

Mission Care

Love Walk

Inspection report

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21 February 2023

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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

Love Walk provides accommodation and personal care for up to 31 people with a range of physical disabilities. At the time of the inspection, there was 28 people living at this residential home. The service is supporting one person who has a learning disability. The provider is closing the home and rebuilding a new home on the current site. They are working with the local authority to find suitable alternative placements for people during the building works.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Right Support: The model of care did not maximise people's choice and independence and people were not always protected from the risk of harm.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. The provider was unable to provide any evidence where decisions were made in people's best interests and where people may lack capacity.

Medicines were not always managed safely as the provider was not identifying potential risks. People told us they liked living at the home and they enjoyed spending time with each other and participating in activities.

Right Care: People were not always involved in making decisions about their care as night staff were waking people up and getting them dressed despite people's care plans recording their preferences regarding being woken up. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care

Right Culture: Governance processes were not always effective as the registered manager did not always have clear procedures in place to monitor the home. This meant people did not always receive good care and support.

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 (published 20 August 2022) and there were breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to

improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the key questions Safe and well-led. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Love Walk on our website at www.cqc.org.uk.

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 have identified breaches in relation to consent, staffing levels and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Love Walk

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

Love Walk is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent upon their registration with us. Love Walk is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

Inspection activity started on 15 February and ended on 21 February 2023. We visited the location's service on 15 February and returned for an unannounced out of hours visit on 21 February.

We spoke with the registered manager, deputy manager, a cleaner, 3 care staff and the nominated individual. This person is responsible for supervising the management of the service on behalf of the provider.

We spoke with 7 people living at the home during the inspection. We carried out a tour of the building and we looked at how medicines were managed. We reviewed a range of records which included 7 people's care plans, medicines for 4 people, incidents and accidents, health and safety checks and quality assurance monitoring records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At the last inspection we found risks were not always assessed, monitored, or managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvement had been made and the provider was no longer in breach of Regulation 12.

- Risks to people had been considered, assessed or planned for. Since the last inspection the provider had introduced appropriate risk assessments for taking people on holidays.
- Each person had a personal emergency evacuation plan (PEEP) which detailed how to support them to evacuate the building safely in the event of an emergency.
- The provider had appropriate risk assessments in place for the building. Maintenance staff carried out regular checks on the building and external contractors ensured equipment, such as moving and handling equipment and the passenger shaft lift were regularly serviced and maintained.

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 MCA 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.

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 Mental Capacity Act (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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Although records showed the home was working within the principles of the MCA, this was not always

reflected within staff practices. If needed, appropriate legal authorisations were in place to deprive a person of their liberty, but the registered manager was unable to provide the inspection team with mental capacity assessments or best interest decisions for people who were getting up early. It was not clear how people were involved in this decision.

This meant systems were either not in place or robust enough to ensure people's care was provided in line with the principles of the MCA. This was a breach of regulation 11 (Need to consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People using the service told us the staff asked for their consent before providing care. They said staff gave them choice and respected their wishes. One person stated, "Yes, they always ask first and allow me to make my own choices."

Staffing and recruitment

- There were not enough staff on duty to support people in a safe and timely way that respected their wishes. Senior staff were completing a staffing dependency assessment however, we found the level of staffing was not safe to meet people's needs. When we visited the home at 6.00am we found 4 people were up and dressed. We asked people if they were happy getting up so early, one person said, "It's tough but I understand staff are very busy."
- Night staff told us people were happy to get up early however we observed people were asleep in the lounge area. 3 people's care plans recorded that their preferred time to get up was 8.00am yet these people were woken up by night staff. Staff told us if they did not get people up there would not be enough day staff to get people up and dressed. These staffing levels meant care was not being delivered to meet people's individual needs.

We found no evidence that people had been harmed however, systems were not in place or robust enough to demonstrate staffing levels were safely managed. This placed people at risk of harm. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were safely recruited. The provider carried out appropriate pre-employment checks, including obtaining evidence of satisfactory conduct in previous employment, a full work history and the right to work in the UK. Staff were checked with the Disclosure and Barring Service (DBS) before they started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were not always managed safely. We identified one person who was prescribed medicines to be taken on a when required (PRN) basis. However, there was not enough clear guidance in place to describe what action they should take once they had administered the PRN medicine.
- On the day of the inspection we identified there were two people who should have body maps in place. We brought this to the attention of the registered manager, and they took prompt action.

We brought this to the attention of the registered manager, and the following day they provided us with updated MAR charts and PRN protocols.

- Medicines were stored securely and appropriately in trolleys and in the medicines room.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to safeguard people from the risk of harm. Staff had received training in safeguarding and spoke knowledgeably about how to report concerns. One staff member said, "All relevant people need to be notified and I want to check the person is okay, it is important that they feel safe and I reassure them."
- The registered manager worked closely with the local authority safeguarding team when safeguarding concerns were raised.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There were effective systems and processes in place for recording incidents and for learning lessons when things had gone wrong. Incidents and accidents were reported with clear information of what had happened. These were discussed by the management team to identify any trends and if actions were required.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At this inspection, we found not enough improvement had been made and the provider remained in Regulation 17.

- The provider did not always have effective quality assurance systems in place to monitor service delivery as they had not identified the concerns we found at this inspection. This meant they had not taken action to make the necessary improvements. For example, the provider's monitoring systems had failed to identify the concerns we found in relation to medicines management.
- The provider's arrangements to monitor the quality of the communication records were also ineffective as although they were completing audits, they failed to identify staff were recording inaccurately when care was provided. For example, we observed 1 staff member had logged care for 2 people within 5 minutes of each other. We raised this with senior staff, and they told us they were not aware this was happening.
- Communication methods needed to be improved as night staff were waking people up. When we raised this with the registered manager, they told us they were not aware, yet this was recorded as a duty on a night task sheet for staff.

The provider did not operate effective systems to assess, monitor and improve the quality of the service, mitigate the risks relating to people's health, safety and welfare, and did not consistently maintain accurate and contemporaneous records for each person. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We met with the provider following our inspection and they assured us they would be working with the registered manager and staff to address the concerns raised. The provider has increased the staffing allocation for the day shift.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt the service was well- led and that they felt supported. Comments included, "I think the service is well run the home is ran safely. I have my responsibility to ensure people needs are met. We have a good team here and we can delegate" and "The work gets done and I can speak with the management, and they listen, and they are acting in people's best interests."
- Staff received supervision and appraisals in line with the providers policy. Staff attended regular meetings to discuss any concerns that occurred at the service. This meeting provided staff an opportunity to share ideas, have discussions and for staff to ask questions to senior staff.
- People using the service were consulted and able to give their views on how to improve the service. These were used as an opportunity to discuss activities, plan future events and discuss food and menu options.
- People told us that their cultural needs were met, one person spoke about the importance of having food specific to their culture.
- People using the service were encouraged to participate in a range of special events, celebrating diversity such as Black History month.
- There was an annual staff survey which focused on how staff felt about their working environment and the feedback was very positive.

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

- The registered manager understood their responsibilities in relation to duty of candour.
- The manager told us that they knew they had a legal responsibility to share information with the local authority, relatives and the CQC when things go wrong.

Working in partnership with others; Continuous learning and improving care

- The service worked closely with the local authority, public health partners and the local NHS. Each week there was regular engagement with healthcare professionals and referrals were made to appropriate services if people's needs changed.
- The provider is working to source alternative suitable accommodation for people. The registered manager recognised that this was challenging for people and staff, so they held regular meetings to keep people informed of the changes.
- Staff were trying to work with local community groups and recently they had a local musician come and play at the home.

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 11 HSCA RA Regulations 2014 Need for consent The provider had not recorded where people did not have the mental capacity to make certain decisions, any decisions made were in their best interests Regulation 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure suitable processes were in operation to assess, monitor and improve the quality and safety of the service provided to people and assess, monitor and mitigate risks relating to people's health and safety. Accurate and contemporaneous records must be kept for each person using the service 17(1)(2)(a)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure people were supported by sufficient staff to meet their needs. Reg18(1)