

Choice Support

Samuel Close (1,2,3)

Inspection report

1-3 Samuel Close
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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Samuel Close (1,2,3) is a residential service accommodating up to 16 adults who require personal care across three separate homes in the same road, each of which have separate adapted facilities. People living there have a range of needs including people with learning disabilities and/or autistic people. Some people also had physical disabilities. At the time of the inspection 15 people were using the service.

As part of the inspection we checked to see how far the service was working towards the principles of Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. These principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

At this inspection we found some areas of improvements but some risks to people were not always adequately assessed. Other risks in relation to people's physical and mental health were not always identified and there was insufficient guidance for staff to follow to reduce these risks. Systems to manage risks in relation to aspects of the premises and procedures for dealing with emergencies were not robustly operated.

Systems to monitor the quality and safety of the service continued to be ineffective in some areas. Accurate records of people's care were not always maintained or securely stored. Authorisations for Deprivation of Liberty safeguards were not always complied with as conditions included on the authorisations were not always complied with.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support as people's involvement in the way the home was run and their engagement in the community needed improvement. People did not always have personalised goals to help increase their independence or participation in community activities.

Improvement was needed to ensure all minor issues or near misses were reported and acted on in a timely way and that safeguarding processes were fully embedded. The provider had carried out some work to improve the culture of the service, but further progress was needed to achieve a fully open culture where all staff understood and promoted the values of the service. Improvements had been made to suitability of the premises, but some further improvements were identified.

Staff supported people in their best interests; the policies and systems in the service supported this practice. However, the records related to these decisions needed some improvement to ensure they were accurate and personalised.

People and their relatives told us they felt safe at the service. Staff had received recent training on how to identify abuse or neglect. There were enough staff to support people's needs.

People and their relatives told us staff were kind, caring and treated them respectfully and we observed this to be the case. There were enough staff to meet people's needs. People were supported to be involved in day to day decisions about their care. Improvements had been made to the activities provided to engage and stimulate people. The provider had a complaints procedure which was displayed within 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 requires improvement (published 25 April 2019). There were multiple breaches of regulations in relation to the assessment of risks, the lack of a visible complaints process and lack of person-centred care, the suitability of the premises and the systems for managing the quality and safety of the service.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was meeting three of these regulations in relation to complaints, person centred care and the suitability of the premises. However, we found there were continued breaches of two regulations and a new breach of another regulation.

Why we inspected

The inspection was prompted in part due to concerns received about people's care and treatment. A decision was made for us to inspect earlier than planned to examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective responsive and well led sections of this full report.

Enforcement

We have identified breaches in relation to how the service monitored Deprivation of Liberty safeguards (DoLS) authorisations, the management and assessment of risks, accuracy of records, the way the service was led and the systems to monitor the quality and safety of the service.

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 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?

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 caring.

Details are in our caring findings below.

Good ●

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 always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Samuel Close (1,2,3)

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

On the first day the inspection was carried out by three inspectors. On the second day a single inspector returned to finish the inspection.

Service and service type

Samuel Close (1,2,3) 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 provider of the service had decided to register two registered managers to manage the service.

At the time of the inspection there was one registered manager in place 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. A second registered manager had recently left and a new registered manager was due to start at the service and join the current registered manager at the beginning of December.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. 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. This information helps support our inspections.

We contacted the local authority commissioning and safeguarding teams to gain their views about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person and three relatives. Some people were not able to fully express their views about the care they received so we observed the care provided in the communal areas. We also tracked people's care, to better understand their experiences and to see that it matched with their care records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven care staff, the registered manager, an assistant team leader, the regional manager and a visiting health professional for their views.

We reviewed a range of records. This included six care plans and five staff records. We also reviewed records used to manage the service, for example, maintenance records, medicines administration records and meeting minutes.

After the inspection

We requested some further information to be sent to us for example, in relation to staff training. We contacted a relative and another health care professional to obtain their views about the service.

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.

Assessing risk, safety monitoring and management:

At our last inspection the provider had failed to adequately assess risks to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks were not always safely managed. Some improvement had been made to the identification and assessment of some risks for example in relation to eating and drinking. However, risks in relation to people's physical and mental health were not always identified or assessed. For example, where people had a known mental health diagnosis there was no risk assessment to help staff identify signs of deterioration or how best to support this risk.
 - Risks in relation to epilepsy were not robustly managed. One person's epilepsy protocol did not match their prescribed medicines. Another person's care records contained differing advice about how quickly staff should call the emergency services if the person suffered from a seizure. This meant people's epilepsy may not be managed in line with their personal health needs, placing them at risk.
 - Where people were identified as at high risk of developing pressure areas and were unable to reposition there was no risk management plan to manage this risk and staff were not repositioning people which placed them at possible risk. Where people had developed wounds or pressure areas their care plans and risk assessments did not assess all possible risks and risk management plans were therefore not sufficiently robust.
 - Risks in relation to emergencies were not robustly managed. Staff were not always completing records of safety checks on fire equipment in line with the provider's guidance and the fire safety manual. Staff were not all consistently aware of what to do in the event of a fire. Fire drills had been carried out, but not all staff had taken part in a drill this year. Some staff did not know where to locate evacuation equipment. We saw agency staff were shown a video of how to use the fire evacuation equipment as part of their induction. However, we asked an agency staff member on duty who said she had not been shown this video.
 - Risks in relation to the premises were not always identified or managed. A cupboard containing hazardous chemicals was left with keys in the lock for the morning of the first day of inspection in one bungalow and a cupboard where paint had been stored was found unlocked in another. This posed a risk to people. We found two windows where the restrictors were not operating which posed a possible risk to people. This was addressed at the inspection.
- Risks were not effectively managed which placed people at possible risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Other risks such as behavioural risks were identified and assessed, with risk management plans in place to support staff. Risk management plans were now on the provider's template. People had an emergency evacuation plan to guide emergency services on their safe evacuation. Other risks in relation to the premises and equipment such as lifting equipment, electrical and gas safety were managed through a routine programme of external servicing and maintenance.

Using medicines safely

- Individual risks in relation to medicines administration were not always adequately assessed. For example, GP advice had been sought in relation to administering a person's medicines in a specific way, which staff followed. The person's medicines risk assessment form had not assessed this specific risk. The need for pharmacy advice to ensure the medicines would remain effective as administered had not been considered as a risk management plan. For another person their care plan identified a high risk of them refusing their medicines, but there was no risk management guidance for staff to follow.
- Guidance in relation to some 'as required' medicines such as gels and topical creams was not always in place to support staff on their safe administration.

Medicines were not always safely managed and this was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Other prescribed medicines including controlled drugs were stored and managed safely and in line with good practice. Where people were prescribed as required medicines to manage aspects of distressed behaviour, we checked and found these were not given routinely or too frequently, in accordance with best practice. Staff received training on safe administration of medicines and we observed medicines administration was checked by a second staff member. They had their competency assessed to ensure they remained competent to manage medicines.

Systems and processes to safeguard people from the risk of abuse:

- Since the last inspection a safeguarding investigation had identified some concerns about staff willingness to report concerns to the registered manager. Staff had received additional safeguarding training and committed to a duty of care to report safeguarding concerns and bad practice in a staff charter. One staff member commented, "We report everything, no matter how small."
- At this inspection progress had been made but further improvements were needed to ensure safeguarding processes were fully embedded. The registered manager told us that since the training there had been an increase in staff reporting events. However, we found two incident reports had identified minor bruising which had not been reported as promptly as possible from the description of the bruising. This meant we could not be sure that all incidents were reported in a timely way.
- One person told us they felt safe at the home and would speak with staff if they were concerned about anything. Relatives also told us they thought their family members were safe. One relative said, "I am certain [my family member] is safe there." Our observations were that people felt comfortable in the presence of staff, sought their support and engaged with them willingly.
- Staff told us they understood the kinds of possible harm or abuse that could occur and their responsibilities under safeguarding and whistleblowing processes. One staff member commented, "I would feel comfortable doing this. The main thing is to make sure people are ok."

Learning lessons when things go wrong

- There was a system to identify and share learning across the home. Information from accidents, incidents and other events was considered by the registered manager and provider for any additional actions needed and for learning that was then shared with staff. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.

Staffing and recruitment

- There were enough staff to meet people's needs. We had mixed feedback about high agency staff use at the service. Relatives told us they thought there were enough staff, but it was difficult with the numbers of agency staff on most days who were not always familiar with people's needs. Staff told us they thought there were enough staff but that the weekends could be very difficult as there were fewer regular staff and more agency staff on duty.
- The registered manager told us that the vacant posts would be filled within the next few weeks as staff moved from another location that was closing. They told us they could amend the staffing levels to meet the needs of people at the service. Our observations were that people's needs were met in a timely manner.
- The provider followed safe recruitment practices. Staff files contained evidence of the full range of required recruitment checks to reduce the risk of employing unsuitable staff. Recruitment and training checks were carried out on agency staff who came to work at the service to ensure they had suitable experience for their roles.

Preventing and controlling infection

- Staff understood how to reduce infection risk. Relatives told us they thought the home was clean and we observed the environment was clean and free from odours.
- Regular cleaning of rooms and equipment such as wheelchairs was carried out. The kitchens had been inspected by environmental health and awarded the top rating score of five in 2018.
- We saw hand wash facilities and dryers in communal toilets and staff used personal protective equipment such as gloves appropriately.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 Act 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had DoLS authorisations in place we found there was no system to ensure conditions that the provider was required to meet as part of the DoLS authorisations were met. The registered manager was not aware of the need to monitor the authorisations for conditions to ensure they were acted on. We found for one person a condition on their DoLS authorisation had not been met and the Registered Manager was not aware of the need to meet this condition.

This meant people were not always deprived of their liberty in line with legal requirements. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Mental capacity assessments for separate decisions about people's health care and support needs had been completed. Best interests' decisions were also recorded to ensure the most appropriate decision was reached on their behalf. However, some records of MCA needed improvement to ensure they were recorded as individual to the decision being made.

- We observed staff asked for people's consent before they provided care or support. Staff had received training on MCA and we saw where people were unable to express these verbally, they followed people's communication plans to understand their wishes.

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

At our last inspection the provider had failed to provide a suitably safe, properly maintained environment to meet people's needs. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation. However, we found some room for further improvement to provide a suitably welcoming environment that met people's needs.

- We observed some specialised wheelchairs were not easy to manage through the door ways. Aspects of the premises such as windows and window fittings looked worn. There was a shopping trolley in one garden and unused ceiling hoists in some bedrooms, not serviced, which contributed to signs the environment was not prioritised.
- Some work had been done to address some of the environmental issues found at the last inspection. The safety hazard of uneven paving had been acted on. The service was all on the ground floor to aid movement in out and around the location. There were some personalised signs for people's rooms and some redecoration had occurred. The kitchens were large to help support people develop some independence skills.
- The regional manager told us the landlord for the property had a cyclical programme for refurbishment and we saw maintenance issues were communicated and acted on.

Staff support: induction, training, skills and experience

- All staff including agency staff received an induction before they started to work at the service. New staff also had a period of work shadowing to ensure they were familiar with people's needs.
- Staff received a range of training including first aid, moving and positioning people and safeguarding. They also received specific training to meet the needs of people at the service, such as epilepsy training and training on how to manage distressed behaviours. This training was regularly refreshed. Staff told us they thought they had plenty of training to meet people's needs. One staff member said, "We get lots of training. I get the training I need to help me."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before coming to live at the home. Assessments were carried out with people, their families, and health and social care professionals where relevant. They included all aspects of people's needs including their protected characteristics. For example, consideration was given to the need for any equipment to aid people's mobility or safety.

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

- People's nutritional needs were supported. Where people needed modified diets to reduce the risk of choking, we observed that staff were aware of their needs and they received the correct diet. Staff also understood people's preferences, dislikes, allergies, and any cultural dietary needs.
- We observed the meal time experience on three units during the inspection and saw that people were supported to eat and drink where needed with encouragement from staff. Some staff interacted and engaged with people positively whilst others only engaged with people on a limited basis during the mealtime. We fed this back to the registered manager who told us they were working to improve the meal time experience.

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

- Staff sought health professional advice for people's routine health needs. People and their relatives told us they were supported to maintain their health and that staff were quick to respond if they saw any decline in their well-being. A relative told us, "The staff take care of that and let me know what is going on."
- Care plans identified people's health needs with guidance for staff on how to support them. Care plans showed staff made appropriate referrals to health professionals such as the GP, podiatrist, dentist or optician, when needed. Records of health professional visits were maintained to ensure people's needs

were understood and met. People had hospital passports which helped communicate important information about people's needs to hospital staff.

- Health professionals told us that staff worked well with them and were working hard to manage a range of very complex needs. However, they also commented that staff sometimes demonstrated a lack of awareness of how to balance and manage these needs. We discussed this with the registered manager who said they were working to address this.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved more as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives expressed positive views about the care provided by regular staff at the home. One person said, "The staff are ok. I like the staff." "A relative commented, "You can't fault the care shown by staff. The regular staff know all my [family member's] needs and look after them well." Another relative remarked, "This place is fantastic. The staff are all lovely." Health professionals told us they observed staff to be kind and very caring.
- We observed some warm and positive interactions from staff in all three houses and staff showed an understanding of people's needs and their nonverbal communication methods. Staff showed awareness to changes in people's moods.
- People's diverse needs were identified as part of their assessments and care plans. Staff showed an understanding of equality and diversity and the need to support people's needs with regard to their protected characteristics.

Supporting people to express their views and be involved in making decisions about their care

- At the last inspection we identified some improvement was needed to evidence that people were involved in people in decisions about their care. At this inspection we found there were improvements to the way staff engaged with people to ask their views.
- Care plans identified the ways staff had engaged to support people to participate in choosing colour schemes for redecoration of their rooms. There were records of keyworker session with people looking at aspects of their care.
- Staff consulted with people about their preferences; such as what they liked to eat and where they wanted to spend time. We observed a staff member used people's different senses such as feel and smell to choose what a person wanted to eat.
- Relatives told us they were consulted and involved in decisions about their family member's care. One relative commented, "The communication is always good. They let us know everything they do." Staff told us they worked to understand people's views where they might have difficulty expressing this verbally.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff were respectful of people's dignity and privacy and we observed this to be the case. Staff encouraged people to do things for themselves as far as possible, in line with the principles of Registering the Right Support. We observed people were supported to learn and enjoy skills such as making a cup of tea or helping to cook a meal within a safe environment.
- Staff understood that people's information was confidential. People and their relatives told us they were

given information about the service and were encouraged to maintain relationships with people that mattered to them. A relative explained how their family member was supported by staff to visit them at home.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs may not always be met.

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

At our last inspection the provider had failed to provide person centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation; although we found further improvements were needed to ensure people's care was consistently personalised. We also found a new breach of regulations in relation to people's care records.

- People had care plans that described their health care and support needs, for example in relation to aspects of their personal care, such as oral health care, as well as their preferences and dislikes. However, we found that people's care records were not always accurately reflecting their needs. For example, one person's care record stated they always needed a staff member assigned to them; but staff told us this was not accurate and this was not part of their support needs.
- Another record said that one person disliked loud noise, but we observed them enjoying a loud music and singing activity which staff confirmed they regularly enjoyed. Some people's records referred to the name of a different person and so it was not clear who the care plan referred to in places.

We found no evidence that people had been harmed however, systems were not in place, to ensure there were accurate records of people's care that reflected their current needs at all times. This placed people at risk of inappropriate care.

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

- Some people had meaningful goals or outcomes to work towards as part of their care plan, but this was not consistently the case. For example, consideration had not always been given to how people could work towards greater integration into community activities.
- People's care plans were not always followed by staff. For example, one person's eating and drinking care plan stated their preference as to where they chose to eat. Staff did not follow this preference or provide them with a choice and we observed a small number of other examples like this during the inspection and this required improvement to ensure people's care was always personalised to their needs and in line with their care plan.
- In line with Registering the Right Support principles, staff worked with health professionals to develop positive behaviour support (PBS) plans for people where required. These provided detailed guidance and a

consistent approach in relation to supporting people with any behavioural needs where required. PBS is a way of working with people who may display behaviour that may require a response, to work with them on their triggers in a positive way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had detailed communication plans which gave clear guidance to staff on how to support their communication needs. Information was available for people in accessible formats which met their needs. For example, information about how to raise concerns was displayed and other records such as menus were in a pictorial format to aid understanding.
- Some staff had received specific training such as Makaton to enable them to communicate with people effectively. Makaton uses recognised signs and symbols to communicate. Where people had a sensory impairment, staff supported people to use their other senses to support communication and choice.

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

At the last inspection we had found a lack of meaningful activities for people and staff engaged in domestic tasks. At this inspection we found improvements had been made; although some further improvements were needed to ensure activities were fully personalised and that people were sufficiently engaged.

- For example, there were signs of flower pots and gardening opportunities for some people, but the need for raised flower beds to enable wheelchair users to participate in gardening activity had not been acted on.
- The provider had recruited an activities organiser since the last inspection, but they had since left the service. They were in the process of recruiting for this role. We noted occasions outside of a planned activity where people showed signs of boredom or frustration that were not always promptly identified by staff. We discussed this with the regional manager and registered manager who told us they were working to address this and that the recruitment of a new activities' organiser would help support this.
- People had personalised activity planners to help plan their routines and provide stimulation. We saw some people were supported to enjoy things such as cooking and art that matched their preferences. Relatives told us staff supported people to take part in a range of activities. Staff organised activities for people throughout the day.
- The provider had engaged the services of an external activity organiser who provided music and art activity twice a week across the service. We observed people from the three bungalows participated in this with enthusiasm.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to operate an effective complaints process. This was a breach of regulation 16 (Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- Relatives told us they had not needed to make a complaint. If there was a problem about anything they would speak with the staff or the registered manager. They were confident issues would be addressed.

- The home had a complaints policy and process which was also available in an accessible format. There was a complaints book available to log any additional complaints. Complaints were addressed in line with the complaints policy and were monitored to identify any learning.

End of life care and support

- None of the people currently living at the home required support with end of life care at the time of the inspection.
- People's care plans recorded their wishes and preferences and their families wishes in how they wanted to be supported at the end of their lives, where they had been happy to discuss this. This helped ensure staff were aware of their preferences and enabled them to act on them.
- The registered manager told us they would work closely with health professionals to ensure people's needs were met.

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.

Continuous learning and improving care: Working in partnership with others

At our last inspection the provider had failed to operate an effective quality monitoring system and failed to operate systems to promote person-centred, high-quality care and support. 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 was still in breach of regulation 17.

- The provider had submitted an action plan following the last inspection to address the breaches found. However, some areas had not been acted on. For example, they provider had identified the need for an assistant team leader to be based in one bungalow, but this had not yet been put in place. There were still no signs to help orientate people to the toilets or bathrooms, despite this being reported as an issue at the last two inspections. People's records were not always held securely as offices were left open and filing cabinets or cupboards not always secured.
- There was a system to monitor accidents and incidents. However, there was no effective system to maintain oversight of possible risks to people in relation to areas of health such as skin integrity or nutrition to identify deterioration. There was also a lack of effective oversight of the use of restrictions within a positive behaviour support plan to ensure they were used as a last resort in accordance with the plan. We found several inaccuracies in people's care records which were not identified through the provider's monitoring systems.
- The systems to identify and assess skin integrity or pressure area risks were not effectively operated. The provider's guidance did not guide staff on how to assess and determine the level of risk for skin integrity breakdown or pressure area development. Nationally recognised risk assessment tools were not used to help assess risk levels. Skin integrity risk assessments held general guidance rather than assessed people's specific risks. Staff did not have enough guidance on how to determine risk levels and we found there was insufficient guidance for staff to minimise risk of skin integrity loss or pressure area development.
- The systems to manage risks in relation to distressed behaviour and the use of restrictions were not effectively monitored to ensure restrictive practices were only used when needed. For one person, there was insufficient oversight to ensure staff followed their PBS plan and used this as last resort.
- Systems to monitor the premises and equipment were not always effective. Where premises checks had been completed they did not identify the issues we found during this inspection. There were no recorded

checks on bed rails, radiator covers or window restrictors to monitor their safety and the issues we had found with window restrictors had not been identified by the provider's monitoring systems. Systems to manage emergencies were not robust. The provider and registered manager had not ensured that all staff knew what to do in the event of a fire and that fire equipment was consistently monitored as reported under the key question, 'Is the service safe'.

The provider failed to effectively assess, monitor and mitigate risks and sufficiently improve the quality and safety of the service. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some aspects of the action plan had been addressed in relation to aspects of the environment and the complaints system. The management team were open about wanting to make further changes to improve the quality of care. A staff walking route checked aspects of the premises and any issues that had been identified had been acted on

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Changes to the culture were in progress at the inspection but required further improvement. Since the last inspection the staff and management team had met to discuss and commit to a set of mutually agreed values and standards. The charter they had put in place had a commitment to high-quality person-centred care with respect and open communication. However, not all staff were able to tell us what values the service held. They said while there had been some progress they were not confident there was a fully open culture where staff felt able to report all concerns or bad practice.
- Some staff told us they thought there had been improvements at the service and that the provider and registered manager wanted to provide good quality care. One staff member said, "I find we can raise issues 100 per cent and something gets done."
- We saw a report by the quality manager from July 2019 which referred to the changes being made with the leadership working alongside staff. The report stated they had observed a change in culture at the service with staff becoming more confident to ask questions and share their views but there was further work required to address working practices.

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

- There were systems in place to seek the views of people and their relatives through reviews, keyworker meetings and a service specific survey.
- However, we found some improvement was needed as regular house meetings for people to express their views about the running of the service had not taken place. The registered manager told us they were trying to support staff to begin regular house meetings for people to share their views about the service.
- Relatives confirmed they had been offered the opportunity to complete a survey. We saw where surveys had identified any issues these had been followed up.

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

- There was one registered manager at the time of this inspection. Another registered manager was due to transfer to the service to work alongside the existing registered manager within the next few weeks. The current registered manager was being supported by the regional manager and service improvement team.
- The registered manager understood their responsibilities as registered manager under the Health and

Social Care Act 2008. They were aware of the types of incidents they were required to notify CQC about and knew of the requirement to display their current CQC rating. They understood the duty of candour regulation and the requirement for openness and honesty when things went wrong.

- Staff demonstrated an understanding of the responsibilities of their roles. There were a series of regular staff meetings, handovers and a system to allocate roles and responsibilities on each shift. Staff also used a communication book to support effective communication between shifts.
- Staff told us they had access to support and advice from the management team when they needed it and advised the registered manager was approachable and helpful. One staff member said, "The management listen. They are fair and supportive."

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Authorisations for Deprivation of Liberty Safeguards were not always complied with in line with the regulations. Regulation 13(5)

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way. Risks to people were not always identified or assessed; or plans put in place to reduce risks. Staff did not always have sufficient training to manage specific risks. Medicines were not always safely managed.</p> <p>Regulation 12 (1)(2)(a)(b)(c)(d)(g)</p>

The enforcement action we took:

We served a Warning Notice and told the provider to comply with this regulation by 03 February 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to assess, monitor and improve the quality and safety of the service and assess and monitor risks were not effectively maintained. Accurate records of people's care were not always maintained or securely held.</p>

The enforcement action we took:

We served a Warning Notice and told the provider to comply with the regulation by 03 February 2019.