

Salutem LD BidCo IV Limited

Birchwood

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 well-led?

Inadequate 

Summary of findings

Overall summary

Birchwood is a residential care home providing the regulated activity accommodation for persons who require nursing or personal care to up to 15 people. The service provides support to people with a learning disability and or physical disability. At the time of our inspection there were 14 people using the service.

Birchwood accommodates people across 3 bungalows, each of which has separate adapted facilities. All of the bedrooms have ensuite facilities of a bath or shower. There is a self-contained flat in 1 of the bungalows.

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

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.

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

Right Support:

Whilst people were supported, enabled, and encouraged to make day to day choices and their independence was protected. We found 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. Risks to people were not mitigated, including infection control risks. Safe medicine practices were not promoted.

Right Care:

People's changing needs had not been reviewed to ensure the required staffing levels were provided. Staff worked long days followed by sleep in duties and on call. Training had not been completed in line with people's assessed needs. As a result, staff did not always have the relevant skills or experience to ensure people received the appropriate care. Therefore, staff did not consistently understand how to ensure people got the right care.

Right Culture:

People were not always supported by a management team and staff who promoted a culture of inclusivity to empower people. The service was not effectively managed and monitored to promote positive outcomes for people. This resulted in people living in a service that was not suitably clean, hygienic, and maintained, with equipment not replaced when damaged.

A person told us they felt safe and described staff as "very good." Relatives were happy with the care provided. They felt confident their family member got safe care. They described staff as "Friendly,

welcoming, caring" and gave examples where they felt staff had gone above and beyond what is expected of them by arranging home visits, celebrating birthdays, supporting their family members with an activity and planning holidays. Relatives gave us mixed feedback on the staffing levels and cleanliness of the service.

People's health needs were met, and relatives felt involved in their family member's care. We observed positive relationships between a staff member and the people they supported, which demonstrated mutual respect.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended the provider works to best practice in relation to infection control, improving the environment, managing risk in line with national guidance, and implement robust and effective quality assurance and auditing systems. At this inspection we found the provider had not acted on the recommendations and had not made the required improvements.

Why we inspected

We carried out an unannounced comprehensive inspection of this service in April 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper care, recruitment of staff and making the required notifications to us.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 have found evidence that the provider needs to make improvements. Please see the safe, effective, and well-led sections of this full report. The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, staffing levels, staff training, infection prevention and control, cleanliness levels, maintenance, and upkeep of the service, consent, management, and monitoring of the service at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

Inadequate ●

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

Is the service effective?

Requires Improvement ●

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

Is the service well-led?

Inadequate ●

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

Birchwood

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 carried out by 2 inspectors and an Expert by Experience, who made calls to relatives after the inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Birchwood 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. Birchwood 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 a registered manager in post.

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 and professionals who work with the service. 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 spoke with 2 people who used the service to get their feedback on care. 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 spoke with 10 staff which included the registered manager, deputy manager, team leader, senior support worker and 5 support workers. The Group Head of Quality Assurance and Inspection was present on behalf of the provider. They helped facilitate the inspection.

We reviewed the environment and records relating to people's care, which included 11 care plans, 8 medicine records, meeting minutes, 3 staff recruitment files, health and safety, infection control, multiple staff training and supervision records.

After the inspection we continued to review information sent to us, which included audits, policies, training records. We spoke with 7 relatives by telephone after the inspection and requested feedback from 3 professionals involved with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection risks to people were not mitigated which resulted in safe care and treatment not been provided. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people were not mitigated. A person's bed rail was not working effectively since 9 March 2023. Whilst we were assured this was reported it had not been repaired or escalated at the time of the inspection, which was 6 days later. The hoists and slings servicing record indicated parts needed replacement and some hoists/ slings were not available for servicing. The registered manager had not satisfied themselves if the work was carried out at the time of the servicing and if the hoists /slings that were unavailable were no longer in service. This put people at risk of injury.
- The service supported people with percutaneous endoscopic gastrostomy (PEG), which is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. This allows for nutrition, fluids, and medicines to be put into the stomach. One person's care plan for their PEG was not accurate and we also observed staff were not following guidance from the specialist nurse when providing food and medicines via the PEG to people. This had the potential to put people at risk of complications from their PEG feed.
- Up-to-date speech and language therapist guidance was not reflected in two people's care records. This meant staff did not have access to correct information to mitigate the risk of choking. During the inspection we saw a staff member did not follow instructions on the use of a thickener in a person's drink which placed the person at risk of choking.
- The service supported people who required checks at night. A person required hourly night checks. Records did not demonstrate hourly checks were taking place to keep people safe, sometimes with gaps of up to 5 hours between checks.
- The guidance from a dietician for a person who was deemed a nutritional risk indicated they were to be weighed every 2 weeks, and if their weight dropped below a certain level, they would need to be referred to the hospital. The records showed they were not weighed every 2 weeks as instructed, and when they were weighed on the 1 February 2023 their weight was below the level where action was required. There was no indication action was taken and no weights were recorded from the 15 February 2023 up to the time of our inspection, which was a month later. This placed the person at risk of malnutrition.
- Fire drills were not taking place in line with the providers guidance on fire drills. This had the potential to

put people at risk, as the service had not assured themselves people could be safely evacuated at night. Alongside, this a person's personal emergency evacuation plan (PEEP) indicated if there was a fire at night, staff were to ensure the person was safe and their bedroom door is closed. There was no indication if this agreement had been approved by the local fire service.

Risks were not managed to promote safe care and treatment. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risks were identified and mitigated. Regular health and safety checks took place which included fire safety and water temperature checks. Legionella testing was completed in February 2022 and equipment such as fire equipment, gas and electricity were serviced.
- Improvements were made to mitigate risks relating to water temperatures. Staff were provided with training and guidance was displayed in bathrooms around safe water temperatures prior to bathing/showering people. The records showed water temperature checks were carried out before baths/showers and these were within the safe levels. The provider had carried out extra checks of water safety systems within the service, to ensure they were established and embedded in practice to safeguard people.

Using medicines safely

At our last inspection safe medicine practices were not promoted. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Safe medicine practices were not promoted. During the inspection we saw prescribed thickeners were not stored securely and not dated when opened. A staff member used thickener in a drink for a person it was not prescribed for. When we questioned the staff member about it, they told us, "Both thickeners were the same." This was not the case, as the prescriptions were different, and the medicine was not administered to the person it was prescribed for.
- We were not assured people were receiving their 'as required' medicines appropriately. Some people did not have appropriate guidance for staff to follow and we were not assured the service was consulting the GP appropriately for advice.
- Some people were prescribed transdermal adhesive patches which are placed on the skin to deliver a specific dose of medicine through the skin. Transdermal patch records were not in use to show where the patch was applied, to ensure it was rotated on the skin and the old patch removed after each administration. Another person's prescribed topical creams did not have a topical medication administration record (TMAR), to outline to staff where the prescribed topical creams were to be applied. This had the potential for the medicine to not be applied as prescribed.
- Liquid medicines had a label on for date of opening and date of expiry. These were left blank. Therefore, no record was kept of the remaining balance of liquid medicines. Alongside, this a record was not maintained of the balance of boxed prescription medicines. This meant the service could not be assured accurate stock checks were maintained.

Safe systems were not in place to promote safe medicine practices. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to record medicines received, administered, and disposed of. Temperature checks were maintained of the fridge and the room medicines were stored in.

Preventing and controlling infection

At our last inspection, a recommendation was made for the service to follow national infection prevention and control guidance and take action to ensure effective cleaning schedules are implemented and sustained.

At this inspection we found improvements had not been made.

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. The service was not suitably clean and hygienic. The cleaning schedules were fully completed. However, this was not reflected in the standard of cleaning within the service, as the service was unhygienic, with floors not suitably clean, hoovered and sinks and showers were dirty and malodorous.
- We were not assured the provider was using PPE effectively and safely. PPE was provided and available to staff. However, we saw PPE such as gloves was not disposed of appropriately, with a pair of gloves left on the floor of a person's en-suite shower room. Alongside, this clinical waste bags were not routinely replaced in en-suite bathrooms to promote safe disposal of PPE.

Infection control risks were not mitigated. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection with staff reminded of their responsibilities in relation to infection control and PPE.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on visitors to the service.

Staffing and recruitment

- The service had not reviewed if staffing levels were appropriate to meet people's needs. As a result, staff were not suitably deployed to ensure people's needs could be met. The registered manager told us 8 staff were provided on the daytime shift and 2 staff plus a sleep-in staff member was provided on the night shift, to cover the three bungalows. The service had no dependency tool to outline the staffing required for the service and there was no indication people's changing needs had been reviewed.
- The rota's showed staff mainly worked long days, some shifts consisting of 14/15 hours a day. Alongside, this some staff worked a series of long days in a row which included a sleep-in duty. One staff member worked 5 long days (64 hours), with a sleep-in duty in between a 15 hour and 12-hour shift, plus they provided on call support. Another staff member worked 4 long days in a row, followed by an early shift. A

total of 63 hours. Whilst staff were happy with the way the rota was arranged the provider had not considered if this impacted on the care people received.

- The rotas viewed showed 2 staff on the late shift regularly finished their shift at 7pm, which left only 6 staff till 9.30 pm when the night staff commenced duty. This meant there was less staff available to support people during this time. We saw there was no management rostered to work weekends, with senior carers taking responsibility for working the shifts as well as providing on call support to the team. The lack of management presence and oversight of staff had the potential for people's care not to be delivered as required.
- The service had no domestic cover and staff were expected to do the cleaning and laundry, as well as cooking for people. We saw the lack of cleaning staff impacted on the standard of cleanliness within the service.
- People's night-time personal emergency evacuation plan (PEEP's) indicated that some people required 2 staff to evacuate the building. The registered manager had not considered how 2 staff plus a sleep-in staff member could safely evacuate people at night. This level of staffing had the potential to put people at risk.

Sufficient staff were not provided to meet people's needs. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They agreed to review people's PEEP's which resulted in the sleep-in staff member being replaced by another waking night staff member.

- Relatives gave mixed feedback on staffing. Relatives commented "Sometimes there is enough staff, sometimes there is not. I know it is hard to get staff. They do use agency and we find [person's name] routine is broken with agency staff" and "More staff would be good, apart from that it's a wonderful place."

At our last inspection safe recruitment practices were not promoted. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19

- Systems were in place to promote safe recruitment practices. Staff had 2 references on file and Disclosure and Barring Service (DBS) checks were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. A photo and health questionnaire were on file, candidates attended for interview and gaps in work histories were explored.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider had failed to safeguard people from the risk of potential harm from abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made to be compliant with regulation 13 (Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, we found further improvements were required to restrictions on people which is reported on under the effective domain.

- The provider had safeguarding policies in place, which were developed in line with the Local Authority multi- agency safeguarding policy. Staff were trained in safeguarding; however, we saw staff practice in relation to medicines and risk management did not safeguard people.
- Our inspection identified incidents that required reporting to the local authority safeguarding team. These were actioned by the provider after the inspection.

It is recommended the service works to best practice to safeguard people.

- A person told us they felt safe. They had a call bell they kept attached to their clothing at night, while during the day they were able to move around independently in an electric wheelchair and to seek assistance if needed. Relatives told us their family members were safe. They gave examples where people were provided with equipment which promoted their safety.

Learning lessons when things go wrong

- Systems were in place to promote learning when things go wrong. As a result of a scalding incident at the service systems were put in place to prevent reoccurrence. However, systems were not established in-house to evidence learning from audits and risk management to improve the environment and people's care.

It is recommended the service develops its systems to promote learning from incidents and mitigate risks to people.

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 our last inspection we rated this key question good. At this inspection, the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. This meant there were widespread and significant shortfalls in people's care, support, and outcomes.

Staff support: induction, training, skills and experience

- Staff were not suitably inducted, trained or supervised and supported in their roles. Staff new to care were expected to work through the Care Certificate training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Induction booklets were in use. However, none of the 3 booklets viewed for staff who had been in post since 2022, were fully completed or signed off by the registered manager, and none of the required competency assessments were completed.
- Staff participated in tasks such as stoma care (A stoma is an artificial opening on the abdomen to divert flow of bodily waste into an external pouch located outside of the body) and PEG (percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach) for food, fluid and medicines. The service had no record of which staff were trained and had their competencies assessed to undertake the tasks associated with stoma care, PEG feeds and flushes.
- Competency assessments of other aspects of care such as moving and handling, oxygen therapy, dignity observation, handwashing and medicine administration were required to be undertaken. The service had no overview of who had their competencies assessed in those areas and the competency assessments located in staff files were for assessments that had taken place in 2019 to 2021. Therefore, the registered manager had not assured themselves that staff were competent for the tasks they were involved in.
- The service used agency staff to cover gaps in the rota. For one agency staff member on shift during the inspection a proforma was not available to outline the training they had undertaken and when. Other agency's staff proforma showed that training was out of date with one agency staff member's training recorded as taking place in 2019.
- Staff told us they felt supported. Supervision of staff was taking place but not at the frequency determined by the provider. The provider's policy on supervision outlined that staff should receive a minimum of six supervision sessions each year with new staff required to have monthly supervisions during their probationary period. The registered manager told us the two newest staff members in post since October 2022 had supervisions, but these had not been recorded. Another staff member in post since March 2022 had 2 recorded supervisions on file. This was not in line with the provider's policy.

Staff were not suitably trained, skilled and supported in their roles. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. Training was arranged and dates set for it to commence, to ensure staff had the skills and training to support people safely.

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

- The service was not clean and suitably maintained. Floors, carpets, doors, skirting boards, windows and furniture were dirty, greasy, and full of cobwebs. Sinks were dirty and lime scaled, shower plugs were filthy, with some shower plugs malodorous. Dirty mops were stored in people's en-suites, with no rationale for that decision.
- Equipment such as ovens and microwaves were caked in burnt food and dirt. Debris had built up at the side of dishwashers. Fridges were not clean, and freezers were not defrosted. The food in the fridge and freezers were not routinely labelled with opening dates and food in freezers were crammed in, with no system in place to ensure food was rotated.
- The walls and doors, both internal and external were damaged and scuffed, with the strip hanging off a fire door in a communal area. This meant that fire door would not be effective in a fire. There were damp patches in the ceiling, door frames were split and the skirting boards in areas of the home was coming away from the wall.
- Furniture such as bed frames were well worn, had wood exposed, with the beds in 2 bedrooms causing rust marks on the carpets. Tables were chipped, wardrobes were damaged, chest of drawers were broken, and some curtains were hanging off the curtain rails. Chairs were stained. The home gave a general impression of being neglected and not routinely maintained and refurbished.
- Relatives gave mixed feedback on the cleaning. Some thought the standard of cleaning was poor, whilst others told us it had improved.

The service was not suitably clean, maintained and fit for purpose. This was a breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. Cleaning of the service and equipment commenced with arrangements made for a deep clean of the service. Alongside, this a full survey of the environment was carried out to commence improvement, redecoration, refurbishment, and replacement of equipment within the service.

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, 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.

- We found the service was not working within the principles of the MCA. People's care plans showed decision specific mental capacity and best interest decisions were not in place for everyone who required them for medicine administration, care and support and restrictions such as lap belts, bed rails, sensor mats and one to one care. For example, one person's records did not confirm GP involvement in best interest decision making around how to take prescribed medicines.
- In another person's file under communication we saw reference to staff being advised to use a thick sock on the person's hand to minimise the risks of the person injuring themselves. There was no mental capacity assessment or best interest decision record to support the decision to use a mechanical restraint, and there was no indication that professionals were consulted to consider if other interventions were more suitable. The person's positive behaviour plan made no reference to using a mechanical restraint either to manage the risks of self-injury.
- Deprivation of liberty applications were made for people to ensure appropriate legal authorisations were in place to deprive a person of their liberty. The DoLS applications made did not include all aspects of restrictions on individuals such as medicine administration, use of lap belts and bed rails.

Staff did not act in accordance with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They agreed to carry out a review of people's MCA's and DoLS to ensure staff were working to the principles of the act.

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

- Systems were in place to ensure people were assessed and deemed compatible with other people living at the service, prior to their admission. However, one person's assessed needs were not included in the person's plan of care. For example, in relation to behaviours that can cause distress and mobility aids.
- Whilst people's care plans were reviewed, they were not updated to take account of changes in people's plan of care or guidance from other health professionals and in relation to COVID-19. For example, people's care plans on social engagement / visits referred to the need for the person to be tested for COVID-19 prior to their trip out and other care plans referred to restrictions around visits, which were no longer in place.

It is recommended the service works to best practice in ensuring people's needs are identified, reviewed and they work to current guidance.

- Assessments established people's ethnicity, racial and cultural background, as well as their spiritual and religious beliefs. Staff had received training in equality and diversity to promote an inclusive non-discriminatory approach to people.

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

- The service worked closely with other professionals which included the GP, Abbotts nurses, district nurses, dietician and speech and language therapist.
- People's electronic care plans outlined the circle of care of professionals and family members involved with people. Hospital passports and grab sheets were in place. These outlined key information on individuals to promote consistent care to people on admission to hospital.
- Relatives told us they were involved in their family members care and kept informed of changes in their health and well-being. They told us the service sought timely medical advice. A relative told us of an example where staff went to the hospital with their family member and stayed with them to provide

reassurance. Another relative commented "They always keep me updated. If he has to go to hospital they tell me straightaway, they will call and say, do not worry he is okay."

- A visiting professional told us the service facilitates weekly reviews of people with them. They commented "Team leaders also co-ordinate more extensive multi-disciplinary team meetings for individuals with dieticians, speech and language therapists, and family members. This has resulted in an almost reduced need for the service to call our surgery during the week, except in cases of medical urgency. I have found that they utilise the Telemedicine service, out-of-hours, and emergency services entirely appropriately when required."

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

- People's care plans outlined people's nutritional, hydration needs and risks. During the inspection we observed staff offering people drink, food choices and supporting people with their meals. However, as reported under the safe domain nutritional and malnutrition risks were not mitigated.
- Staff were responsible for cooking the meals. The freezers contained mainly processed food. The menus showed a mix of fresh and processed meals were provided.
- Relatives told us they were happy with the meals provided. They commented "He eats very well, he likes all food, he's not fussy" and "It is all home cooked; it always looks good."

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 our last inspection we rated this key question requires improvement. At this inspection, the rating has changed 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

At our last inspection we recommended the service seeks advice and guidance from a reputable source and takes action to implement robust and effective quality assurance and auditing systems.

At this inspection we found improvements had not been made.

- The registered manager had failed to meet their regulatory responsibilities in relation to meeting regulations to provide a safe and effective service for people. They delegated responsibilities to staff, without ensuring staff had the skills and training to do the task. They failed to have an oversight of the tasks delegated to ensure those tasks were completed as required.
- The registered manager failed to recognise risks or implement robust monitoring to identify risks, which resulted in unsafe care and treatment. They told us they carried out a daily managers walkaround however, the outcome of that was not recorded. When issues were identified such as a broken bed rail, they failed to escalate it in a timely manner to mitigate risks to the person. They failed to take timely action in response to the servicing report for hoists/slides and a provider audit carried out in February 2023, which identified concerns about the standard of cleaning, state of repairs and staffing levels at night.
- In house and provider audits were taking place. The in-house audits were not completed at the frequency determined by the provider. The in-house audits of medicine, health and safety, infection control, nutrition and hydration showed no issues were identified, which was not reflected in our findings and the outcome of the inspection.
- The provider had conducted an internal mock inspection of the service in September 2022. This resulted in a "requires improvement" rating and a service improvement plan was put in place. The actions from September 2022, signed off as complete had not been effective as we were finding similar issues. Alongside this, regional director visits took place which indicated good ratings, except for the audit carried out in February 2023 which identified some of the issues we found within the service in relation to the environment. However, these issues were not actioned and addressed.
- Records were not suitably maintained, accurate and complete. People's care plans were contradictory as to the support, supervision, specialist diet and drinks people required. 2 people's care plans referred to other people within their electronic care plans. Throughout the inspection there was a delay in the registered manager, deputy manager and team leader being able to access records, which included guidance from professionals which they had to search through emails for and were not available to staff.

The lack of suitable and accurate records had the potential to put people at risk of not receiving the care they required.

- There were gaps in recording of fridge temperatures and the cleaning schedules were not specific as to what the cleaning tasks entailed. Handover records were not accurately completed to reflect the staff on duty and tasks such as cleaning and maintenance outlined on the handover records were not signed off as completed. Some handover records had no entries. The rota was illegible with changes made to the rota not clear and initialled. Staff roles were not defined, agency staff names were not completed in full and in some cases, initials of agency staff were used. The lack of accurate records meant good governance was not established to assess and monitor the service provided to people.

Good governance was not established to ensure the service was suitably managed, monitored and that records were accurate. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They increased their presence in the service and commenced a review of records and their own auditing to improve their governance systems.

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

- The service was not effectively managed to provide positive outcomes for people. The registered manager and staff team had failed to notice and address the poor standard of cleanliness, hygiene, and poor state of repair of the service. Instead, they were accepting of the conditions people lived in.
- Staff failed to point out to an agency staff member how a person should be supported with their meal. They accepted the practice of the agency worker standing over the person to support them.
- The rota was not developed around the needs of the service with no senior management cover on late shifts or weekends, which resulted in no leadership, observation, and oversight of staff on shift to promote and achieve good outcomes for people.
- There was a failure to promote continuous learning to improve care. The service had a core team of staff who had been there for some time. Whilst this provided continuity of care to people, it meant there was an element of complacency amongst management and staff, as they accepted the poor conditions people lived in. Alongside this staff did not refer to guidance when supporting people, as they told us they knew people well as they had been there a long time. These practices did not promote a positive culture to benefit people.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They reviewed the management arrangements and increased their monitoring of the service.

At our last inspection, the provider had failed to make the required notifications to us. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (Registration) Regulations 2009.

- The provider is required to inform us of incidents such as an injury to a person, or safeguarding incidents. From the records viewed and the information held on our systems, we saw the required notifications were

made.

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

- Systems were not established to engage with and involve staff. There was no system in place to promote team communication and team meetings did not take place monthly in line with the providers expectations, with records showing the last team meeting had taken place in January 2023.

It is recommended the provider works to best practice to promote effective communication and teamwork.

- Systems were in place to gain feedback from people. A satisfaction survey was completed for 2022/2023 which indicated people were generally happy with their care. Throughout the inspection we observed staff engaged and involved people in decisions about their day-to-day care. People who required it used their communication aids to communicate with staff and staff had a good knowledge of people's communication needs. A person we spoke with described staff as "very good. They commented "Should I become distressed, I have staff I can go to."
- Newsletters were sent to families to keep them updated on what family members were doing. Relatives told us they had positive relationships with staff and the registered manager. They felt able to raise concerns and felt involved in their family member's care.

Working in partnership with others

- The service used volunteers who supported people with one-to-one activities. During the inspection we saw a person involved in an art session. Relatives were positive about the benefits of the volunteering service. A relative commented "[Family members name] loves her art. She does it twice a week and would love to do it more."
- People were supported to go to college and day centres and to book holidays, which included holidays abroad and a cruise. A relative told us how beneficial college was for their family member. They commented, "[Family member's name] goes to college. They do cooking, drama and he loves it there."
- The service worked closely with a range of health professionals. A health professional involved with the service told us they had a positive relationship with the service and that communication with the service was good.

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 provider had a duty of candour policy in place. There had been no recent duty of candour incidents. Relatives felt the registered manager and staff were open with them.
- After the inspection we found the provider to be open, honest, and transparent. They reflected on what had gone wrong within the service which resulted in the deterioration of the rating, to promote organisational learning and improvement.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Staff did not act in accordance with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The service was not suitably clean, maintained and fit for purpose.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably inducted, trained, and appropriately supported and supervised staff were not available to people.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people including infection control risks and risks associated with medicine administration were not identified and mitigated.

The enforcement action we took:

We served a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Good governance was not established which meant the service was not suitably managed and monitored to ensure people got safe care.

The enforcement action we took:

We served a warning notice.