

Mr Adrian Lyttle

Mr Adrian Lyttle - Sutton Coldfield

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Mr Adrian Lyttle – Sutton Coldfield is a residential care home registered to provide personal care for up to nine people with learning disabilities. At the time of the inspection there were seven people using the service.

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

The provider had developed a range of audits and quality assurance checks to assist with driving improvement within the service. We identified these systems and processes were not robust and were not kept up to date. They had not ensured the quality and safety of care was sufficiently monitored and appropriate action was taken to protect people from the ongoing risk of harm.

The registered manager was not working in the service full time and there was decreased oversight of the service due to this. The registered manager was unable to be present throughout the whole inspection and delegated this responsibility to the manager of the providers other location and the office administrator.

During the inspection we identified concerns with poor IPC standards. This placed people at risk of infection.

Although special dietary needs were available for staff members in the care plan, staff were observed to not always follow the correct guidance.

Staff were not always recruited safely.

People's medicines were not always managed safely, and some improvement was still needed.

People were involved in making choices around how they spent their time. Meaningful activities did not always take place. People told us they would like more to do and staff members also told us they would like to be able to do more with people to keep them occupied.

People were supported by sufficient numbers of staff to keep them safe.

People were supported to access external healthcare professionals to maintain their health and wellbeing.

The provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include age, disability, race, religion or belief etc. Staff members we spoke with knew people they could tell us about people's individual needs and how they were supported.

The service has been developed and designed in line with the principles and values that underpin the Right

Support, right care, right culture 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. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The provider had made improvements to ensure people were supported to have maximum choice and control of their lives. Staff were supporting people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice although record keeping needed to be improved in relation to the use of the Mental Capacity Act 2005 (MCA).

People said they felt safe and were comfortable around staff. Relatives told us they felt their family members were safe. Staff were observed to be kind and caring. Staff spoke to people with dignity and respect and took the time to support and encourage people.

People were supported by a staff team who understood how to protect them from abuse. Staff also understood how to protect people from harm such as injury, accident and wounds.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement at the inspection we carried out on 17 February 2020 (report published 20 March 2020) and there were breaches of regulation.

At this inspection enough improvement had not been made and the provider was still in breach of regulation.

At this inspection the overall rating for this service is 'Inadequate' and the service therefore is in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

The service was rated as good at the inspection we completed in July 2017 (report published 01 September 2017). The service was rated as inadequate at the previous inspection completed in May 2016 (report published 20 July 2016) and there were breaches of regulation.

Why we inspected

This was a responsive five key question inspection based on CQC receiving concerns and complaints, that the provider was not providing safe care and there was a lack of management support.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 monitor the service and 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 safe care and treatment, good governance, staffing and fit and proper persons employed.

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

If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We will meet with the provider to discuss how they will make changes to ensure they improve their rating and to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Mr Adrian Lyttle - Sutton Coldfield

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.

Prior to the inspection CQC was notified about poor standards of care and support. The information shared with CQC about the incident indicated potential concerns about how people were being supported and risks being managed. As a result of these concerns we looked at how the provider was managing risks and protecting people from potential harm.

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 completed by one inspector and an assistant inspector.

Service and service type

Adrian Lyttle - Sutton Coldfield 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:

The inspection was unannounced on 28 June 2021, we told the registered manager that we would be returning on the 29 June to complete the inspection. Due to enforcement action we took, we arrived unannounced on 05 July to check the provider had carried out the actions they told us they had.

What we did before the 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. 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 used all of this information to plan our inspection. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We met and spoke with four people who used the service. We also spoke with four relatives and one health care professional. We used a range of different methods to help us understand people's experiences. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. 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 six members of staff, including care workers, team leaders, office administrator and the registered manager.

We reviewed a range of records. This included three people's care records and three people's medicine records. We also reviewed the process used for staff recruitment, records in relation to training and records relating to the management of the home and a range of policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data, monitoring records and quality assurance records. We spoke with one professional who support people using 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 now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

At the last inspection there was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the provider was not meeting the regulations. At this inspection we identified there were continued breaches of regulation 12. We also identified at this inspection, there was a new breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risk to people had not been appropriately managed. The risk assessments in place to guide staff to how they should support people were not robust. Two people required a specific piece of equipment and they did not have monitoring in place to ensure it was working correctly. This meant staff did not have guidance on how to check the equipment was working effectively or ensure people were safe and not at risk of harm.
- Speech and Language Therapy (SaLT) assessments were in place to support people who were at risk of choking when eating and drinking. However, these were not clearly recorded in the person's care plan and staff members told us different information in relation to the person's dietary needs. We saw they were not followed through in practice, placing people at risk of harm. For example, one person was given a high-risk food to eat. Staff were not following the guidelines correctly. The person was assessed as needing a specific diet because of the risks to them of choking, but staff failed to do this. We brought this to the immediate attention of the manager.
- We saw that one person with a known risk of potentially pulling furniture onto themselves, did not have furniture in their bedrooms secured to the wall. This meant they were at risk of injury. We brought this to the immediate attention of the manager. They took action to remedy this.

Preventing and controlling infection

- We were not assured staff were using Personal Protective Equipment (PPE) effectively and safely. On our arrival, hand sanitiser was not available, this was rectified when brought to the staff members attention. We observed three staff members who did not adhere to the correct wearing of masks. On one occasion we saw PPE had not been disposed of correctly. This was addressed with the registered manager.
- We were not assured that the provider was promoting safe hygiene practices of the premises. There was not a robust cleaning regime in place to include, frequently touched areas in the home and equipment used to support people. Items of equipment had a build-up of dirt and mould. The provider had not implemented arrangements for areas of the home used for family visits, to be cleaned prior to and after visits took place.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The manager was signposted to the updated guidance and gave us assurances measures would be put in place immediately to mitigate potential risk of cross infection. The registered manager and the manager of the providers other service move between both homes. There was not a robust risk

assessment taking into consideration the risks associated with moving between locations.

- We were not assured that the provider's infection prevention and control policy was up to date. Policies had not been updated to reflect the recent change in guidance regarding visitors to the service.
- The registered manager told us that they had completed individual COVID-19 risk assessments for people or staff at increased risk from COVID-19. However, we saw these were not personalised to the individual's health conditions or protected characteristics. They were generic risk assessments, this meant they did not sufficiently mitigate risk to individuals. .
- We were not assured that the provider was preventing visitors from catching and spreading infections. The providers visiting protocol was not robust and was not being followed correctly on our arrival, to ensure our visit could take place safely. The provider was not operating a booking system to manage and monitor visitors. Two family members told us when they had visited the service, they were not asked to undertake or provide evidence of, a negative COVID-19 test. One two consecutive days the inspectors were not asked about their COVID-19 status until we prompted the staff member. The registered manager was also supporting another service.
- We were not assured the provider had ensured staff had received up to date IPC training and the correct use of PPE. Staff members we spoke with told us they had not received recent COVID-19 specific training. The registered manager told us after the inspection, they have now arranged for updated training to be completed.
- We were assured that the provider was meeting shielding rules. People using the service did not always recognise and adhere to social distancing, but the provider had made arrangements to manage an outbreak.
- We were assured that the provider was admitting people safely to the service. People who had returned from hospital to the home had isolated as per the government guidance, at that time.
- We were assured that the provider was accessing testing for people using the service and staff.

Using medicines safely

- We reviewed a selection of Medication Administration Records (MAR's) and saw that information for staff members to follow were not always clear such as; Instructions for administration stated to be given 'as directed', there was no further guidance provided. This meant there was the potential for too much or too little medication to be given.
- MAR records indicated that one person who was prescribed inhalers to prevent and treat symptoms of asthma, had been given the incorrect dose of medication as changes to their prescription had not been clearly recorded on their MAR record. Staff we spoke with told us that they person had not received the additional inhaler and the error was a recording error.
- We found there were medication discrepancies, for three people, which could not be accounted for. This meant we could not be certain people had not received too much medication.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to these concerns after the inspection. They confirmed all the actions associated with the choking risks, health and safety risk had now been addressed. Cleaning regimes had been implemented to include frequently touched area and equipment.

- We saw some evidence of positive support. People who were able to independently access the local community, were encouraged and supported to do so.

Staffing and recruitment

- Staff we spoke with told us they had not received regular supervisions and did not always feel supported.
- We reviewed staff members recruitment files and found there were some issues identified with the service's recruitment processes. Staff files did not always have risk assessments for known criminal convictions, two suitable references, identification or an application form. The manager supporting the inspection in the absence of the registered manager, was unable to show us evidence that these were in place, when asked to do so. This meant they had also failed to follow their own recruitment policy, placing people at risk.
- Staff told us they had received an induction when starting work and had the opportunity to shadow other staff.
- Our observations during the day, indicated there were enough staff on duty to support people with their care needs. People told us care staff were available when they needed help.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate recruitment was effectively managed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The provider had systems in place to look at incidents, however the registered manager did not have oversight of these, and incidents had not been reviewed since January 2021. This meant people using the service were placed at risk, as appropriate actions may not have been taken in a timely manner, to reduce to potential of further incidents occurring.

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

- People were relaxed around staff and people told us they would speak with staff if they were not happy about something.
- There were systems in place to monitor and manage allegations of abuse or harm.
- People told us they felt safe living at the home. One person told us, "I like the staff here, they are all nice."
- Not all staff had received safeguarding training, however, they knew what action they needed to take if they witnessed or suspected abuse. A staff member told us, "If I had any concerns that someone was being abused, I would report it immediately."
- Staff we spoke with were able to tell us about all the risks they needed to be aware of when supporting people.
- Where a safeguarding incident had been identified, the relevant agencies had been notified and action had been taken by the service. However, a relative of one service user told us there had been an incident and the assistant manager only reported it to safeguarding because the family said they were going to do it. This could not be confirmed as the assistant manager has now left.
- Although training records showed some staff were yet to complete their safeguarding training; the staff we spoke with were aware of their legal duty to keep people safe from risk of abuse. They knew how and who to report concerns to.
- Staff were aware of the whistleblowing policy and told us how they would raise concern, ensuring people were protected.
- People we spoke with told us they felt safe. One person said, "I wouldn't go anywhere else". A relative also told us, "I think the care is quite good actually".
- People who wished to smoke were supported to do this safely.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. We identified at this inspection there was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff members who administered medication told us, they had not received any competency assessments for the medication. We saw that medication trained staff were taking blood sugar levels for a person who had diabetes. Staff had not had their competencies assessed to undertake these duties. This placed the service user at risk as staff did not have training or guidance available.

- One staff member told us, "The training isn't good. I was given a workbook and told to complete it in 12 weeks, I was left to my own devices. I handed it in, but I haven't received any feedback or certificate". This meant staff had not been assessed in their role to ensure they were implementing learning from training and to ensure they were effectively providing support.

- The training matrix, showed that training had not taken place for over a year. Staff members also told us they had not received training. This included newer staff members who had not received training specific to individuals known health conditions. However, the registered manager has arranged some training following the inspection.

On relative said they had concerns that care staff had not received training to support their loved one's specific health conditions. They told us, "I don't think it is the care assistants' fault, they are lovely girls, but management aren't training them properly".

- Staff told us they were not always well supported by the registered manager or the provider. One staff member told us, "Management and the level of support staff receive is poor, they aren't approachable. There is no respect". However, another staff member told us, "If you have any problems, you can go to anyone of them and they will help you as much as possible".

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff members received the support and training required to support people safely. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff members told us the procedure they would follow to take blood sugar levels. The care plans did not provide staff with clear guidance on how to do this or what the 'normal' blood sugar readings were for this person.

- Staff files we looked at evidenced that staff had received an induction and staff members confirmed this.

Adapting service, design, decoration to meet people's

- Further refurbishment was still needed in the service. The decoration in the service is very tired in some areas. We saw that there were holes in walls, coffee stains up walls, broken windowpanes and broken radiator covers around the home. This did not provide a warm and welcoming area for people to relax in and meant people were at risk of harm. After the inspection we took enforcement action, the registered manager told us the radiator covers had now been replaced and provided digital images of the replaced radiator covers.
- An audit of the environment which was completed by the office administrator, identified some of the areas in need of decoration and new fixtures. However, there were no current plans for when these improvements would take place. We will review the progress of these plans at our next inspection.
- The home was a traditional house, it was domestic in style.
- People had large spacious bedrooms with en-suite bathroom facilities, these were personal in style and layout dependent on people's needs.
- We saw people making use of the garden during the inspection to enjoy leisure time and carrying out activities.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- There was no evidence to demonstrate staff carried out evaluations of care plans to assess if people's needs had changed. Care plan review documents we saw indicated reviews had not taken place for up to two years in some cases. Care plans were not always updated to reflect changes in a timely way. This meant care staff did not have accurate information on how to support people safely.
- The registered manager was involving professionals such as Speech and Language Therapists (SaLT), podiatrists and the mental health team, where appropriate, to ensure people's needs were fully understood. One health professional told us, "They [care staff] support people well and ask for advice."

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

- People told us they were happy with the food and drink they received. One person told us, "They [care staff] were all good cooks and they liked to make cakes". Another person told us, "The food is nice, I have what I want."
- One relative told us they had concerns about their relatives' diet which they felt was poor. They told us, "The food is appalling, absolutely appalling. Chips with every meal and maybe even for lunch. Cakes every day. If [person's name] has breakfast it is a fry up. I blame them [provider] for that as she can't make an informed decision". We viewed the menu's and we saw they offered a varied diet. The registered manager informed us that this person was able to make their food likes and dislikes known and we observed this during the inspection.
- Staff monitored people's weight however, where people were at risk due to a high BMI, this had not been identified and there was no evidence provided, to demonstrate the registered manager had sought advice from a dietician. This placed people at risk of obesity and other related illnesses.

Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to access healthcare services when needed.
- People were involved in managing health conditions and people were able to tell us about the support they received.
- People's health conditions were understood.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- The registered manager had identified where individuals were being deprived of their liberty in order to protect them and the required legal applications had been submitted to the local authority.
- We found the provider was meeting the regulations around the need for consent and the effective use of the MCA and the basic requirements of the law had been met.
- Staff understood the importance of giving people choice and asking for their consent.
- The registered manager had made improvements since the last inspection to support staff knowledge and skills in relation to MCA and DoLS.
- There was some information in people's care plans around likes, dislikes and choices.

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 good.

At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Whilst individual care staff members may be caring the providers systems and processes do not mean people are always cared for.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Risk assessments and care plans were not always updated or did not provide clear guidance for care staff to follow. This included people who required specific equipment to monitor their health conditions. The provider did not have robust risk assessments to ensure checks were carried out to make sure the equipment they needed was working correctly. This placed people at risk meaning the service was not always caring.
- The provider did not operate robust systems and processes. This meant we could not be assured people always received their care and treatment in a way that demonstrated that safe care had been given.
- Issues we identified with broken radiator covers, holes in walls and poor standards of maintenance and hygiene does not promote a respectful and caring environment.
- People told us that staff treated them well and were kind and caring. We saw kind and caring interactions between people and staff. However, we did see on one occasion staff had supported on person to use the toilet and had not closed their bedroom door. This meant people outside the room could hear what was taking place and being discussed and did not preserve their dignity.
- On two occasions we heard staff members talking to or about people in a derogatory way. On one occasion a staff member was speaking about a person using the toilet and told us, "If we don't check they need the toilet, as soon as we get on the bus they will want to use it, they are like a child." On another occasion we heard a staff member telling another person, that they needed to be a 'good girl' before they could go out." This was raised with the office administrator, in the absence of the registered manager.
- People were clearly comfortable and relaxed around staff members and were confident to make requests, which were responded to. Throughout the day we saw people smiling and laughing.
- People told us, they were treated in a dignified and respectful way. One person told us, "They [care staff] are all nice to me."
- A relative told us, "The staff are good, I don't think you can get any better."

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

- There was no evidence provided to demonstrate people's views were taken into account. The office administrator told us that quality assurance questionnaires had not been sent to visitors or health professionals and no formal care reviews had taken place during Covid-19.
- People we spoke with told us they knew if they had a concern they would be listened to.

- People said they were given a choice around what time they got up and went to bed. People told us they could choose what time they wanted to eat. People's care records evidenced that they could stay up late and get up when they wanted to.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not consistently met.

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

- The government restrictions which have been imposed during Covid-19 have had an impact on people using the service as they have not been able to attend their usual day centre visits or go into the local community.
- Some people told us they enjoyed the activities which take place and we saw some people enjoyed the activities which were on offer during the inspection.
- One person told us that they enjoyed listening to music in their room and another person said they enjoyed going out to meet their friend.
- People told us that the restrictions on visiting during the pandemic had been really hard and they had missed seeing their loved ones. Some relatives of people told us they had been able to speak to their relatives on the telephone.
- Staff and relatives told us they felt there was not enough going on to keep people occupied. One staff member told us, "Activities are one of my biggest concerns. There is nothing for them to do, they do the same thing day in day out. It's a repeat. That's due to a lack of resources. We [care staff] try but there's not much to stimulate them." A relative told us, they [Staff] don't do enough with [Name]. They [Provider] said they would entertain her; nothing goes on in the home. When we went to view the service, they showed us a cupboard of activities but never use it."

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint if needed and they would speak to care staff or the registered manager.
- Complaints received by CQC, had been discussed with the registered manager as they arose, we saw these complaints had not been recorded in their complaint's records. This meant they had not used these complaints to help drive improvement in the service.
- A relative of one person told us, they did not feel their complaints were taken seriously and did not feel actions were taken following them raising concerns. They said, "[Name] has had two falls, she has put a lot of weight on (diet is very poor) and her hair is falling out. They [provider] does not listen to or respond to my concerns". A Safeguarding referral had been raised following the inspection, in relation to these concerns.

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 carer's.

- The registered manager was aware of the requirements of the AIS and was able to describe how they would take steps to provide information in alternative formats if needed.
There was information provided in picture format. However, the new menu's which had recently been introduced did not have accompanying pictures. The office administrator told us one service user liked to use the pictures to help them choose their meals, but they had not had time to print these at the time of the inspection.
- We observed staff interacting and communicating with staff in their preferred way.

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

- Some people told us they had received a care review and had the opportunity to discuss their care, but other people said they had not received a review and were able to contribute to their care and treatment.
- A relative told us they had been involved in care planning and had attended a care review but this had not taken place recently due to COVID-19 restrictions.
- The registered manager told us they wanted to develop the care reviews and make improvements.

End of life care and support

- At the time of the inspection there was no one being supported with end of life care.
- During the inspection we received a compliment from a relative of a person who had recently passed away. They told us, "[Name] received the best end of life care I could wish for. I was able to visit her every day, so saw first-hand how much care and attention she received. Extra staff were put on the rota so that there was always a carer sat with [Name] day and night."

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. The provider had not established or maintained effective governance within the service.

At this inspection this key question has now deteriorated to inadequate and we found there was a new breach of regulation 17 (Good governance). The provider had not established or maintained effective governance within the service.

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

The service has a history of not meeting the regulations.

Following the inspection, we carried out on 17 February 2020 (report published 20 March 2020) and there were breaches of regulation 12 (Safe care and treatment) Systems in place did not ensure the risk of fire was effectively managed. The overall rating for the service was requires improvement.

The inspection on 11 May 2016 identified breaches of regulation 13 (Safeguarding service users from abuse and improper treatment). The provider had failed to comply with the Mental Capacity Act 2005 because key processes had not always been followed to ensure that people were not unlawfully restricted.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Due to current personal circumstances, the registered manager was not in the service on a full time basis and was unable to participate fully in this inspection. The provider had failed to ensure there was adequate management of the service in the registered managers absence.

- The management of safety, risk and governance had not been effective. We identified concerns about people's safety during the inspection due to the lack of oversight. Actions had not been taken by the registered manager to ensure the systems and processes were robust and operated effectively. The registered manager told us this was due to them delegating tasks to the assistant manager, who has since left. The registered manager is also the registered manager of the providers other home. The registered manager told us they had spoken to the provider as they had recognised, they were not able to effectively monitor and manage both services, to the standard they wanted, due to their current personal circumstances.
- There was an auditing system in place, but this had not been operated effectively and had failed to identify some of the on-going concerns we found during the inspection.
- Some information we requested could not be provided until after the day of inspection as it was not up to date or easily accessible.
- Although the registered manager was aware of the need for individualised COVID-19 risk assessments for

people using the service and staff members these had not been completed. This placed people at increased risk of harm from COVID-19.

- The registered manager had developed their audits of the service. Weekly and monthly audits of key areas were now taking place. These still required some development to ensure they were effective.
- Care records and risk assessments required more detail in places to ensure information was detailed and current for staff to refer to. The provider own audits had failed to identify this. The registered manager told us about their current revision of the care plan documentation and transferring these onto the computer. There were no records to evidence when reviews of care plans and risk assessments took place, the registered manager said this is something he will re-introduce.
- Equipment which was not included on the cleaning schedules had not been identified by the infection prevention and control audit. The audit failed to identify the concerns we found on the day of the inspection. This included poor standards of hygiene, empty hand sanitisers and the lack of pedal operated bins, to name a few. This placed people at risk of cross infection.
- Checks of the building and equipment safety were completed; however, these did not include actions taken when concerns had been identified. For example, in relation to broken window panes, broken radiator covers and holes in the walls. The provider audit process did not include a system to ensure such actions were completed therefore safety issues had not been addressed, placing people at risk of harm.
- Audits had failed to identify the medication discrepancies and lack of information in care plans.

Continuous learning and improving care

- The provider and registered manager had not always kept up to date with changing guidance or ensured staff members were adhering to current guidance and best practice. They also failed to ensure policies had been updated to reflect these changes.

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

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was well managed. This placed people at risk of harm.

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

- Prior to this inspection, we were made aware of concerns people had about the care and support people received. Some of those concerns were confirmed during this inspection.
- Staff we spoke with told us that they did not always feel supported by the management team. However, other staff said if they made suggestions they would be listened to.
- The provider had displayed their previous inspection rating as they are required to by law.
- The registered manager was open and transparent during the inspection. They recognised that further improvements were needed at the home and showed a willingness to listen and improve.

Working in partnership with others

- The registered manager told us they worked well with the local GP, pharmacy service, health and social care professionals and the local authority.
- People told us they were supported with their appointments and records of health professional visits supported this information.

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>The provider had not ensured that risks to people were effectively managed. People were exposed to risk of harm due to unsafe risk management systems including poor Infection Prevention and Control practices, choking risks and environmental risks. As a result, they people were exposed to the risk of serious harm.</p>

The enforcement action we took:

We issued a Letter of Intent due to extreme risks, once these risks were mitigated we issued a Notice of Proposal to ensure improvements in these areas were made.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems were inadequate. Potential risk and areas of improvement were not identified. Action had not been taken to make required improvements. The provider had not ensured governance arrangements within the service had been established.</p>

The enforcement action we took:

We issued a Letter of Intent due to the immediate and extreme risks identified, once the extreme risks were mitigated we issued a Notice of Proposal imposing positive conditions to help drive improvements. We also issued a Notice of Proposal to impose restrictive conditions for any new admissions to the service or for people who already live at the service and are returning from hospital. This meant the provider has to seek authorisation from CQC prior to admissions to the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have systems in place to</p>

ensure they followed correct procedures to ensure staff employed were fit to work in the service. They failed to consistently obtain suitable references, identification and assess the skills and competencies of staff employed.

The enforcement action we took:

We issued a Notice of Proposal to impose positive conditions to help drive improvement.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff had received up to date training and carryout assessments of their competencies. They also failed to ensure staff were supported by completing regular, supportive supervisions and appraisal.

The enforcement action we took:

We issued a Notice of Proposal to ensure improvements in these areas were made.