Choice Support

Samuel Close (1,2,3)

Inspection report

1-3 Samuel Close
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: Samuel Close (1,2,3) is a 'care home' and accommodates up to 16 adults with learning disabilities who require personal care across three separate homes, each of which have separate adapted facilities. At the time of the inspection, 15 people were using the service.

•Care plans and risk assessments were not updated following the agency changing its name in November 2017.
•Risks were not always identified in relation to falls and risk management plans were not in place to manage these safely.
•Risks were not reviewed on a regular basis.
•People were not involved in planning their care and support needs.
•People's medicines were not always safely managed.
•The providers quality monitoring systems were not effective.

•People told us they felt safe. There were appropriate adult safeguarding procedures in place to protect people from the risk of abuse.
•Accidents and incidents were appropriately managed and learning from this was disseminated to staff.
•People were protected from risk of infection because staff followed appropriate infection control protocols.
•There were enough staff available to support people's needs.

•Assessments were carried out prior to people joining the service to ensure their needs could be met.
•Staff were supported through induction, training and supervision to ensure they carried out their roles effectively.
•People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
•People were supported and encouraged to eat a healthy and well-balanced diet.
•People had access to healthcare professionals when required to maintain good health.

•People told us staff were kind and respected their privacy, dignity and promoted their independence.
•People were involved in making decisions about their daily care needs. For example, what to wear and what to eat.
•Staff understood the Equality Act and supported people's individual diverse needs if required.
•People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer.

•People were aware of the home's complaints procedures and knew how to raise a complaint.
•The service was not currently supporting people who were considered end of life, if they did this would be recorded in their care plans.

•Regular feedback was sought from people and staff about the service and acted upon if necessary.
•The provider worked in partnership with key organisations to ensure people's needs were planned and met and deliver an effective service.
•Relatives, people and staff were complimentary about the registered manager

Rating at last inspection: Requires Improvement (report published 14 March 2018).

Why we inspected: This inspection was part of a scheduled plan based on our last rating of the service and aimed to follow up on some concerns we had found at our inspection in January 2018.

Enforcement: Please see the 'actions we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 effective?

Requires Improvement

The service was not always affective.

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?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Samuel Close (1,2,3)

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors, and a specialist nurse advisor carried out the inspection. One of the inspectors spoke with relatives on the telephone to gather their views about the service

Service and service type: Samuel Close (1,2,3) is a 'care home'. People in care homes receive accommodation and nursing, or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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. However, the registered manager had transferred to a different service the day before the inspection. A new manager would be applying to become the registered manager.

Notice of inspection: This inspection site visit took place on 26 February 2019 and was unannounced.

What we did: Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and accident and incidents. We sought feedback from the local authorities who commission services from the provider and professionals who work with the service. Usually the provider is asked to complete a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to
plan our inspection. However, on this occasion they had not been asked to complete the form.

During the inspection, we did not speak to any people as they were unable to communicate. We spoke to

two relatives to ask their views about the service. We spoke with five members of care staff, the manager and the senior operations manager. We reviewed records, including the care records of five people using the service, recruitment files and training records for six staff members. We also looked at records related to the management of the service such quality audits, accident and incident records, and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were not always safe and protected from avoidable harm. Legal requirements were not met.

People were involved in making decisions about their daily care..

At our last inspection we found that the system in place to manage people's finances was not robust enough to ensure people were not at risk of financial abuse. People using the service needed to be supported with their finances as they did not have the capacity to do so themselves. At this inspection we found that improvements were made in that 'Service User Personal Finances forms' were completed on monthly basis which detailed how money was spent, the running balance of monies and signed off by two staff. Receipts are attached to the forms which are numbered and correspond to the transaction listed on the form. The senior operations manager carried out an audit in August 2018 and did not find any shortfalls.

Assessing risk, safety monitoring and management.

•Risk assessments had not been completed on the provider's standard template and were not easy to follow.
•Risk assessments and risk management plans were not always individual and person-centred. For example, eating and drinking risk assessments and management plans were identical for three out of five people's care plans we looked at.
•Risks to people had been assessed in areas including mobility, mental and physical health, behaviour, and communication. However, there were not always risk assessments in place for falls, choking or eating and drinking. For example, one person was at risk of falls as they had limited mobility, unsteady of their feet and used a wheelchair. However, there was no falls risk assessment and management plan in place to minimise risks.
•Another person was at risk of malnutrition as they as they often refused to eat. There was no risk management plan to provide guidance for staff on how to manage this risk and the actions that should be taken.

These were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

•There were policies and procedures in place which provided staff with guidance.
•Staff had completed infection control and food hygiene training and followed safe infection control practices. We saw staff washed their hands regularly and wore personal protective equipment such as aprons and gloves when supporting people.
•People were also supported to understand and practice safe hygiene levels.

•People told us that they felt safe living at the service.
•Relatives told us that their relatives were safe living at the service. One relative said, "I very much think my [relative] is safe."
•There were appropriate systems in place to safeguard people from the risk of abuse. All staff had completed safeguarding training and staff knew of the types of abuse and what to look out for. They told us that in the first instance they would report any concerns of abuse to their registered manager. They also confirmed that they knew that they could report concerns to social services or CQC.
•Where there were concerns of abuse the registered manager had notified the local authority, CQC and the police (where necessary).

Using medicines safely.

•Staff had not completed medicine competency checks to ensure that they had the appropriate skills to administer medicines safely. The senior operations manager told us that they would ensure that medicine competency checks were undertaken imminently. We will check this at our next inspection.
•Medicines were stored, administered and recorded appropriately.
•Medicines administration records (MARs) were completed in full. We checked medicines stock against information in people's MARs and this matched each other.

Staffing levels and recruitment.

•There were enough staff deployed to meet people's needs in a timely manner, staff rotas confirmed this.
•Appropriate recruitment checks took place before staff started work. Staff files contained a completed application forms which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member.
•A relative told us, "There are more than enough staff."
•A staff member said, "Yes we do have enough staff."

Learning lessons when things go wrong.

•The provider had policies and procedures on reporting and recording accidents and incidents. Accidents and incidents were appropriately recorded and investigated in a timely manner. There was guidance for staff in place to minimise future incidents and learning was disseminated to staff handovers and supervisions.

Requires Improvement

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were not consistently good, and relative's feedback confirmed this.

At our last inspection, we observed that at lunch time there was a lack of interaction between people and staff. Staff tended to be more task focused and did not sit and interact with people to ensure lunchtime was an enjoyable and sociable experience. We also found that people were not easily able to navigate around the home as there was no appropriate signage or names or door numbers on people's bedrooms. There were some TV cables hanging down from the TVs. In one of the houses, the ramp into the garden was quite steep which made it difficult for people to move freely in and out of the house. Paving slabs were uneven in the garden area. There were no raised beds which meant people in wheelchairs could not benefit in from gardening activities.

At this inspection we found that improvements had been made and staff interacted positively with people and prompted and supported people to eat and drink when required. However, no improvements had been made in terms of signage and names and door numbers on people's bedroom doors. In one house, TV cables were still hanging down from the TV and the ramp and paving slabs in the garden area had not been remedied. We also found that there were no flower beds or plants for people to carry out gardening activities.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough with choice in a balanced diet.
•We found improvements were needed as fluid charts were not completed in full where required so people's fluid intake could be monitored and identify if they were at risk of dehydration. For example, one person's eating and drinking care plan stated that they should have 6-8 glasses of fluid each day. Their fluid chart did not detail the amount of fluid the person was having daily to ensure that they were receiving the daily recommended fluid intake. This placed the person at risk of dehydration as staff were not aware of how much the person was drinking. also meant that accurate information could not be provided to health care professionals about the persons fluid intake.
•People had a choice of meals with pictorial menus displayed in dining rooms and were supported to eat sufficient amounts for their health and
wellbeing.
•Staff knew people's dietary preferences well. For example, one staff member said, "one person loves chicken. Another person really enjoys tea and sweet things."

Supporting people to live healthier lives, access healthcare services and support: Staff providing consistent, effective, timely care within and across organisations.

•People's hospital passports, which gave information people's healthcare needs including medical conditions, medicines, allergies, likes and dislikes and areas they needed support should they to be admitted to hospital were not regularly updated. For example, two people's hospital passport had not been updated since 2015. This meant that the provider could not assured that they information was up to date.
•People had access to a range of healthcare services and professionals when required. This included GPs, community disability team and speech and language therapists to ensure they were given the appropriate support.

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

•Assessments of people's needs were conducted prior to them moving into the home. The manager told us this was done to ensure the service would be able to meet people's care and support needs.
•During these assessments, people and their families were appropriate, were involved to ensure adequate information was acquired to develop care and risk management plans to ensure people's care and support needs could be met.

Staff skills, knowledge and experience.

•Relatives told us staff had the skills and knowledge to support people with their individual needs. One relative said, "Staff are knowledgeable and know their jobs well."
•Staff training records confirmed staff had completed an induction and were up to date with their mandatory training which included medicines, safeguarding, infection control, health and safety, mental capacity, equality and diversity and fire safety. One staff member said, "We get regular training here and it does help me".
•Records confirmed that staff were supported through regular supervision and annual appraisals in line with the provider's policy. At these supervision sessions staff discussed a range of topics including their performance, training and any issues relating to the people they supported. Staff told us "I do have regular supervisions, I get the chance to get feedback from my manager and any issues I may have."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had the appropriate legal authority and were being met.

•The manager and staff were knowledgeable and knew of their responsibility to operate within the principles of the MCA.
•People's care plans contained information about their mental state and cognition. In areas in which people had been assessed as lacking capacity to make decisions, records showed where appropriate relatives and healthcare professionals were involved to ensure decisions were made people's best interests.
•People's rights were protected because staff sought their consent before supporting them. One staff member said, "I always ask for people's permission before helping them and I also tell them what I am

doing."
•There had been eight applications for authorisations under the Deprivation of Liberty Safeguards and six are waiting to be approved.

Requires Improvement

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and but were not involved as partners in their care.

Ensuring people are well treated and supported.

At our last inspection we observed instances where staff were not caring and people were not treated with respect.

At this inspection we saw that staff were supported by staff that were kind and caring.

•Relatives told us that staff were kind and caring. One relative said, "Staff are very caring towards my [relative], they do all they can."
•The service had calm and relaxed atmosphere and staff positively interacted with people.
•Staff knew people's individual needs and supported them when required. For example, when people were agitated, staff talked to them calmly or gave them space to be on their own.
•People's support plans included their life histories, likes, dislikes and preferences.
•People were given information in the form of a 'service user guide' prior to joining. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, so people were aware of the complaints procedure should they wish to make a complaint.

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

•People had monthly key worker meetings to allow them the opportunity to discuss concerns, their goals and objectives. A key worker is a named staff member whose responsibility responsible for coordinating a person's care and providing regular reports on their needs and progress. However, meetings were not always documented to record people's progress, concerns and any actions that needed to be taken.
•People and their relatives were involved in making decisions about their daily care and support needs. This included what they wanted to wear or the time they wanted to go to bed.
•Staff knew how to support people; they understood people's communication methods, and were able to describe the individual needs of people who used the service. For example, the activities people liked to do and the times people liked to eat..

Respecting and promoting people's privacy, dignity and independence.

•We observed staff respecting people's privacy and dignity by knocking on doors and obtaining permission before entering. One staff member said, "I knock on people's doors and close doors and curtains when

assisting people with personal care."
•People's information was stored securely in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.
•People were encouraged to be independent as possible in relation eating and drinking and carrying out aspects of personal care. Staff supported people where required. One staff member said, "I do try and encourage people to do what they can, but help them if they need it."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were not always met through good organisation and delivery.

Personalised care.

At our last inspection we observed that staff carried out household chores and other tasks relating to their work rather than spending quality time with people, engaging and involving them in meaningful activities. We also saw that people were not engaged in meaningful activities during the day.

At this inspection we found that some improvements had been made in that some staff spent quality time with people on a one to one basis and engaging people in some activities, such as, going for a walk and carrying out arts and crafts.
•Although, some activities were being carried out, this did not include all people living at the home. For example, on the afternoon of our inspection we saw that there was a dancing and music session being held in one house. However, in another house when people needed quieter and stimulating activity there was a sensory session in progress but, this consisted of the room being lit by two small sensory lamps, with the television on loudly in the background. We also observed that not all staff were engaging with people during the activity but just walking around the house.
•People were not always supported to participate in activities that interested them and pursue their hobbies. For example, one person was passionate about gardening and their individual activities plan stated that at 12 noon daily they would be supported to carry out gardening activities. However, on the day of our inspection the person had not been supported to carry out this activity. We also saw that the garden of the home was paved and did not have any flower beds or plants for the person to tend to.
•One relative told us, "There are not enough stimulating activities on offer for my [relative]. They just don't have the staff to deliver activities, I rarely see people doing activities when I visit."
•The service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This was because the home did not have appropriate signage around the home to encourage people's independence. The ramp to access gardens were not suitable and paving slabs in the garden area remained uneven and a risk to people's safety. Although people's activity planner scheduled them to carry out gardening activities on a daily basis, this this activity was not available for people to enjoy and take part in as there were no plants or flower beds in the gardens. Therefore, people did not have did not always have a choice of activities they enjoyed taking part in.
•From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. We found that information had not been tailored to people's individual needs. Care plans were pictorial, however, there was too much information for people with different communication needs to follow easily.

This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•We brought this to the attention of the senior operations manager who acknowledged that activities required improvement. They also said that they had employed an activities co-ordinator who was due to start in March 2019.

•Care files were not well organised or easy to follow and were not always person-centred. People had generic information about eating and drinking and had not always been developed in relation to people's individual needs.
•Care plans did not document that people, their relatives and healthcare professionals were involved in reviews of their care and support needs. For example, only the former registered manager had signed all people's care plans and there were no records to show who else had been involved.
•We were unable to establish how regularly people's care plans were reviewed as this was not recorded. For example, the only review date on every people's care file we looked at was January 2019.
•Care plans did not always contain clear guidance for staff on how people's health needs should be met. For example, one person suffered from a medical condition that can cause problems with breathing. There was no guidance for staff on how to mitigate and manage this risk.

This was a further breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•People had a personal profile in place, which provided important information about the person such as date of birth, gender, ethnicity, religion, medical conditions, next of kin and family details and contact information for healthcare specialists.
•Care files included individual support plans addressing a range of needs such as communication, physical and mental needs, personal hygiene, nutrition, skin integrity and life histories. •People's cultural and spiritual needs were documented in their care plans. This also included, for example their preferred choice of language. People's religious beliefs were recorded, although there was no-one presently that required support to practise their faith. The manager told us that if they did have someone who required this support, this would be documented in the care plan and they would be provided with this support.

Improving care quality in response to complaints or concerns.

•The provider did not have an effective system in place to handle complaints effectively. The service had not investigated and resolved complaints received within the timeframes set in the provider's complaints procedure.
•During the inspection the senior operations manager was not able to provide us with records in relation to complaints. Following the inspection, they provided us with a copy of a page of a note book where two complaints were received in February 2019. The first was from a positive behavioural therapist in relation to activities, meal times and communication. The second complaint, was from relative in relation to décor and maintenance of a person's room. Neither complaint had been acknowledgment with the complainant or investigated in line with the provider's complaints policy.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support.

•The service did not currently support people who were considered end of life. The senior operations manager told us that if they did then they were aware of best practice guidelines and would consult with people and family members where appropriate to identify record and meet people's end of life preferences and wishes and record this in their care plans.

Requires Improvement

Is the service well-led?

Our findings

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

The service was not always well-led.

The service was not consistently managed and well-led.

The provider did not plan and promote person-centred, high-quality care and support.

•Leaders and the culture they created did not promote high quality, person-centred care.
•Records demonstrated that audits were carried out, however, they were not effective as they did not identify the issues we found at this inspection. For example, that staff were not physically carrying out weekly checks in relation to cleaning of the home. Risk assessment were not always carried out and/or risk management plans were not always in place to guide staff on how to minimise risks.
•Although the home was clean, weekly checks to ensure that home had been cleaned were not always carried out. We found that the cleaning schedule for 16 January 2019 had been copied on a weekly basis until 20 February 2019 with only the date amended. This meant that the staff had not physically carried out appropriate checks to ensure that risk of infection was minimised.
Continuous learning and improving care and engaging and involving people using the service, the public and staff.

•Information gathered from monitoring checks, was not used to develop the service and make improvements where required. For example, the senior operations manager told us that they were aware that the service had not been using the provider's template for risk assessments but had not taken any action in relation to this.
•The senior operations manager told us that regular relative/resident and staff meetings were held. However, minutes of these meetings were not available to show that the provider had taken people's feedback on board and used it to drive improvements.

Working in partnership with others
•The service worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care. However, feedback received from the service commissioner was not positive as they had concerns about risk assessment, risk management plans and activities.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

•The ethos of the service is to provide people with the life they wanted to live with the right support. We found that the service was not fulfilling its ethos, because the home had not been adapted to meet people's

need. This included, signage, a safe garden environment for people to enjoy and a lack of meaningful activities.
•We received mixed reviews from relatives and staff about the service and how it was managed. One relative said, "I think they need to do more in terms of activities, there just aren't enough. Another relative said, "The management are good and approachable." One staff member said, "I think there need to be improvements in terms of activities, but the registered manager is good."

These were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•The home had a new manager who had started the day before the inspection. The manager told us they were applying to become the registered manager. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.
•Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture where they felt able to speak out if they were worried about quality or safety.

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 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care. People did not receive personalised care because meaningful activities were not provided to everyone using the service. Staff did not always engage with people on a one to one basis.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014. Safe care and treatment. The provider did not have systems in place to assess, mitigate and review risk. There was no robust system to ensure infection control was regularly reviewed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises The provider continued to fail to ensure that television cables and the garden was made safe.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints. The provider did not operate an effective system for handling and responding to complaints.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014. Good governance. The provider did not have established or effective governance systems in place to ensure they were providing a good service provision and take action where shortfalls were identified.