Country Retirement & Nursing Homes Ltd

Decoy Farm

Inspection report

Browston Lane
Browston
Great Yarmouth
Norfolk
NR31 9DP

Tel: 01502730927
Website: www.kingsleyhealthcare.co.uk

Date of inspection visit:
15 December 2020
05 January 2021
08 January 2021

Date of publication:
11 February 2021

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
Decoy Farm is a service providing nursing care for up to 10 people with a learning disability or autistic spectrum disorder. The service was split into four buildings, two of which were self-contained accommodation. There were 10 people living at the service when we inspected.

People's experience of using this service and what we found
Staff had not always followed guidance to ensure that risks to people were managed safely. We found there had been three avoidable incidents where staff had not acted to prevent actual and potential harm. There was detailed guidance in place for staff about how to manage or reduce risk, but this was not always followed by individual staff members. People were supported by staff on a 1-1 basis during the day, yet incidents had occurred between people despite this. Staff did not always receive regular supervision, and some did not feel the training offered was effective.

We found improvements in how the service managed people's medicines. The provider had a system to assess and monitor infection control across the service. This had been updated and amended in response to the COVID-19 pandemic.

The service did not have a registered manager in place. Two managers had been appointed during 2020, but neither remained in post. The operations manager had managed the service at these times, and some improvements had been made as a result. There was a new manager in post who started in December 2020, but they had not registered with CQC at the time of this inspection. There was a lack of consistent leadership and oversight at the service.

Whilst the operations manager had provided leadership to the staff team, staff told us that they needed a manager who would remain in post and provide support to them. Quality assurance auditing systems were in place but had not always identified where improvement was needed. For example, people's capacity to make decisions around certain aspects of their care were not in place.

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 not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People had not always been protected from avoidable harm. The attitudes and behaviours of individual staff members had not always protected people, and staff had not always acted appropriately when providing care to people. The operations manager had however addressed these concerns immediately on becoming aware of them.

People were encouraged to undertake tasks which promoted their independence and well-being. The setting enabled people to care for animals on site, and plant and grow vegetables. Where people had been restricted during the pandemic to use their usual community facilities, the service had brought items in for people. For example, purchasing a trampoline, and creating an art studio which people could use, and a sensory garden. People were still supported to continue to access the community, but this was in line with government guidance during the pandemic.

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 23 September 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The service remains rated requires improvement.

At this inspection although we observed some improvements, not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected
The inspection was prompted due to concerns we received about the management and staffing within the service. A decision was made for us to inspect and examine those risks. 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.

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 coronavirus and other infection outbreaks effectively.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Decoy Farm 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 and governance.

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

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

The 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

Decoy Farm

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 three inspectors. One working remotely and two on site.

Service and service type
Decoy Farm 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 did not have a manager registered with the Care Quality Commission. This means the provider was solely responsible for how the service was run and for the quality and safety of the care provided. There was a new manager in post who was appointed in December 2020 but had not yet registered with us.

Notice of inspection
This inspection was unannounced, although checks were completed prior to entry to ascertain COVID-19 status.

What we did before the 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 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 all of this information to plan our inspection.

During the inspection
We spoke with the operations manager, manager, and deputy manager.
We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records. We spoke with one person living at the service, five relatives, five care staff, and the operations manager. We also spoke with five health and social care professionals who know the service.

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 Requires Improvement. At this inspection this key question has remained the same. 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.

Staffing and recruitment

At our last inspection the provider had failed to ensure that systems were in place to ensure competent and skilled staff were deployed to meet people's care and treatment needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made, and the provider remains in breach of Regulation 18.

● Staff had not always received regular supervision sessions to discuss their performance and identify any training, learning and development needs. This is important to ensure competence is maintained.
● We had concerns about the competence of some individual staff members who had not always followed guidance in order to keep people safe. This resulted in people coming to harm. For example, physical altercations had occurred between people using the service.
● People living at the service required staff to be with them at all times. Rotas showed the number of staff on duty would cover the required levels, however, this did not allow staff to have scheduled breaks, and at times they worked without a break throughout a twelve hour shift. This had the potential to affect their concentration and practice. This concern was identified at the previous inspection.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The operations manager informed us that If staff were deemed not to be competent, they provided any support or training required or extended the probationary period to ensure adequate support was provided.

● The operations manager told us that staff took several short breaks throughout their shift, and that staff preferred it this way. However, this will need to be reviewed regularly to ensure it suits all of the staff team and that staff feel suitably rested.
● Staff continued to be recruited safely, and records showed that staff were vetted for their suitability to work with vulnerable people, through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed effectively. This was a

breach of regulation 12 (Safe Care and Treatment) 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 12.

● Medicines were received, stored, administered and disposed of safely.
● Where people had medicines prescribed on a 'when required' basis (PRN) there was supporting information to help staff to know when to give the medicine.
● 19 staff were trained to administer emergency medicines, such as those needed to control a seizure.
● People were supported to self-administer their medication if this was safe to do so. One person told us, "I do this myself, I scan the bar code and take my medicines, I do it all, staff just check I'm ok with it." A relative said, "[Operations manager] has been good at getting [relative] off medication that is not needed, and at our last review they were saying how positive interactions were better than medication as [relative] stays calmer longer."

Preventing and controlling infection
● Frequent cleaning was in place and most areas of the home appeared clean.
● Staff were observed wearing face masks during their contact with people and throughout their shift. We did however notice a staff member pull down their mask to take a drink and then put it back. They did not wash their hands after touching their mask. This increases the risk of COVID-19 transmission.
● We were concerned that staff were not able to relax whilst on a 12-hour shift, remove their PPE and eat and drink without the worry of people getting too close.
● Staff did not have a designated area to take breaks. They ate with people, socially distanced on a large table, but did not wear masks. This posed a high risk of infection spreading. Following the inspection, the operations manager completed a risk assessment in relation to this.

Systems and processes to safeguard people from the risk of abuse
● We received statutory notifications from the operations manager that staff had not always acted appropriately with people, and incidents had occurred as a result of them not following guidance. In these cases, the operations manager took disciplinary action and referred the concerns to the local authority safeguarding team.
● Staff received training in safeguarding and the protection of adults. When we spoke to staff the majority told us they would report any incidents internally to the manager, but were not so knowledgeable about reporting externally, for example, to the local authority. Staff should be aware of the different ways they can report concerns.

Assessing risk, safety monitoring and management
● People's care plans contained risk assessments in areas relating to people's care such as their behaviours which may put the person and others at risk, epilepsy, eating and drinking, and absconding.
● Care plans contained explanations of the control measures for staff to follow to keep people safe. They balanced protecting people with supporting them to maintain their independence and positive risk taking.
● Staff demonstrated a good understanding of people's individual needs and what activities they wanted to be involved in.
● Risks associated with the environment were monitored and managed.

Learning lessons when things go wrong
● The provider had a system in place to monitor incidents and accidents. There was an analysis of the

information to identify any patterns or trends.

● Records detailed what happened before during and after any incidents, if any injuries were sustained, if physical intervention was used, and if staff were staff following correct procedures.

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 Requires Improvement. At this inspection this key question has remained the same.

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; 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

At our last inspection the provider's governance systems had not been effective in identifying where improvement was required. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 17.

● There was no registered manager. There was a lack of consistency in how the service was managed and led; The service had not had a registered manager in post since November 2019. The provider had employed two new managers in 2020, but they did not remain in post.
● At this inspection there was a new manager in post who had been appointed in December 2020 but had not yet registered with us at the time of this inspection.
● The staff team required a consistent manager to provide more stability, accountability, and guidance to the team. One staff member told us, "There have been three or four managers here in the time I've been here. The desire to get a manager seems to be leading to getting the wrong people in." Another said, "I don't know whether I'm coming or going with management."
● Quality checks and audits were in place and completed regularly. However, we found that improvements were required with assessing people's ability to make decisions in line with the Mental Capacity Act 2005 which had not been identified via auditing processes. The operations manager confirmed following the inspection that this work was being completed as a priority.
● Improved oversight was required to ensure staff induction, training, and supervision of staff were kept up to date.
● Staff did not always feel engaged or empowered.

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

● The provider's operations manager had managed the service at times when they were without a registered manager. This had proved to be a positive step, and some improvements had been made as a result of their input.
● The operations manager understood their responsibility to be open and honest with people and acted appropriately when things went wrong. They also dealt with complaints in line with policies and procedures.

Continuous learning and improving care
● Three incidents which were avoidable had occurred in the service. Whilst this was a failing on the part of individual staff members; consistency and accountability from the staff team was lacking.
● Staff supervision was overdue for several staff, and for some there had been long gaps between supervision sessions. Supervision is important to ensure staff are competent and to identify learning needs.
● Several staff we spoke with told us that the training offered did not always suit their learning style. One staff member said, "I haven't done any training courses since I've been here, just e-learning which I don't think helps. Don't think new or younger staff get enough training." Another said, "There is room for improvement [on training], I would rather have face to face training. I become disengaged [with e-leaning] very quickly and I don't take it in."
● Since our last inspection the provider had employed a cook and a domestic, which helped free up care staff. A relative told us, "The staff have more time to care and spend with the [residents] now as before they had to do the cooking and cleaning and [operations manager] has now got a cook and cleaner so the staff have more time with them to do more things."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People were supported by staff who knew them well, however, there had also been staff who had left, and new staff coming into the service. One relative said, "Some staff behave differently towards [relative]. All staff need to act the same and it has to be black and white for [relative] not muddled and grey. Some staff can some can't. Some staff just want an easy life." Another said, "Decoy Farm is not perfect. But more perfect than any other service [relative] has been in."
● People's interests and preferences were known, and these were reviewed monthly. One person told us, "Every month me and my named nurse and keyworker sit down and discuss my plan, how I am, and what I'm doing. We also completed an activity planner, and what my likes and dislikes were."
● Staff told us the deputy manager had provided support to them and felt they were a positive link in the constantly changing management team. One staff member said, "[Deputy] has been the one constant and person to go to, the staff team have all pulled together to help each other out through a difficult time."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were supported to maintain relationships with their relatives and friends. The operations manager had communicated with families throughout the COVID-19 pandemic and supported people to maintain contact with loved ones through video calls and safely facilitated visits.
● Staff gave mixed views about what it was like to work in the service. One staff member told us "There's no constructive criticism, no support, not welcoming, they [management] just come down occasionally to complain about something which is unhelpful, then go again. I would be very surprised if the current manager knew my name or anything about me." Another told us, Best job I've ever had, the way it's run, the staff, really good. Staff have all been really supportive."
● People, relatives, and staff were asked for their feedback via questionnaires. 48% of staff said communication was poor. As a result, the operations manager introduced a 'Read Me' folder for all staff to

keep up to date with changes as they were introduced. Relatives commented that things were improving, but some areas required improvement, such as better communication.

● Relatives we spoke following the inspection felt generally there had been improvements in the service, but there was more work to be done. One relative told us, "[New manager] has started well and I'm happy to watch and wait for three months to see if they are able to iron out the issues here. Overall communication needs to improve along with consistency from the staff group." Another said, "When [operations manager] took over we started relatives' meetings but due to COVID-19 we had to stop, but we have updates and COVID-19 newsletters."

Working in partnership with others

● The service worked in partnership with a range of health and social care professionals. During the Covid-19 pandemic visits from health professionals had been reduced but video conferencing and telephone consultations happened instead of face to face meetings.

● External professionals we spoke with noted some improvements within the service since our previous inspection in July 2019. One professional told us, "The service has improved, but there is still a way to go. I do have concerns about how they safeguard people, there are two incidents I'm aware of that just should not have happened and were avoidable." Another told us, "I think [Decoy farm] are improving and doing some good work with people, but they need a manager who will stay. If [operations manager] left I would be very concerned."

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not always identified where improvements were needed. 17 (1) (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not always received regular supervision sessions to discuss their performance and identify any training, learning and development needs. We had concerns about the competence of some individual staff members who had not always followed guidance in order to keep people safe. 18 (1)