

Pathway Healthcare Ltd

# Livingstone House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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

Livingstone House is a residential care home personal care and support for up to six people with a learning disability and autism. At the time of our inspection there were five people living at the service.

### 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.

Based on our review of the key questions safe, effective, caring, responsive and well led. The service was not able to demonstrate they were fully meeting the underpinning principles of Right support, right care, right culture.

### Right Support:

People had plans in place to guide staff on how to support them if they became anxious or upset, however, these plans were not always regularly reviewed or updated. Staff were not always provided with clear guidance on how to support people safely. A failure to effectively monitor incidents meant there were missed opportunities to avoid and reduce reoccurrence. People not always supported to have the maximum possible choice, control and independence in their daily lives. People were not always enabled to access specialist health care support in a timely way.

### Right Care:

Low staffing levels impacted on people receiving person-centred care. People were not provided with opportunities to try new activities tailored to them that enhanced and enriched their lives. We observed people participated in group activities more often, rather than pursuing their own individual interests or seeking opportunities for volunteering or employment. Poor compliance with training and inconsistent induction processes for staff new to the service meant that people were not always supported by suitably trained, skilled and competent staff. Not all staff could sufficiently demonstrate they knew about the person they were supporting or what was in their care plans.

### Right Culture:

The provider failed to develop effective governance and quality assurance systems to assess the quality and safety of the support people received. There were a lack of audits and actions taken when things went wrong. Actions were not always documented, and it was unclear if actions were completed. This meant improvements were not always made to improve the care people received. Internal quality assurance systems and processes to audit or review service performance and the safety and quality of care were not effective. Where checks and audits were carried out, they had not always identified or prevented issues

occurring or continuing at the service. Where issues had been identified, the provider had not always ensured actions were taken to maintain or improve the quality and safety of the support being delivered at the service. Some care staff told us they felt unsupported by senior management. Family members told us that until recently, there was insufficient engagement with them. This meant people's families were not sufficiently involved in developing the service. There was limited opportunity for staff to learn from incidents and improve practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 17 November 2021).

#### Why we inspected

The inspection was prompted in part by a notification of an allegation of abuse. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk. This inspection examined those risks.

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 and Recommendations

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 keeping people safe including from risks of harm and potential abuse. Breaches have been found related to staffing and staff training, medicine management, personalised care and governance of the home at this inspection.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service 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** ●

# Livingstone House

## Detailed findings

### Background to this inspection

#### The inspection

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

This inspection was carried out by three inspectors, two of whom visited on the first day of inspection. One inspector visited on the afternoon of the second day of the inspection and focused on engaging with people, using a symbol-based communication tool. A second inspector returned on the evening of the second day to continue the inspection.

#### Service and service type

Livingstone House 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. Livingstone House 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.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We looked at all the information we had received about and from the home. 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. This is information providers are required to send us 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 and did general observations of each person and their interactions with staff. Some people we met were not able to verbally communicate with us and we communicated with them using a symbol-based communication tool to tell us of their experience. We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use this symbol-based communication tool. We checked that this was a suitable communication method, and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves.

We spoke with five family members and five members of staff, including the manager. We reviewed a range of records. This included five people's care records and a range of medicines records. We looked at seven staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were also reviewed.



# 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Prior to the inspection, we had been alerted to 2 allegations of abuse, involving people living at Livingstone House. The control measures put in place following the first incident were not adequate, which subsequently meant a second incident occurred. This incident is subject to further investigation by CQC as to whether any further regulatory action should be taken. As a result, this inspection did not examine the incident any further. Measures have since been put in place so the incident cannot reoccur.

The failure to safeguard people from abuse was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with understood their responsibility to report abuse and neglect and felt confident to do this.
- A social care professional told us, "I have found the home do respond to safeguarding concerns quickly. Unfortunately, the actual safety plans in practice have not been successful and have resulted in further safeguarding concerns being raised."

Assessing risk, safety monitoring and management

- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. People were supported by a positive behavioural support team to help them expressing their feelings and emotions, there was guidance in place for staff to follow if people became upset.
- Staff could tell us how they would help people to evacuate the building safely in the event of a fire. However, the fire 'grab bag' did not contain people's personal emergency evacuation plans (PEEP). A PEEP is an individual plan created for those who require assistance or special arrangements in order to safely evacuate a building in an emergency, such as a fire. Following the inspection, the provider sent us people's updated PEEPS and offered assurances that copies were in grab bag which was held in a readily accessible place.
- The provider carried out regular fire drills, all of which were daytime and some of which included evacuation of the building.
- Health and safety checks were undertaken to ensure safe management of water hygiene and gas safety.

Learning lessons when things go wrong

- Incident management was not always robust. We reviewed minutes from team meetings and there were consistent reminders to staff about low or lack of recording of certain incidents. We were told that for one person, staff did not record every incident of self-harm. A member of staff said, "All these [incidents] need to

be recorded and I'd like to say that they are [recorded] but they're not." This meant that a full trend analysis of these incidents could not be made from which there would be potential learning for staff.

- Team meeting minutes made no direct references to incidents which occurred since the previous meeting and it was not clear how learning from incidents was consistently shared with the general staff team. The provider's own audit action plan, updated in September 2022, identified that discussions to facilitate learning were 'still not taking place consistently and robustly.'

#### Using medicines safely

- Medicines were not always safely managed. We could only review the previous two days of medicines administration records (MAR) to confirm whether medicines were given as prescribed since previously filed records could not be located on the day.
- Night-time medicines were administered at 19.45, before the medicines competent member of the day staff went off duty. The pharmacist's instructions for one person's prescribed medicine was that it should be given one hour before bedtime. Their sleep and rest care plan highlighted that their preference was to go to bed between 23:00 and 00:00, which meant that they did not receive their medicines according to the instructions.
- The provider's medicines policy stated that it was good practice to obtain printed MARs from the dispensing pharmacy, as well as for there to be two staff signatures to confirm that the recorded medicines details were correct. The 2 MAR's we reviewed were handwritten and did not have 2 staff signatures.
- Inspectors found that the way in which some medicines were managed made it difficult for staff to be assured that people received their medicines as prescribed. For example, we found one person's box of tablets contained 139 tablets instead 60. A member of staff told us this was because two boxes of the same tablets were amalgamated. They agreed that this was poor practice as it made it more difficult to confirm that the person received their correct medicines.
- Temperature checks of the medicines room and fridge temperatures were not regularly recorded. This meant that the provider could not be assured that medicines were stored according to the manufacturer's instructions. Poor storage conditions can influence the stability of medicines and can put people at increased risk of harm.

The provider failed to ensure that prescribed medicines were safely and effectively managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider has since provided assurances to the CQC and local authority that additional day and night staff are medicines trained and competency assessed.
- A recent quality assurance monitoring visit made by a local authority professional and a healthcare professional confirmed that improvements in training were made. They also confirmed that medicines management was improved. This included daily and medicines audits to ensure people received their medicines as prescribed, as well as MARs being typed and no longer being handwritten and temperature checks regularly recorded.

#### Staffing and recruitment

- The provider failed to ensure sufficient staff were deployed to meet people's care needs. The provider's dependency tool assessed the staffing required per shift to meet people's needs. We were told that the dependency model gave an overall estimation of staffing levels required based on people's needs. The number of staff required was set at four on day shift and two on night.
- However, a review of rotas in the four weeks preceding the inspection demonstrated staffing levels were often below that set by the provider. We saw it was more usual for three staff to be rostered on at weekends



(rather than four) and on two occasions, there were just two members of staff on duty. Weekdays were better staffed as the manager would step in and support, although we noted there were three occasions when there were just two members of staff on duty.

- Most family members we spoke with voiced their concerns about the low levels of staff. One told us, "There are fewer staff on weekends and often at times throughout the year, this has been junior staff and [staff] numbers as low as two when there were six residents in situ." Another family member said, "There are definitely staff shortages, a lot of chopping and changing. This makes a difference to [relative] and their confidence with how they interact with staff."
- Feedback from social care professionals who visited Livingstone House were consistent in their feedback about low staffing levels. One said, "When I have visited I did not feel there was sufficient staffing available on observation."
- Feedback from staff consistently reported concerns about levels of staffing. One told us, "Staff will cancel all the time, the worst days are Weds, Friday and the weekends...we adjust the rota and let the manager know but mostly no cover can be found," another said, "It's ok working here but we are always short of staff, often only two or three persons" and "Weekends are very bad, often just two...it has been a problem since the beginning of the year."
- The provider's business continuity plan, updated in August 2022, did not include any contingency plan for staff shortages or absences. This was identified in the provider's September 2022 audit action plan.

The provider failed to deploy sufficient numbers of suitable, skilled and experienced staff. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following inspection, the provider submitted a contingency plan to manage staff shortages and absences. This included adding four newly recruited staff to the rota and utilising agency staff as the need arises. They also submitted weekly rotas which evidenced an improvement in staffing levels. A quality assurance monitoring visit from a local authority professional corroborated all of this information.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. There were occasions when we observed that not all members of staff were wearing their masks. The manager spoke with these staff and reminded them of the necessity of wearing masks.
- 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 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 assured that the provider's infection prevention and control policy was up to date.

At the time of the inspection there were no restrictions for relatives and friend visiting 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.

Staff support: induction, training, skills and experience

- We noted that not all staff had an induction in line with the provider's policy. We saw that two care workers were signed off by a senior member of staff as having read through policies and procedures. However, there was no evidence that they had weekly supervisory meetings in accordance with the policy.
- Not every member of staff had completed the Care Certificate or other relevant qualification in care. This 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.
- Staff spoke of differing experiences when they began to work at the service. One told us there was no provision made for them to shadow a more experienced member of staff when they started. Another told us, "I shadowed with the staff for three days. I felt that was enough."
- Staff did not always receive regular support through supervisions and appraisal. There were few supervision records on staff files, most of which were from 2020 and 2021. Most staff could not recall when they last had supervision. The manager acknowledged that supervision with staff was not taking place and told us they were currently working to ensure these were completed in line with the provider's policy.
- Training was delivered via E-learning and the provider's positive behaviour support team. However, the provider submitted a record of training they considered mandatory following inspection which demonstrated significantly low completion rates in most modules across the 15 staff. For example, Preventing and Managing Challenging Behaviour (13%), Supporting People with Autism (60%), Epilepsy Awareness (60%), food hygiene (13%) and Care Certificate (60%). There was almost no training recorded for two members of staff who were regularly rostered to work. We have raised this with the provider to review.
- A family member told us, "Staff do not use any management techniques to engage [relative] in day to day living. I don't think they are particularly well trained and are doing a difficult job. I feel that this placement could work, if they got appropriately trained staff to support [relative's] complex needs." Another said, "The staff don't seem to know what to do half the time, they ask [relative] whether they want to do something, and if the answer is no, then they just walk away. They just don't go around things in a different way, ask in different ways," and "With all the changes in staff, I suspect that not everyone is well trained to a good standard to manage [relative's] behaviours."

The provider failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were working at the home. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with demonstrated a good understanding of their role and responsibilities towards the people they supported and knew how to support them according to their assessed needs. One told us, "I distract [person] and make sure I let them know I will be with them soon, that helps them to accept I may be a bit delayed." Another said, "With [person] we just have to talk to them in a way that they understand and that helps them to settle better."
- A social care professional told us, "The staff who are in post appear to be good and have supported my client well."

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

- People were supported to attend a GP as the need arose. However, the provider did not always make referrals to other healthcare professionals in a timely manner. For example, we found that where a significant health-related event occurred, it took the provider four weeks to make a referral to a relevant healthcare professional after this event.
- Feedback we received from a healthcare professional highlighted that there was no recorded evidence available to confirm whether people were supported to access dental and optician appointments, as well as their annual healthcare checks.

The provider failed to consistently refer people to healthcare professionals to ensure their safe care and treatment. This was a breach of Regulation 12 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's needs were assessed prior to moving to Livingstone House. Information gathered was used to create people's care and support plans. However, these were not updated to reflect some people's current needs.
- A family member told us, "[Relative's] care plan is very out of date and is poorly written. It does not reflect changes (deterioration) in [relative's] skills or behaviours."
- The manager identified that care plans needed to be updated to reflect people's current presentation. They were in the process of reviewing and updating care plans. The provider confirmed this was in progress at a recent meeting with the local authority and CQC.
- The provider had Positive Behaviour Support (PBS) specialists. They provided techniques to support people when they experienced emotional distress. A social care professional told us that the care provided had a mixed impact on their client, "My client's level of behaviours that challenge have reduced since moving to Livingstone House but his level of communication has also reduced."
- However, some staff told us there was not always sufficient time to read updates to people's care plans. One told us, "The PBS team make changes, but we can only read these when it's quiet."

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

- People appeared to enjoy the food they were offered and tended to choose when they wished to eat. We saw staff prepare meals from fresh ingredients. Family members were complimentary about the food, one told us, "From what I have seen, I think the food is quite good."

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

- The home had a sensory room, which people could access whenever they wanted to and which they seemed to enjoy.

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 working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The manager had submitted DoLS applications to the local authority for authorisation in line with legal requirements.
- Staff understood the principles of the MCA. One member of staff told us, "I remind other staff that this is people's homes and they should let people do as they choose, within safety parameters."
- We heard staff ask people for their consent prior to supporting them in any way. One member of staff told us, "I will always ask the person before I help them with care."
- A social care professional told us staff supported their client to be part of decision-making processes and said, "My client would have difficulty expressing their views, and decisions are made in their best interest in relation to his care and support needs."



# Is the service caring?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to 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; Supporting people to express their views and be involved in making decisions about their care

- There were times throughout the inspection when we observed that staff did not always proactively engage with or initiate conversation with people. When one person tried to engage a member of staff in conversation, the staff member's response was functional and no attempt was made to engage the person in further conversation.
- During lunch time, staff on duty all took a break at the dining table together meaning people were not engaged with and were without the support of staff.
- However, at other times, we saw staff had a kind and caring attitude towards people, particularly when they were demonstrating levels of upset or unhappiness. For those who were more able to verbally express themselves, they actively sought out staff to joke with them. One person told us, I like them [staff]."
- Feedback from family members was mixed in relation to the caring attitude demonstrated by staff and the care and support delivered. One told us, "I don't think all the staff have a particularly caring attitude to people. I always feel that they are just doing a job and there is not a homely feeling in the house." Another said, "[Relative's] clothes are often missing from the wardrobe and other people's clothes end up in their cupboards – it feels so institutionalised."
- There were opportunities for people to share their views during structured [care plan review] meetings. For those who were unable to make significant decisions specific to their care, their family members were actively encouraged to be part of the decision making process.

Respecting and promoting people's privacy, dignity and independence

- People were not always supported to maintain, or develop, their independence. Whilst care plans made reference to staff encouraging people's independence, they did not always detail how staff could support them to increase their independence.
- For example, and there were limited quality of life opportunities for people regarding the mealtime experience and developing their independence. People were not regularly supported to participate in planning and preparing their own meals to increase their independence. We saw little evidence that staff supported people to prepare their own drinks and meals. A family member told us, "No progression has been made in [relative's] independence skills and we would have like this to happen, I'm not sure if anyone is to blame for this though."
- Staff told us they were respectful of people's dignity. One told us, "I will always close the door and the curtains when supporting people with their personal care." We noticed that when staff needed to have a confidential conversation with a person or ask if they needed support with their personal care, this was done

discreetly.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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 have regular access to meaningful activities, despite most people's care plans referencing the importance of activities. Activity records evidenced a low level of community based activities. Over a period of 33 days, there was a total of 14 activities recorded for all five people living at Livingstone House, most of which were as part of a group rather than on a one to one basis.
- People did not have written activity schedules. The manager told us they wanted these to be developed in individual keyworker sessions to ensure they were person centred. However, we subsequently confirmed that keyworker sessions were not a regular occurrence and did not include a discussion about preferred activities.
- Feedback from families about the provision of activities was mainly negative. "I believe that they are struggling with staffing. This impacts on routines, even though routine is very important to [relative], and "I think that this [low staffing] can also affect the amount of times that [relative] gets out and about" and "There are few if any activities at the weekend; I think because there are fewer staff on at the weekends."
- A family member told us, "I believe that if there were a written schedule then this would be easier for [relative] as they need to know what to expect and build up to it." Another told us, "What was promised as against what was delivered did not transpire, especially activities. [Relative] needs a schedule."
- A member of staff explained that one person had been unable to go swimming because, "We have to focus more on group activities because of staffing and enabling more people to go out in the car." Another told us, "If we are four staff then two staff can go out and two staff stay here." They confirmed that when there were fewer than four staff on duty, "Then activities cannot go ahead."

The provider failed to ensure sufficient meaningful and person-centred activities were provided for people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, a social care professional told us, "Socially the activities my client has engaged in have benefitted them and [person] appears to have adapted to the environment."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed in description and recorded how they should be supported. However, they were not regularly reviewed and contained a density of information which some staff told us was they found hard to find the time to read.
- Care plans were electronically held and at the time of the inspection, there was just one computer in the

building for staff to access the care plans. We were told that handheld devices were recently purchased but were not in use as they did not meet the needs of the service.

- Staff told us they found this reduced access to care plans limiting and one told us, "I like to familiarise myself with people's care plans and if there are any changes, but it is not always possible to get into the office to read through them as we need to be on the floor with the residents."
- Having just one computer accessible meant that care workers could not write contemporaneous notes on their interactions with people. The impact of this was that we found that daily notes were often written several hours after interactions and did not give an accurate reflection of people's day or staff interactions.
- Family members gave mixed feedback about the care people received. One told us, "[Relative's] care plan is very out of date and is poorly written. The standard of care is not nearly good enough." Another said, "I see that the PBS [positive behaviour support] team do visit and try to engage with [relative] and their PBS plan is regularly updated. However, there are key staff who can tell me this information [and] many others are not able to..."
- Positive feedback included, "I think they give good care. It is difficult to motivate [relative] but they try their best. I think [relative] is happy and likes it there. I do think it is a good home," and "There had been a drop in standards before this manager took over in the temporary post and they have brought a more focused and standard based approach to the care."

#### 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.

- We saw a range of information in pictorial format around the home. People had communication care plans which were very detailed and outlined their preferred method of communication needs and whether they required specialist support. Staff were familiar with people's communication methods and were able to understand the people whose speech was not always clear to others.
- Some care plans referred to the need for pictorial communication aids and a picture board for communication. However, we did not see any communication aids being used on the day of inspection. We noticed there were keyrings with 'emotion cards' in the office for staff use. When asked, some staff stated they did not use any pictorial aids when communicating with people.

#### Improving care quality in response to complaints or concerns

- Systems were in place for people to raise concerns and family members knew how to make a complaint. The provider received five complaints since the last inspection, all of which were investigated. Outcomes and apologies were shared with the complainant.
- A family member shared with us the provider's response following a complaint they made about staff competency to administer medicines. In their response to the complainant, the provider acknowledged there was an instance of unsafe practice and this was subsequently dealt with in line with the provider's complaints policy and internal processes.



# 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 Good. 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; Continuous learning and improving care

- People were not being supported in a service that was well led to keep them safe, ensure their needs were being met and they had a good quality of life. Wide ranging concerns were identified throughout the inspection and many of them had not been recognised in either the management or provider level systems. This was highlighted by the multiple breaches of the regulations found at this inspection.
- Quality assurance systems at the home did not always identify concerns found during the inspection, which placed people at risk of harm and poor care. For example, issues around low staffing, management of medicines, minimal activities and poor recording were either not identified or when they were, not acted upon.
- The provider had failed to address their own action plans, which referenced improved medicines training for all staff, implementing annual review of fire risk assessment, sharing learning from incidents with staff and implementation of a robust auditing system.
- Inspectors found that the management and auditing of medicines was poor and staff did not always follow the provider's medicines policy. The provider's September 2022 audit action plan identified that 'many areas of the medicines policy were not being followed by staff'.
- The provider did not regularly record audits and checks to assure governance, systems and processes were accurate and up to date. The provider's own September 2022 audit recorded, 'no evidence of audits was found.' We were told that Livingstone House was audited each month by a senior manager which was described to us as a 'walk through'. However, no written record was maintained of these 'walk throughs', which meant that any identified issues and any improvements made could not be tracked.
- The providers systems and processes failed to identify that timely referrals to healthcare professionals were not made as needed.
- The provider confirmed that there was no system in place for out of hours checks to be made. We were told this was discussed at a management meeting some time before this inspection and, "The [audit] form hasn't been prepared but visits will be booked in once this is done."
- The provider's Business Continuity Plan dated August 2022 contained limited information on actions to take should the service be disrupted in the event of low staffing levels.
- Livingstone House is required to have a registered manager in post. There had not been a registered manager in post since June 2022. Attempts to recruit to the post were unsuccessful and the service had a temporary manager in post who received support from members of the senior leadership team. Following this inspection, the provider told us a member of the senior leadership team was now based at the service until a new manager is appointed.

The provider failed to ensure there were robust management oversight of the service. Audits and quality assurance processes did not identify concerns inspector found on inspection. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our inspection, the provider has participated in regular support meetings with health and social care professionals and CQC. This is a supportive process where agreed actions are put in place to address identified concerns around the provision of safe, good quality care. Regular quality assurance monitoring visits to Livingstone House are being made by a local authority professional and a healthcare professional. Their most recent visit to Livingstone House reported on improvements being made in most areas. This oversight will continue until it is felt that improvements to the service are embedded and sustained. 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
- The manager told us part of their focus when they joined Livingstone House was to developing certain areas amongst which was family relationships and communication with families. They said, "I do weekly email updates and I talk to some of the parents most days."
- Family members spoke positively of the increased contact initiated by the manager and said that communication had improved in recent months.
- One family member told us, "I find the current manager very helpful, they have significantly improved the communication. One good point is that there is now regular contact with family members by telephone and I get emails with updates." Another said, "[Manager] has brought about change for the good and re-focused the care on the residents rather than just being a body in the building to deal with incidents."
- Whilst staff told us they felt valued by the manager, some told us they did not always feel valued by the senior management team. One staff member told us, "No, I don't feel valued, just feel left out and not listened to or supported." Another said, "Better communication between us all would be of benefit to everybody."
- At the time of this inspection, the provider did not have a process in place to seek staff members views on their roles and general perception of the support they get to perform this. Following inspection, we were informed that a colleague survey was subsequently sent to all staff.

#### Working in partnership with others

- Staff worked in partnership with external health and social care professionals who were involved in people's care to ensure people received any additional support they needed.
- Feedback from social care professionals referred to slow or no response to requests for information. One said, "They are responsive to direct communication [telephone calls] but I have had to chase at times to gather the information being requested." Another told us, "I have just had a few emails with senior management which has been adequate, but only because I have made contact with them by chasing them up."

#### 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 manager and the provider were aware of their responsibilities under the duty of candour. The manager was aware of their responsibility to be open and honest when things went wrong.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure meaningful and person-centred activities were provided for people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure that prescribed medicines were safely and effectively managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to ensure there were robust risk management processes in place to manage a recurrence of certain known risks in the service. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

The provider failed to deploy sufficient numbers of suitable, skilled and experienced staff. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that systems and processes were operated effectively to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

### **The enforcement action we took:**

We imposed a condition on the providers registration.