Adjuvo Care Essex Limited

Adjuvo Care Essex Limited - Brightlingsea

Inspection report

162 Church Road
Brightlingsea
Colchester
Essex
CO7 0QU

Tel: 01206305406
Website: www.futures-carehomes.co.uk

Date of inspection visit:
23 March 2021

Date of publication:
05 May 2021

Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Adjuvo Care Essex Limited - Brightlingsea is a residential care home providing accommodation and personal care for up to nine people with a learning disability. At the time of the inspection five people were living in the service.

People's experience of using this service and what we found
People were not protected from the risk of harm. The provider had not implemented safe fire practices and documentation was not available to enable staff to support people safely in the event of a fire.

Staff did not have access to information about how to support one person living in the service. No information about risks to their safety was available and this meant staff may not know how to support them appropriately. The provider had not ensured staff had the appropriate skills and knowledge to support them in their roles.

The provider did not have robust processes in place to ensure they had oversight of the safety and quality of the service. The concerns found at inspection had not been identified by the checks and audits completed by the provider.

Relatives and staff did not feel able to raise concerns. Relatives told us communication from the provider was poor and they lacked confidence in the leadership of the service.

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 February 2019)

Why we inspected
We received concerns in relation to people's safety and the management of risk at the service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only.

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.

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

The overall rating for the service has changed from Good to Inadequate. This is based on the findings at this

inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-Led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Adjuvo Care Essex Limited - Brightlingsea on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required 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 how the provider ensures people are being kept safe and in their oversight of the service.

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 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-Led findings below.

Adjuvo Care Essex Limited - Brightlingsea

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was carried out by one inspector.

Service and service type
Adjuvo Care Essex Limited - Brightlingsea is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 used all of this information to plan our inspection.

During the inspection
We used observations to gather evidence of people's experience of care and we spoke with four members of staff. We reviewed a range of records including two people's care and medicines records and a variety of records relating to the management of the service.

After the inspection
We spoke with three relatives about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found on inspection and we reviewed training data and quality assurance documentation.

Inadequate

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People were not kept safe from the risk of harm.
- At the time of the inspection the fire doors upstairs in the building had all been wedged open with rubber stoppers and, in one case, a spoon. In the event of a fire there was only one exit from this part of the building. The fire doors would not have operated appropriately to slow the spread of fire due to being wedged open and this meant people were not protected from the risk of fire.
- No fire risk assessment was available for staff to follow and not everyone who lived in the service had a personal evacuation plan (PEEP) in place. This meant staff did not have guidance in place to explain what support people needed to exit the building safely in an emergency. Where PEEPs were in place, these had not been reviewed to ensure they remained accurate.
- Staff had documented when fire doors were not operating properly; however, there was no record of actions taken to address these faults and at the time of the inspection corrective actions remained outstanding. This meant people were at risk of harm in the event of a fire.
- Following our inspection we shared our concerns with the local fire service. We also asked the provider to confirm fire doors were no longer being wedged open and appropriate fire safety documentation was in place and accessible to staff.
- Staff did not have access to information about risks to people's safety. At the time of the inspection no care plan or risk assessments were available for one person living in the service. One member of staff told us, "I've never seen a care plan and there's a lack of basic information about how to support [person]". This meant staff did not have information about how to manage risks to the person or how to support them safely.

Risks to people's safety were not assessed or managed appropriately. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had not ensured staff had the appropriate knowledge and skills to support people safely.
- Staff told us they did not feel confident they had the skills to support people's complex behavioural support needs. One member of staff said, "We had positive behavioural support training, but it was not adequate. We needed more detailed training."
- Not all staff had up to date moving and handling and medication training. This meant staff may not have the correct skills to ensure people were supported safely.
- Where agency staff were allocated to support one person living in the service, the provider could not evidence they had checked staff had the appropriate training to support the person's needs. Following the

inspection, the provider confirmed they had now reviewed agency training records to ensure staff had the correct skills.
● People were supported by both permanent staff and agency workers. We received mixed feedback about staffing levels in the service. One relative said, "There have been huge staffing problems and they have had to move staff from downstairs to upstairs to cover. There wasn't enough female staff either, though I think they have recruited more now."
● Staffing rotas viewed during the inspection did not always evidence an adequate number of staff on shift. This meant we could not be assured staffing levels were appropriate to meet people's needs.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● The provider's safeguarding records did not detail outcomes or lessons learnt. The provider was unable to demonstrate what measures had been put in place to share information with staff and prevent a reoccurrence when things went wrong.
● Information had not been accurately recorded in the safeguarding log. For example, where a person had on two occasions left the service unsupported and without staff knowing, there was no record of the second incident in the safeguarding log.
● Relatives told us they did not feel comfortable raising concerns with the provider. One relative said, "I wouldn't feel happy ringing them, I'm not confident they would deal with it." Another said, "I would go straight to the local authority now because when I have raised issues with the management before, I just haven't got an answer."
● Staff told us they knew how to identify and raise safeguarding concerns. One member of staff said, "I would speak to the home manager or go to the safeguarding team, we have whistleblowing information available too."

Using medicines safely
● The provider had not ensured all staff had up to date training in the administration of medicines and staff's competency to administer medicines had not been assessed.
● Staff had completed audits of medicines; however, where issues had been identified, these had not always been actioned. For example, where a thermometer was needed for the upstairs medicines room this had not been purchased despite it being highlighted on a number of occasions.
● Medicines administration records were completed accurately, and staff kept a running balance of the medicines in stock.
● People's medicines records contained information about how they liked to be supported and protocols were in place for staff to follow when administering specific medicines such as emergency epilepsy medicines.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider 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.
● We were somewhat assured that the provider's infection prevention and control policy was up to date. The policy shared with the Commission did not have the correct service details included. Following the

inspection, the provider confirmed this had been amended.

Inadequate

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- There was no registered manager in post at the time of the inspection. A temporary manager had been bought in to oversee the service whilst a new manager was recruited.
- Systems in place for managing the safety and quality of the service were not used effectively and had failed to identify the concerns we found on inspection.
- The provider did not have appropriate oversight of fire safety processes in the service. Fire safety assessments were not in place and staff practices were not safe. This placed people at risk of harm in the event of a fire.
- Documentation were not always in place or up to date. For example, risk assessments had not been reviewed regularly, care plan reviews were out of date and health and safety checks had not been completed.
- The provider's oversight of staff training and supervision was not effective and had failed to identify gaps in staff training and competence.
- Where audits had identified concerns, action had not been taken to address these. For example, faults with the fire doors had not been rectified and actions from the medicine's audits had not been completed, placing people at risk of harm.
- On the day of the inspection, no manager was on site and the office had been locked. Staff did not have a key to open the office and this meant they were unable to access documentation needed for supporting people safely when the manager was not on site. Following the inspection, the provider confirmed the key had been returned to the service and staff were now able to access documentation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The culture of the service was not positive. Relatives told us communication from the provider was poor and they lacked confidence in the management of the service. One relative said, "I wouldn't say the service was well led. The higher management are difficult to get hold of and you don't get a straight answer from them." Another told us, "The staff morale is very low. There's a lack of leadership and we don't get told anything as relatives."
- We received mixed feedback from staff about the support they received. One member of staff told us, "When I reported concerns to the manager they were not acted upon." However, another member of staff said, "I do feel supported by the home manager and they will always help if needed."

● Relatives told us the provider had not always been open with them when things had gone wrong. One relative said, "There was an incident recently, but I wasn't told about it at the time. They don't always tell you when something happens so I don't feel like I can trust them."

Systems in place for managing the safety and quality of the service were not used effectively. This demonstrated a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

● People were involved in making choices about their day to day life. People's care plans demonstrated how people and their relatives had been involved in making decisions about their care.

● Staff meetings took place to enable staff to give feedback and discuss issues in the service. However, it was not clear from the minutes seen how staff had been involved in decision making and learning.

Continuous learning and improving care; Working in partnership with others

● The provider had worked in partnership with other healthcare professionals to ensure people's needs were being met. People's care plans contained information about the health professionals involved and regular appointment updates were recorded.

● Following the inspection, the provider had responded promptly to the concerns we raised and implemented an action plan identifying immediate improvements and putting in place additional management support for the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety were not assessed or managed appropriately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place for managing the safety and quality of the service were not used effectively.