 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was no effective system in place to monitor the quality of the service and make improvements. The previous registered manager left the service in April 2022, the service had been managed by various temporary managers until the new manager had started a month before the inspection. There had been a lack of stable everyday oversight of the service.
- An audit had been completed in July 2022 by the provider, this had highlighted some of the shortfalls found at this inspection including the lack of induction and training for agency staff. There had been no action plan developed to make improvements to the service.
- There were no audits completed at service level since the previous registered manager had left. The head of service told us they had verbally checked if actions had been completed but had not completed any checks. For example, they had been verbally reassured the appropriate action had been taken following incidents between people. However, the action had not been taken, continuing to place people at risk.
- Following incidents between people, there was no evidence, relatives had been kept informed of the incidents and what had gone wrong. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen within the service. CQC check that appropriate action had been taken. Notifications had not been submitted as required such as incidents between people and when a DoLS application had been authorised.
- The service did not always promote a person-centred culture which was inclusive and empowering. The lack of permanent staff had meant people had been unable to take part in activities as they normally would.
- People were not being supported by staff who knew them well and were not always able to communicate with them in the way they preferred. People had not been supported by regular staff and this had affected their routines causing them anxiety.
- People, relatives and staff had not been invited to meetings to discuss the service and their care. The head of service told us quality assurance surveys were being sent out by the provider in October/November.

The provider had failed to assess, monitor and improve the quality of the service. The provider had failed to seek and act on feedback from relevant persons. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- The service had maintained contact with healthcare professionals to make sure people received the medical care they required.
- The manager understood the need to make contact with local groups to keep up to date with changes and to learn the local systems.

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 The provider had failed to design care to achieve people's choices and ensuring their needs are met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to provide appropriate training, professional development and supervision to staff.