Life Opportunities Trust

Life Opportunities Trust - 6a Sewells

Inspection report

6a Sewells
Welwyn Garden City
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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

Life Opportunities Trust – 6a Sewells is a 'care home' providing accommodation for up to seven older people with learning disabilities. At the time of the inspection there were six people living at the home.

People's experience of using the service and what we found.
Individual risks were not always assessed or managed to help keep people safe or to ensure that the care provided consistently met their assessed needs.

People who had specific time allocated for one to one activity did not always receive this.

People were referred to health professionals when needed, however the resulting guidance was not always followed by staff.

People, or the management team, could not be assured that new staff were adequately checked to ensure they were suitable to work with people. We found no evidence that people had been harmed however, systems were not robust enough to demonstrate staff recruitment was effectively managed.

People were not supported by staff who had been trained to meet their specific care needs.

Medicines were administered when required but staff did not maintain accurate records.

Audits and checks of the service were not routinely completed. This meant the management team were not aware of concerns identified during this inspection in relation to risk management, recording and governance.

People had regular staff who they knew well and who they felt safe with. One person said, "[Staff name] is my favourite, they are very nice to me and I like it when they are here." Staff told us they felt there were enough staff to support people safely.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

The service didn't always 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. Although this was a focused inspection which meant we only looked at two domains, Safe and Well-led rather than all five domains we did find people did not always receive person-centred care which promoted their dignity, privacy and human rights. People were not always supported to follow their interests and take part in

activities in the local community (when there were no COVID-19 restrictions).

The service did not have a registered manager. A lack of oversight of the service by the provider meant we were not assured that people received high quality care and that the provider was committed to continually improving the service.

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

Rating at last inspection
The last rating for this service was Good (30 November 2017).

Why we inspected
We received concerns in relation to infection control procedures, managing people's changing health needs safely, recruitment and overall governance of the service. As a result, we undertook a focused inspection to review the key questions 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 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 Life Opportunities Trust – 6a Sewells on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to safe care and treatment, in particular risk management and good governance at this inspection.
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?

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.

Life Opportunities Trust - 6a Sewells

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
This inspection was undertaken by one inspector.

Service and service type
Life Opportunities Trust - 6a Sewells 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. A registered manager 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
We spoke with one person who used the service about their experience of the care provided and the deputy manager. We toured the building and observed staff supporting people. We reviewed a range of records. This included medicine records, staff files in relation to recruitment and further records relating to the quality assurance of the service, including accident and incident records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We reviewed two people's care records and spoke with two members of staff. We also spoke with the local authority commissioning team and safeguarding team.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has 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.

Assessing risk, safety monitoring and management

- We could not be assured risks to people's health, safety and wellbeing had been fully assessed and that there were clear management plans in place to reduce and manage these risks.
- People's support plans did not reflect all identified risks. For example, for one person at risk of developing pressure sores, a specific risk assessment and support plan had not been developed. They were cared for in bed, but there were no specific instructions to staff about how this was to be safely managed. An incident report created in February 2021 for a new wound, noted the person was to be repositioned at four hourly intervals. However, the deputy manager told us this was every two hours. Positioning charts showed from December 2020 to February 2021 this person was left in the same position for more than six hours on numerous occasions. This meant the person was not supported to reduce pressure on their skin and increased the likelihood of injury.
- On other occasions, the positioning record was incomplete. The person was positioned on their left side between 9pm and 1pm, but no further entries were made. They were found, the following day, to have re-opened a pressure wound on their left side. Daily checks or audits of positioning records were not undertaken by the management team.
- Staff referred people to health professionals when needed. However, guidance was not always followed. We saw that, for the same person, an occupational therapist recommended they were initially to sit in their chair for periods up to 25 minutes and gradually increase this length of time. Staff did not follow the guidance and records demonstrated the person was supported by staff to sit in their chair for periods of two hours. The person subsequently developed pressure areas and a wound.
- People had not received personal care in areas such as bathing or haircare regularly. For example, prior to our inspection, we found one person had taken only one bath in the preceding month. The risk assessment and care plan indicated this person preferred and needed regular bathing.
- Staff had not received training in areas such as managing skin integrity or pressure care.

People were at risk because risks had not always been identified and actions had not always been taken to mitigate those risks. The provider had failed to adequately prepare and support the deputy manager to safely manage and monitor the quality of care. Although the provider took appropriate action following our inspection, however this was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People's medicines were not always managed safely. We noted that medicine administration records (MAR) were not always completed accurately. For example, the controlled medicines book was signed on

numerous occasions by only one staff member. Two signatures are required as the medicines are considered controlled drugs and require tighter controls. However, stock checks showed the correct number of medicines were held in stock.

● Medicine stocks on MAR charts had been completed in advance. We saw one person had spent four days in hospital. Staff continued to record the stock tally as if they had administered the medicines, however, stocks showed they had not been given.

● Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. Staff competency was regularly reviewed, and any incidents involving medicines were promptly reported.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

●There was an appropriate policy and procedure in place which identified how the provider reduced the risk of abuse or neglect to people, and how any issues would be reported.

● Incidents were not always robustly reviewed. For example, staff reported new bruising to one person's leg and foot. Previously, the GP had advised that their medicines may cause bruising to skin, however staff did not refer this incident for professional assessment, neither did they consider whether the person may have been at risk of harm.

● A second incident, where a person developed a pressure wound, was recorded and reported. However, management did not complete a review to ensure that care had been provided as required, and this did not prompt the management team to develop a risk assessment for this injury.

● Records we looked at demonstrated that lessons learned following incidents had not been routinely discussed. Staff spoken with were not able to provide examples of where lessons learned had improved care for people.

Staffing and recruitment

● Staff told us there were enough staff to keep people safe. One member of staff said, "It can be busy, we go from one job to another sometimes without a breather, but I think we have the right mixture of staff."

● However, daily activity records showed that where people were provided with extra funded hours of support, for example to go out, this was not always provided. We asked the deputy manager how they provided the additional contracted hours. They told us they were not aware people had additional hours included as part of their care package.

● It was difficult to ascertain if the staffing levels were appropriate to meet people's needs. This was because the provider was not aware of the commissioned care hours within the service to inform the deputy manager of how many hours to plan for in any given week.

● We found that recruitment records relating to staff employment were stored at head office. The deputy manager had not had sight of the pre-employment checks for two recently employed staff. This meant they were unaware of any areas of professional development identified through interview.

● The Disclosure and Barring Service (DBS) check, was completed for both staff we reviewed, however for one staff member this was for their previous employer. This did not provide an up to date background check to the point of application with Life Opportunities Trust. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with people who use care and support services. For the same person, supporting documentation such as a full checkable work history was also not present. Although evidence of identity had been seen, and people's legal status to work had been verified for both.

Preventing and controlling infection

● Arrangements were in place to prevent and control the spread of infections. Staff understood the need to observe social distancing with people who lived in the home.

● Staff understood the need to wear personal protective equipment [PPE] and when to change it. Staff were

observed to be wearing the appropriate PPE for the task they were undertaking.

● Other infection prevention and control (IPC) guidance was followed, for example in relation to admitting new people into the home, testing and cleanliness. The deputy manager reported when an outbreak occurred and followed guidance from Public Health England and kept in frequent contact with the local authority. The providers IPC policy was up to date.

● Cleaning schedules were in place to ensure areas of the home were cleaned on a regular basis. Although the overall impression was the home was clean, tidy and well-presented one of the communal bathrooms required repair to ensure all services could be hygienically cleaned and sanitised. Staff also did not carry out enhanced cleaning routines in line with COVID-19 guidance within the service to minimise the spread of infection.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The service did not have a registered manager in post. The previous registered manager left the service in December 2020. Due to unforeseen circumstances, a new manager was unable to start in January 2021. The deputy manager was expected to manage the service whilst recruitment was ongoing.
- Systems and processes in place to monitor and oversee the quality of care people received were not always effective. The interim arrangements put in place by the provider did not give the deputy manager enough time to complete their daily tasks. They worked in the managers role for three days per week, supported by two senior staff. A variety of checks and audits which included medicines administration and the reviewing of risk assessments were not effectively completed.
- The deputy manager was not clear about their role in the absence of a registered manager. The provider had not ensured they were supported or trained in how to monitor the quality of care provided. For example, they were not aware of how to monitor trends and themes emerging around incidents.
- Audits in the service had identified gaps in care records in April 2020 which we found still remained the case at the time of our inspection. The provider had not carried out monitoring or auditing within the service for six months prior to our inspection. This meant that areas identified as requiring improvement were not acted on.
- There was a service improvement plan which included the areas found to be needing improvement, however progress was slow. This was in part due to the COVID-19 pandemic and in part due to the changes in management.
- The provider was unaware of the assessed staffing requirements for the service. We requested this information after our inspection and the provider was unable to inform us of the commissioned care hours for people. This meant the management in the service did not know people were allocated 1:1 hours as part of their care package.
- Daily records of the care provided were not reviewed to identify gaps and inconsistencies. Care plans were not always updated where people's needs had changed or where people were at additional risk due to changes in their health or circumstances.
- There was not an embedded system of learning from incidents or events to continually learn and develop good practice. Staff were unable to demonstrate to us where care practice had changed or been developed following learning events or discussions. Minutes of meetings did not show this had occurred.

Overall we found that systems were either not in place or robust enough to demonstrate that there was

adequate oversight of the quality of care at the home. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff felt well supported by the deputy manager and told us they had managed them well during the pandemic. One staff member said, "[Deputy manager] has done well, they are really supportive and have kept us going through some tough times."
- Staff morale was good, and staff felt that particularly through the COVID-19 pandemic staff had worked well as a team. A recent staff survey showed that staff enjoyed working in the service, and identified areas they would like to develop, for example with more specific training.
- The provider met the requirements of the duty of candour. When something went wrong that appeared to have caused or could lead to harm, the deputy manager ensured they were open and honest with people or their families about the incident.

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

- Regular meetings continued to be held for people using the service. These discussed household matters, activity planning and topical issues, for example the pandemic. One person told us they felt their opinions mattered to staff and management.
- Staff meetings were held, and a recent staff survey showed that staff enjoyed working in the service. Staff felt listened to and through completing a recent survey identified areas they would like to develop, for example with more specific training.
- The pandemic and recent outbreak in the home impeded the regular relatives' meetings and visits from happening. However, the deputy-maintained contact with people's relatives to keep them abreast of what was happening in the home by phone and email contact.

Working in partnership with others

- The deputy manager had worked with the local authority and key partners to review the quality of care provided. They shared the feedback from this review and was open to feedback about how to develop the quality of care further.
- During the COVID-19 pandemic the deputy manager had been working with Public Health England to help ensure they were up to date with guidance.

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 Safe care and treatment Regulation 12 (1) (2) (a) (b) (c) Individual risks were not always assessed and managed. Care was not always provided consistently in a planned manner that mitigated those assessed risks. Staff did not have the training or experience to manage some specific care needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Good governance Regulation 17 (2) (b) (c) Systems or processes were not operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. A contemporaneous and complete record was not maintained for each service user.