William Blake House Northants

The Moors

Inspection report

51 London End
Upper Boddington
Daventry
NN11 6DP

Tel: 01327860906
Website: www.williamblakehouse.org

Date of inspection visit:
04 November 2020
09 November 2020
10 November 2020
11 November 2020

Date of publication:
16 December 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Moors is a residential care home providing personal care to 5 younger adults with learning disability and autism at the time of the inspection. The service can support up to 5 people across two adapted buildings. 4 people live in the main house and 1 person lives in an annexe.

The Moors is a family sized house in a residential area, similar in appearance to the other houses in the street.

People's experience of using this service and what we found
Medicines were not always safely managed. Best practice guidance was not always followed and when people received their medicines 'as and when required' (PRN) the correct PRN protocols were not in place.

Health and safety audits were not always completed in line with best practice guidance. Several health and safety tasks were not completed in line with the provider's policies.

Personal Emergency Evacuation Plan (PEEP) information was not in place. This meant people were at risk of not being appropriately supported to evacuate the premises in the event of an emergency.

Food hygiene standards were not always sufficiently met. We found several out of date items of food in the fridge.

The provider failed to have enough staff with the right skills deployed to provide people with their commissioned care. This placed people at risk of harm.

The provider had quality control systems in place, however they were not always effective as records were not always correct and audits had not always identified errors in records.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's individual risks were managed in a safe way and staff knew how to protect people from the risk of harm and abuse. Risk assessments were completed appropriately, for example around nutrition, equipment, personal care and behaviour.

Lessons were learnt when things went wrong. The provider identified trends and themes when issues occurred and developed strategies to mitigate the risk to people.

Care records were person-centred and contained sufficient information about people's preferences, specific

routines, their life history and interests.

People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

The provider and management team had good links with the local communities within which people lived.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:
• The model of care and setting maximises people's choice, control and independence.

Right care:
• Care is person-centred and promotes people's dignity, privacy and human rights.

Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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

Rating at last inspection
The last rating for this service was good (published 15 January 2020).

Why we inspected
We received concerns in relation to staffing levels, staff training, medicines errors and governance of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing, medicines, environment and governance at this inspection.

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

Follow up
The provider supplied us with an action plan to inform us of what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Moors

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was carried out by two inspectors.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 4 November 2020 and ended on 11 November 2020. We visited The Moors on 4 November 2020. We made telephone calls to staff members and relatives of people who use the service on 9 November 2020, 10 November 2020 and 11 November 2020.

What we did before the inspection
We reviewed information we had received about the service since the last inspection, such as notifications

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

During the inspection
We spoke with two relatives about their experience of the care provided. We observed staff supporting people who were unable to talk to us. We spoke with four members of staff including the family liaison officer, the quality lead and two care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at a range of policies, records and information to support our judgements.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Using medicines safely; Assessing risk, safety monitoring and management

- The administering and recording of medicines was not always managed safely. Staff did not always follow best practice guidance when medicines were administered. On some occasions medicines had been administered and had not been signed as administered or counter-signed as witnessed. There were some occasions where there were unexplained reductions in stock levels. This meant that people were at risk of receiving medicines in ways that were not safe.
- Improvements were required to medicines management. When people required medicines as and when (PRN), the correct PRN protocols were not in place and there was no guidance to inform staff when to administer these medicines. We saw that one person had been given PRN medicines on 5 occasions without sufficient justification. This placed people at risk of not receiving these medicines at appropriate times.
- Health and safety audits were not always completed in line with best practice guidance. We saw the water temperature checks, fire alarm tests, fire drills and emergency lighting checks were not carried out as often as they should have been in line with the provider's policies. Monthly water temperature checks had not been completed between February 2020 and July 2020. However, there was evidence that staff were checking water temperatures prior to people having a shower or a bath. The failure to complete these audits placed people at risk.
- Personal Emergency Evacuation Plan (PEEP) information was not in place. There was no information to direct staff in terms of the level of risk people would be placed at and what to do should there be a need to evacuate the premises. This meant people were at risk of not being appropriately supported to evacuate the premises in response to an emergency such as a fire.
- Food hygiene standards were not always implemented safely. We found several items of food in the fridge were past the "use by" date. We found that some foods were not labelled to identify when they had been opened. This put people at risk of food poisoning.

We found no evidence that people were harmed, however the provider had failed to ensure people were protected from the risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the quality lead completed a medicines audit and action plan, and implemented training for all staff on the administering of medicines. Following the inspection the registered manager advised us PRN protocols and PEEP information had been put in place for all people who required them.

- Risks to people's individual health and wellbeing were assessed, managed and regularly reviewed within care plans. Staff understood how to recognise increasing risk and when people needed support to reduce

the risk of avoidable harm. The service used a Red, Amber, Green (RAG) rating system with people with behaviours that challenge and staff we spoke with knew about people's individual risks in detail and could tell us how risks were managed and monitored.

Staffing and recruitment

● There were not always enough staff with the right skills deployed to provide people with their care at regular planned times and to respond to people when they needed care as and when. In order to meet the level of people's commissioned support the service required six members of staff to be on shift between 08:00 and 20:00. We saw there were only four members of staff on shift when we arrived on inspection at 08:30 on 4 November 2020. Rotas showed there were often only four or five members of staff scheduled to work between 08:00 and 20:00.

● The service did not always have enough staff to meet the level of people's commissioned support overnight. We saw one person who presented with behaviours that challenge required one waking staff member and another shared staff member to be available between 20:00 and 08:00. One staff member told us that the waking staff member would often sleep when the person slept as they often completed a 12 hour day shift followed immediately by a 12 hour night shift due to staff shortages. This put the person and the staff member at risk of harm.

● One person's relative told us, "I do not think that the service have enough staff. I feel that certain staff are doing far too many hours. Staff need to be more supported by management and are doing too much."

The provider had failed to ensure appropriate staffing levels were maintained. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Staff recruitment was safe. Pre-employment checks were carried out when appointing a staff member to ensure that they were suitable to work with vulnerable people. For example, a criminal conviction check and previous employer references were obtained.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse by staff who were trained in safeguarding and were able to describe how to recognise the signs of abuse. The staff we spoke with said they know how to report incidents and who to report them to.

● Staff were aware of the whistle blowing policy. This allows staff to raise concerns anonymously when they have concerns about anything they feel is not right.

● Safeguarding alerts had been raised appropriately and clear records were maintained.

Learning lessons when things go wrong

● The service demonstrated that they learnt lessons when things went wrong. The service evaluated people's behaviour and recorded this information on Antecedent, Behaviour and Consequence (ABC) charts. This information was then analysed to inform the information within people's positive behaviour support plans.

● Accidents and incidents were recorded, and the information collated and analysed to identify trends and themes. This information was then used to inform measures to reduce the risk of incidents re-occurring.

Preventing and controlling infection

● People were protected from the risks of infection as the staff supporting them had undergone training in infection prevention and undertook safe practices when providing care. Staff demonstrated good knowledge of infection prevention and control practices.

● We observed staff using personal protective equipment (PPE) appropriately when providing care for

people. There was enough of the right kind of PPE available to staff throughout the home.
● All areas of the home were clean, including communal areas such as the lounges and dining rooms and private areas such as bedrooms and bathrooms. One person's relative told us, "The home appears to be well maintained and kept clean. The staff maintain the property well."
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a lack of oversight of the accuracy of information within care plans. Staff were managing people's risks effectively, however one person was assessed as being at high risk of falls and this was not reflected in their care plan. Another person had no information within their care plan regarding bowel movements and there was no bowel monitoring plan, despite there being several references to this document in relation to their prescribed medication. This lack of oversight and cross-referencing of risk assessments and care plans put people at risk of receiving care that did not meet their needs.
- There was a lack of oversight of medicines and medicines records. Audits had not identified issues with medicines, lack of recording on medicine administration record (MAR) charts and a lack of cross-referencing between PRN medicines, MAR charts and daily notes. This lack of oversight presented a risk of the misuse of medicines.
- There was a lack of oversight of Mental Capacity Assessment (MCA) and Best Interest (BI) Decision information. There was insufficient information contained within MCAs and no evidence people had been engaged with during the process to give them the best possible chance to make decisions for themselves. It was not always clear what decision had been taken within BI documentation. These issues had not been identified during care plan audits. This lack of oversight meant that people were at risk of not being consulted around decisions involving their personal and medical care.
- The management team did not have sufficient oversight of the staffing of the service. Rotas showed one person was scheduled to work 132 hours straight; six 12 hour day shifts and five 12 hour waking night shifts. The management team were not able to explain exactly what hours the staff member had worked. Payroll information showed they had been paid at the waking hours rate. Night-time notes were also regularly completed by this staff member, suggesting they were awake during the night. This lack of oversight put people who use the service and the staff member at risk of harm.
- Systems and processes were not effective in recognising issues and improving care. For example, audits were not completed in line with the provider's policies and recommendations following a fire risk assessment were not appropriately followed. This meant that the service was not always able to demonstrate continuous learning and the improvement of care.

The provider's failure to ensure good governance was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff and relatives said the management team was approachable and they felt supported by them. One staff member told us, "We can raise issues or suggest improvements and things are dealt with by the management team." One relative told us, "We have had a lot of communication with the management team."
● Staff were knowledgeable about people who used the service and demonstrated they took a person-centred approach to providing care.
● The registered manager understood their regulatory requirements to report incidents and events to CQC.

The management team responded immediately during and after the inspection. They were open and transparent throughout the inspection and the registered manager advised us they have commenced an action plan, with many issues already addressed.

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 registered manager was aware of their responsibilities under the duty of candour, which is a regulation all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
● The provider had implemented safeguarding and complaints policies and had made all staff aware of them. There were posters in the communal areas advising people of who to contact if they had concerns. One person's relative told us, "The service are responsive and whenever we raise any issues they are dealt with and changes are made as a result."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The management team worked with staff to identify improvements by holding monthly team meetings. One member of staff told us, "We have monthly team meetings and regular supervisions or one-to-ones where we can raise any issues or suggest improvements. If anything is raised it gets dealt with by the management team."
● Relatives told us they felt involved in decisions about The Moors and had regular communication from the service. One relative told us, "We have had a lot of communication with the management team and before the pandemic there was a yearly relatives meeting."
● People's equality characteristics were considered when sharing information, accessing care and activities.

Working in partnership with others
● The management team had established and maintained good links with local partners that would be of benefit to people who use the service, such as GP practices, epilepsy nurses, occupational therapists, dentists and social work teams.
● The provider had worked closely with Public Health England throughout the Covid-19 pandemic to ensure they had access to best practice guidance and they were accessing staff and resident testing appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks associated with people's medicines were not managed safely. Risks associated with evacuation of the premises were not managed safely. Maintenance tasks were not completed in line with best practice guidance. This placed people at risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have effective governance and management systems. This resulted in failure to identify and/or act upon mistakes in records.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to have enough staff with the right skills deployed to provide people with their commissioned care. This placed people at risk of harm.