

# South Essex Special Needs Housing Association Limited

## Dexter Close

### Inspection report

44 Dexter Close  
Grays  
Essex  
RM17 5AU

Tel: 01375396497

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09 March 2021

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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

Dexter Close is a residential care home providing accommodation and personal care for up to two people with learning disabilities. At the time of the inspection two people were living in the service.

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

People were not always protected from the risk of infection. The provider had not followed government guidelines to minimise the risk of infection from COVID-19. During the inspection we found staff did not always wear appropriate personal protective equipment (PPE) and there were no infection prevention and control policies in place to support staff knowledge.

The provider did not have robust systems in place to ensure they had oversight of the safety and quality of the service and staff had not always received relevant, up to date training to support them in their roles.

People were supported by a consistent staff team and there were enough staff on duty to meet people's needs. Staff were safely recruited.

Staff told us they felt supported by the registered manager and were able to raise concerns. Relatives were involved in people's care and were kept updated throughout the pandemic.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 11 January 2018)

### Why we inspected

We had concerns in relation to infection prevention and control processes in the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-Led sections of this 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 Dexter Close on our website at [www.cqc.org.uk](http://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 infection prevention and control and the oversight of the service. 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 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?

The service was not always safe.

Details are in our safe 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** ●

# Dexter Close

## 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 one inspector

#### Service and service type

Dexter Close 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.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

#### 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. 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 used all of this information to plan our inspection.

#### During the inspection

We used observations to gather evidence of people's experience of care. We spoke with three members of staff including the registered manager and support workers. We reviewed a range of records including one person's care and medicines records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found on inspection.



# 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

- People were not always protected from the risk of infection. The provider had not followed government guidance to minimise the risks associated with COVID-19.
- Staff were not always wearing appropriate personal protective equipment (PPE). During the inspection face masks were not being worn by staff on shift and the provider was not aware of the government guidance in place detailing the minimum level of PPE needed in care settings.
- Staff had not received any specific training in relation to the use of PPE or the COVID-19 pandemic. The registered manager had created a folder of COVID-19 information for staff to read; however, this did not contain up to date information.
- The provider did not have an infection prevention and control policy in place and no policies were in place for managing the risks associated with COVID-19. Policies relating to health and safety were out of date and there was no evidence of information having been reviewed.
- The service was clean, and staff were observed cleaning high touch areas such as bannisters and door handles. However, the provider did not complete any infection prevention and control audits to monitor processes in place or highlight risks.

Whilst we found no evidence that people had been harmed, the provider had failed to ensure effective infection prevention and control measures were in place. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected from the risk of harm caused by poor infection prevention and control processes.

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed. People's care plans contained information about what the risks were and how to support the person safely.
- People's risk assessments had been reviewed and updated as appropriate. For example, where the COVID-19 pandemic had meant changes to a person's routine, the risk assessment had been amended and guidance was available to staff on how to support the person during this period.
- Staff completed regular environmental safety checks in the service; however, the registered manager had no audits in place to monitor the accuracy of the checks completed by staff or review health and safety risks.
- The provider had not always kept accurate records of work completed in the service. For example, where a fire risk assessment had been completed and actions were identified, these had not been signed off and proof of the completed work was not available. Following the inspection, the registered manager confirmed all identified work had been completed.

### Staffing and recruitment

- The provider had not always ensured all staff had appropriate, up to date training to support them in their roles. It was not always clear from the documentation provided what training staff had completed, how often this was done or what the mandatory training for each member of staff should be.
- People were supported by a small, consistent staff team and there were enough staff available to meet people's needs.
- Staff were safely recruited with relevant employment checks completed prior to staff starting work in the service.

### Using medicines safely

- People received their medicines as prescribed. People's care plans contained information about how to support them with their medicines and a Medication Administration Record (MAR) was in place for staff to sign once people had been supported.
- Staff kept a running balance of medicines in stock and recorded this on the MAR chart; however, there were no audits in place to check the accuracy of the balance and ensure there were no errors.

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

- People were protected from the risk of abuse.
- Staff told us they had received guidance about how to raise concerns and knew who to alert if they thought people were at risk. One member of staff said, "I would talk to the manager and if they were not available, I would speak to [nominated individual]. If I still had concerns, I would go to the local authority and speak to their safeguarding team."
- At the time of the inspection there were no recorded safeguarding concerns within the service.

### Learning lessons when things go wrong

- The registered manager shared information and learning with staff to improve practices in the service. Accidents and incidents were recorded and following an incident a risk assessment was completed to learn from what had happened and mitigate the risk of something similar happening in the future.
- Following the concerns raised with the provider regarding infection prevention and control processes, we saw evidence of discussions in staff supervision about what improvements needed to be made.



# 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

- The provider had not always ensured the quality and safety of the service was effectively managed. The registered manager was unable to demonstrate that they completed any audits or checks to monitor the service. For example, there were no audits for medicines or to monitor infection prevention and control risks.
- The provider's systems for monitoring and reviewing training were not effective. This meant we could not be assured staff had the appropriate knowledge and skills for their role.
- The provider's policies were not always in place or up to date and this meant staff may not have the correct guidance to enable them to complete tasks safely.

Whilst we found no evidence that people had been harmed, the provider had not ensured robust systems were in place to effectively monitor the safety and quality of the service. 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

- Relatives and staff spoke positively about the culture of the service. One member of staff said, "If I have any questions or I'm not sure what to do then [registered manager] is really good to talk to. They have lots of experience and will explain what you need to do."
- The provider had responded promptly to the concerns raised by our inspection, and shared information with the relevant authorities to ensure they were being open about what actions they were taking to make improvements.

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

- People were supported to make choices about their day to day life. People's care plans contained information about their preferences for support and how to involve them in activities.
- The registered manager kept in regular contact with relatives to ensure they were updated and involved in people's care.
- Staff attended regular meetings and told us they were asked to share feedback and concerns. One

member of staff said, "[Registered manager] will ask us prior to the meeting if there is anything we want to raise, and we're involved in what's discussed."

Continuous learning and improving care; Working in partnership with others

- The provider had not always engaged effectively with other professionals in order to improve the care delivered. During the pandemic the provider had declined the Covid-19 and Donning and Doffing of PPE training offered by the local authority. Following our inspection, the provider arranged for updated training material to be given out to staff and booked infection prevention and control training with an external training provider.
- The provider had made referrals to other health professionals in order to support people's healthcare needs. The registered manager told us the GP called the service every week and people's care plans evidenced the involvement of health professionals in their care.

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 were not protected from the risk of harm caused by poor infection prevention and control processes.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured robust systems were in place to effectively monitor the safety and quality of the service.