South Essex Special Needs Housing Association Limited

Long Lane

Inspection report

130 Long Lane
Grays
Essex
RM16 2PR

Tel: 01375394649

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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
Long Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Long Lane cares for up to two people with learning difficulties. At the time of inspection two people were using the service.

People's experience of using this service and what we found
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. People received person centred care that was inclusive and promoted their independence and choices.

Staff followed infection prevention control guidance. However, there was limited training in this area and no infection prevention control policy or audits in place. Some issues in the environment needed addressing such as having a lockable cupboard for cleaning chemicals.

Staff supported people as individuals. Medication was administered safely, and staff knew how to raise safeguarding concerns. The registered manager recruited new staff safely to the service.

Systems needed to be developed to provide governance and oversight of the service.

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

Rating at last inspection
The last rating for this service was Good (published 13 February 2018).

Why we inspected
We received concerns in relation to infection prevention and control. 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.

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

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

The provider has taken steps to address the areas of concern identified.

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.

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

The 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.

Long Lane

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 team consisted of one inspector.

Service and service type
Long Lane 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 announced.

What we did before the inspection
We reviewed information we had received about the service since the last 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. We reviewed past reports and information we held on the service. We used all of

this information to plan our inspection.

During the inspection-
We observed people who used the service and spoke with two people about their experience. We spoke with one member of staff and the registered manager.
We reviewed a range of records. This included one person's care and medication records. We reviewed information and guidance the service held on Covid-19.

After the inspection
We continued to seek clarification from the provider to validate evidence found and asked for them to provide further information.

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.

Preventing and controlling infection

- The registered manager did not have an infection control policy or audits in place to support infection control practices. Staff did not have risk assessments in place to identify risks to them working during the pandemic and how these may be mitigated.
- Staff had not received training specifically on working with Covid-19 or the use of personal protective equipment (PPE). However the registered manager had sourced training materials and was arranging for further training with the local authority, to be completed within the next two weeks.
- We did observe staff wearing PPE correctly and they told us they had been doing this throughout the pandemic.
- The service was clean and staff were able to talk us through their increased cleaning regimes.
- Whole home testing was in place in line with government guidance, and there had not been any Covid-19 outbreaks at the service.
- People were not currently receiving visitors at the service but they had been supported to stay in touch with their loved ones. Staff told us they would be making arrangements for visits in line with government guidance.

Using medicines safely

- People were supported to take medicines.
- Staff gave medicines to people and signed medication administration records when they had taken these.
- There were systems in place for the ordering and storing of medicines.
- We noted there were no audits in place to oversee medication processes. This meant if errors occurred, they may not be identified in a timely way and addressed. The registered manager assured us there had not been any errors.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment.
- We saw guidance was available to staff on raising safeguarding concerns. One member of staff said, "If I had any concerns, I would call the manager and discuss it."
- One person told us, "If I had any worries I would tell [staff name]."
- There were no current safeguarding concerns at the service.

Assessing risk, safety monitoring and management

- Staff undertook risk assessments to keep people safe.

● Staff had assessed risks associated with Covid-19 and how they could support people safely during the pandemic.
● The registered manager told us they had recently had a new fire alarm system installed and that fire equipment and electrical equipment had been checked.
● We noted the service did not have a lockable cupboard to store cleaning products and chemicals used in cleaning. We spoke with the registered manager who advised they would arrange a lockable cupboard.

Staffing and recruitment
● There was a consistent staff team working at the service.
● During the periods of lockdown one member of staff had remained at the service to provide support for people as they felt this would be the safest way to prevent Covid-19.
● The registered manager told us they had enough staff to provide support to people at the service currently but would be recruiting one more member of staff in the future.

Learning lessons when things go wrong
● The registered manager told us they attended the service twice a week and had joint meetings with a sister service where any information sharing or lessons learned would be discussed. There was evidence recent issues raised around training and infection control had been discussed.

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.

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

- There was a lack of formalised governance at the service. When we spoke with the registered manager, they could not evidence any audits taking place and told us they did not complete any written audits.
- We found no up-to-date policies. The policies in use had not been reviewed since 1998 and 2003. There was not a policy in place for infection control or audits to support infection control.
- Governance systems had not identified additional training staff may need to work safely during a pandemic.
- Environmental audits were not completed. We found the service was looking dated and in need of some refurbishment. Carpets were worn and stained, there was a damaged kitchen unit and poorly fitting kitchen floor. There was no lockable cupboard for cleaning chemicals.
- There were no systems in place for the registered manager to provide oversight and monitoring of the service to the provider. The registered manager told us they reported verbally to the provider there was no evidence of what was discussed or actions taken.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to evidence effective oversight of the service and the fulfilment of regulatory requirements, placing people at risk of harm. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

- There was a positive culture at the service.
- We saw people were happy and relaxed in the company of staff. One person told us, "I will be happy when I can go out again." They also shared a photo with us of them on holiday.
- One person told us they liked going for walks in the garden and helping with cooking.
- Staff told us people had very active lives in the community when not in lockdown, attending clubs and activities they enjoyed and spending time with relatives.

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

● Staff supported people as individuals to meet their needs. Due to the disruption of people's usual activities during lockdown staff had supported people to develop new routines within the service. People had become more involved in meaningful activities such as helping more with household chores.
● There was a large garden which people utilised with staff to have exercise in.
● Families were kept informed via telephone calls from staff and people spoke with their relatives via telephone.
● Relatives also dropped off gifts for people to boost their morale.

Continuous learning and improving care; Working in partnership with others
● The registered manager had not engaged with the local council during the pandemic to implement their training on Covid-19, infection control and donning and doffing of PPE. However, following the inspection at their sister service they had now obtained the relevant training material and were arranging for training to take place.
● The registered manager told us they had regular contact with the GP and they called weekly to check if there were any issues.