

Lifeways Community Care Limited

The Dell

Inspection report

Cats Lane
Sudbury
Suffolk
CO10 2SF

Tel: 01215236596

Date of inspection visit:
12 August 2019

Date of publication:
14 October 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

The Dell is a service for up to 48 people who have a learning disability and/or Autism. Accommodation is provided across eight bungalows on one site. At the time of this inspection 24 people were living at the service. There is also a central office block used for catering and some day service activities.

The service was a large with a number of bungalows set back from the nearby residential area. The service is bigger and was larger than current best practice guidance. The size and layout of the site did not fit into the local community and there were identifying signs that this was a care home such as industrial bins. The grounds were not well maintained, there was broken fences, overgrown gardens and a lack of maintenance and care across the site.

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

The service didn't always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

We visited all of the occupied bungalows and found a number of environmental concerns, some of which had been identified on a previous inspection and had still not been addressed due to a failure by the provider to take appropriate action.

Risks in relation to fire safety had still not been adequately managed.

Staffing levels were being maintained, primarily through the high use of agency staff. Staff were not always well deployed in order to meet people's individual needs.

The management of risk and medicines continued to be ineffective and placed people at risk of harm.

The service was not always well led and there was a lack of quality assurance processes in place to identify the issues found during the inspection.

Rating at last inspection: The last rating for this service was requires improvement (published 4 April 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. At this inspection enough improvement had not been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections, however at this inspection we have rated the key question of Well Led Inadequate.

Why we inspected: We received concerns in relation to the management of medicines, staffing levels and the managerial oversight 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. 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 Dell on our website at www.cqc.org.uk.

Enforcement: We have identified breaches of the regulations in relation to safe care and the governance and management of the service. Please see the action we have told the provider to take at the end of this report.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

The Dell

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.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

The Dell 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.

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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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

During the inspection we spent time in all of the occupied bungalows. Many of the people who used the

service had complex communication support needs. We spoke with staff and looked at care plans for information to help us communicate with people who used the service. We observed how people were cared for and how staff interacted with people to help us understand their experience of the support they received. We did not meet any relatives during our visit.

We spoke with 10 care staff seven of whom were agency staff. We also spoke with one team leader, the deputy manager and the registered manager. We reviewed a number of records including five people's care records, medicines records and records related to the management of the service. Details are in the key questions below.

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.

Using medicines safely

- At our last inspection we had concerns about the safe management of medicines, that medicines stocks were not accurately recorded, records were not complete, and medicines were not always stored correctly. At this inspection we found that the necessary improvements had not been made. People could still not be assured they would receive their medicines as directed by the prescriber.
- Improvements continued to be needed to ensure all medicines could be robustly accounted for.
- Whilst stock levels of boxed medicines were recorded by staff, these records were not always accurate and did not reflect our findings.
- We identified discrepancies across several bungalows with physical stocks of medicines and medicine administration records not tallying up. For example, 17 tablets for one person were unaccounted for.
- It is important that all medicines can be clearly accounted for to demonstrate they have been given as prescribed and not misused.
- We observed a prescribed medicine in the locked 'in use' cabinets that was not identified on the medicine administration (MAR) chart. Staff were unable to confirm whether or not this medicine was still in use. This placed people at risk of receiving medicines that were no longer needed or prescribed.
- Opening dates had not always been recorded on some medicines and creams in use to ensure they remained in date and were effective. We also found a box of a 'when required' medicine in use that had expired in June 2019.

Assessing risk, safety monitoring and management

- At the last inspection we found fire safety systems were not always fully implemented and followed by staff as some fire doors and fire exits were not clear. At this inspection we found that the fire exits had been cleared however some concerns remained with the fire doors.
- In one bungalow a fire door was being propped open using a chair. This placed people at risk of potential harm in the event of a fire. We raised this at our last inspection and had been assured by the provider that action had been taken to effectively address this concern with staff, however it had not been.
- In another bungalow, the fire door closures were not holding the door open correctly which meant that it was not working as intended.

Preventing and controlling infection

- The environment and equipment were not always well maintained and were not always clean in all bungalows.
- The environment was dated and lacked maintenance. Cleaning staff were not employed at the service and

these tasks were left to care staff, night staff in particular. Doors, windows, and some surfaces were dirty and poorly maintained in one bungalow in particular.

- Some people's wheelchairs were visibly dirty and one person's was engrained with a brown substance.
- The management team had not identified the issues we found regarding cleanliness on inspection.

These concerns are a continued breach of Regulation 12, Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There continued to be a high use of agency staff at the service. The registered manager and provider had a constant recruitment campaign running to recruit permanent staff.
- Whilst there were usually enough staff rostered on shift, staff were not always deployed effectively.
- Agency staff continued to be routinely placed to work in one of the bungalows where people were assessed to have the highest support needs, including medical needs requiring emergency medicines to ensure their health and well-being. The agency staff did not have the specific healthcare training needed to support people safely whereas other permanent staff allocated to other bungalows did. The agency staff were unfamiliar with people's needs and the care environment. This placed people at avoidable risk.
- During our visit, there was one permanent member of staff working in the highest support needs bungalow with all agency staff. This member of staff was the only driver on site and they were repeatedly called away to drive a vehicle for up to 45 minutes at a time to allow people to access their day care.
- At another bungalow there was one member of staff on duty, but ordinarily they would have two staff. This was due to a planned off site meeting however their hours had not been covered by another member of staff. During our visit the one member of staff was trying to engage with four people all of whom were actively trying to focus the staff attention on them. This resulted in some damage to property and some anxious behaviour being displayed as people were frustrated in their communication attempts. With the correct staffing levels, with staff familiar with people's needs such situations would be mitigated.

These concerns are a breach of Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There continued to be safe systems and processes in place for the recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining references.

Systems and processes to safeguard people from the risk of abuse

- The provider continued to have a safeguarding procedure for staff to follow. Staff were still trained to understand the signs of abuse or harm and how to report incidents.

Learning lessons when things go wrong

- Accidents and incidents continued to be recorded and clearly documented by staff however there was no overall log of accidents and incidents for the service and frequently forms were not completed by the registered manager or team leader to indicate oversight and any follow up actions. Following our visit, the registered manager sent us a monthly review of all accidents and incidents that have taken place which we were told were shared with the wider provider organisation in order to monitor any themes and trends.

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 now deteriorated 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

- At this inspection we found three breaches of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014, some repeated breaches from our previous inspection. Our findings indicated that people were not always safe or well cared for.

We brought this inspection forward due to concerns we had received about staffing levels and the safe management of medicines.

- The provider had failed to ensure action was taken to address the regulatory breaches and concerns we identified at the last inspection to ensure people received high quality, safe care.
- As a result, people still were not always protected against the risks associated with unsafe medicines practice or against the risks associated with unsafe fire safety practice.
- Audits in place and completed by the registered manager or provider had failed to result in the environmental improvements needed or in action being taken in a timely manner.
- There was no effective process to determine staffing levels in the service which took into account the individual dependency levels and healthcare needs of people and the effective deployment of staff.
- The service did not have robust and effective systems in place to monitor, assess and improve the safety and quality of the service being provided. This placed people at unnecessary and avoidable risk of harm.

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

- The provider continued to meet their regulatory requirements to send the CQC notifications when required to.

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 registered manager who had been in post for six months. This person was also the previous deputy manager so was familiar with the service.
- Since our last inspection a deputy manager had been recruited. The registered manager and deputy were supported by team leaders on site and an area manager who visited the service and provided support.
- The registered manager was open and transparent with the inspection team telling us, "When I first took over [as manager] I didn't realise the extent of what I needed to do. There are still things to do, we have

made progress but there is a long way to go."

- The provider had failed to prioritise and oversee improvement in line with risk management and regulatory requirements.

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

- Staff meetings continued to be held and were used to engage staff.
- There was some evidence that feedback from people had been sought however due to the nature of communication needs of some people, this was a challenge. Alternative methods of seeking people's feedback needed to be sought.

Working in partnership with others

- The service worked in partnership with other agencies to support positive outcomes for people. This Included healthcare professionals such as the GP and community nurses.

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 People's care and treatment were not always planned and managed in a way that promoted the health, safety and wellbeing of people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always deployed effectively