

Lifeways Community Care Limited

The Dell

Inspection report

Cats Lane
Sudbury
Suffolk
CO10 2SF

Tel: 01215236596

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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: The Dell is a service for up to 48 people who have a learning disability and/or Autism. Accommodation is provided across eight bungalows on one site. At the time of this inspection 25 people were living at the service. There is also a central office block used for catering and some day service activities.

People's experience of using this service:

People did not always receive a service that provided them with safe, effective and high-quality care.

The environment was not always well maintained and repairs were not actioned in a timely manner.

The management of risk and medicines was ineffective and placed people at risk of harm.

The service was not always well led. There was a lack of effective quality assurance processes in place

People were supported to have maximum choice and control of their lives and staff (did not support) supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received support from staff who were kind and treated them with respect.

People were supported to maintain a healthy and balanced diet.

People had support plans however these were often out of date and did not reflect the care and support they needed.

The Dell has not been operated and developed in line with all the values that underpin the Registering the Right Support and other best practice guidance. The Dell was designed, built and registered many years before this guidance was published. The outcomes for people did not fully reflect the principles and values of Registering the Right Support because the model and scale of care provided is not in keeping with the cultural and professional changes to how services for people with a learning disability and/or Autism should be operated to meet their needs.

Rating at last inspection: The rating at the last inspection was 'Good'. The last report for The Dell was published on 13 April 2017.

Why we inspected: This inspection was brought forward as we had received some concerns about environmental standards at The Dell.

Follow up: We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led

Details are in our Well-Led findings below

Requires Improvement ●

The Dell

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team: The inspection team consisted of three inspectors, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: The Dell is a care home for up to 48 people. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, there were 23 people living at The Dell.

The registered manager had left the service during January 2019. An 'acting' manager had been appointed and started in this role the day before our inspection commenced. The 'acting' manager was familiar to the service having commenced working at the service in 2017 as the deputy manager. For the purpose of this report, they will be referred to as the acting manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection: This inspection was unannounced.

What we did: Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law. We also reviewed any information about the service that we had received from external agencies and healthcare professionals. We reviewed the actions plans that the service had sent to us in relation to the inspection that was carried out in January and February 2018. We used this information to help us decide what areas to focus on during our inspection.

Many of the people who used the service had complex communication support needs. We spoke with staff and looked at care plans for information to help us communicate with people who used the service. We observed how people were cared for and how staff interacted with people to help us understand their experience of the support they received.

During the inspection we spent time in all bungalows occupied during which we spoke with and spent time with many people, however due to their communication difficulties we could only speak in depth with two people who used the service. We did not meet any relatives during our visit. Following our visit to the service we left our contact details for the staff to share with people's relatives so they could contact us to provide further feedback. We did not receive any further contact.

We spoke with 12 care staff as well as two team leaders, the administrator and the acting manager. We also spoke with a visiting healthcare professional. We reviewed a number of records including six people's care records, medicines records and records related to the management of the service. Details are in the key questions below.

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

Using medicines safely

- Medicines were not always managed safely.
- Systems in place to ensure people in receipt of medicines that frequently altered (such as warfarin) were not robust. We gave feedback to the acting manager who took steps to investigate and make safer.
- Guidance for the use of 'as required' (PRN) medicines was not always in place. This meant staff did not have the information to tell them what the medicine was for, when someone may need it or how much to give. This meant the efficacy of the medicine could not be reviewed.
- Some medicines we could not reconcile as staff had not recorded the amount they carried forward from one month to another.
- Staff had not always recorded dates of opening on medicines which meant they did not have the information needed to follow the manufacturer's instructions as to how long the product should be used once opened.
- One person was being administered a medicine all year that was to be taken during the summer hay fever months only.
- We found that audits of medicines had not identified that there had been recording discrepancies, amendments and unaccounted for medicines. These matters were brought to the attention of the acting manager who told us that they would investigate the shortfalls. Following our inspection visit, the acting manager informed us of the actions they had taken to improve practice.

Assessing risk, safety monitoring and management

- Fire safety systems were not always fully implemented and followed by staff, particularly in relation to fire doors and keeping a fire exit clear. This placed people at risk of potential harm in the event of a fire.

The concerns about people's safety are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulations) 2014.

- Other potential risks to people were assessed and managed safely. Records showed which risks were assessed and actions needed to try and mitigate against the risk. Risk assessments included environmental risks and medication management risks for example.
- Risk assessments were reviewed at frequent intervals and if a person's identified needs changed.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding procedure for staff to follow. Staff had been trained to understand the

signs of abuse or harm and how to report incidents.

Staffing and recruitment

- There had been a high use of agency staff at the service however due to recruitment of permanent staff this had reduced in the week leading up to our visit.
- There were enough staff to meet people's needs however staff were not consistently deployed effectively.
- Agency staff were routinely placed to work in one of the bungalows where people were assessed to have the highest support needs. The agency staff did not have the specific healthcare training needed to support people safely whereas other permanent staff allocated to other bungalows did.
- The provider had a recruitment policy in place. We reviewed three staff files and the recruitment process undertaken and saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Preventing and controlling infection

- Some parts of the service were not well maintained which meant effective cleaning could not take place. In several of the shared bathrooms, toilets and laundry rooms had the floor surfaces had become worn, torn and damaged in place which made cleaning difficult. In some areas such as the laundry room in bungalow eight there was no non-permeable flooring at all to enable effective cleaning.
- Staff used personal protective equipment (PPE) whilst delivering personal care.

Learning lessons when things go wrong

- Accidents and incidents were recorded and clearly documented however there was no overall log of accidents and incidents for the service. Following our visit, the provider sent evidence that accidents and incidents were reviewed at an organisational level and that they used this information to look at themes and trends.
- All accident and incident reports were reviewed by the provider who kept a record of any themes or trends and any lessons to be learned. These were shared with the service with the aim of preventing recurrences.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Adapting service, design, decoration to meet people's needs

- The premises were adapted to meet people's needs, but the décor required redecoration. This gave the service an untidy appearance that was also commented on by a visiting professional who told us, "I have no concerns about the actual care, it's the place that needs improving, it's run down. The environment needs improving."
- Several pieces of equipment were broken and not in operation, such as a tumble dryer in a bungalow which had been broken for a few weeks and a specialist bath which had been broken since last year. This impacted on both people living at the service and staff. We were told how one person who had a preference for a bath now had to have a shower. The acting manager told us they would 'chase' the bath repair with the provider.
- The service was visibly poorly maintained in places. Paintwork on some walls, skirting boards and doors was damaged in places. Bathrooms were bare and there was evidence of black mould growing on the walls, tiles and around the bath.
- The acting manager did not have access to a refurbishment plan and told us that the provider dealt with maintenance requests and controlled the decisions relating to redecoration and home improvements.
- Despite the poor state of repair in communal areas staff had worked hard to support people with the personalisation of their own rooms. Several people showed us their bedrooms with obvious pride.

These concerns are a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulations) 2014.

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

- People's needs were assessed before they started to receive support from the service. The information gathered included people's preferences, backgrounds and personal histories. This enabled staff to know people well.

Staff support: induction, training, skills and experience

- Training records we were supplied with demonstrated that several staff required updates to their training. Statistics provided showed staff compliance with training the provider considered mandatory was 72%. The acting manager was making arrangements with staff to bring their training up to date.
- Staff knew people well and were skilled at supporting them with their care. Staff confirmed that the training offered was useful in helping them to do their jobs effectively.
- Staff received formal and informal supervision and support and told us they were given regular feedback on their performance to aid their own learning and development needs.

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

- Some people had a specific need for a modified or high calorie diet. Whilst their care plans were out of date and did not reflect this, staff and the chef were knowledgeable about people's requirements and ensured they were met.
- The main meal of the day for most people was served at lunch time and prepared in one main central kitchen by a chef before being delivered to the bungalows. At other times staff supported people with preparation of their food.
- We spoke with the chef and staff who told us about how people made a food choice and how they had established knowledge of people's food preferences where they were unable to clearly communicate this.
- Whilst in one of the bungalows we saw one person helping themselves to breakfast and drinks independently.

Staff working with other agencies to provide consistent, effective, timely care

- Care records detailed involvement from other health care professionals, for example occupational therapists and community nurses. Outcomes from visits were recorded and any changes to people's support needs reflected guidance from these visits.

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

- People received timely support to access healthcare services and professionals when they needed help.
- A visiting healthcare professional commented, "I haven't got any problems with the care, they seem to have 'got it together' in the past three months. It's helped because the staffing has improved."

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. We checked whether the service was working within the principles of the MCA.
- Consent was sought from people and they were asked by care staff before care was provided.
- Where it had been identified that a person may have lacked capacity to make certain decisions, mental capacity assessments and best interest decisions had been completed for their care and treatment. Records of best interest decisions showed involvement from people's relatives and other healthcare professionals where appropriate.

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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- People were living in an environment that required improvements with regards to the standards of décor and overall maintenance. This did not demonstrate care and respect for people and was not respectful of their dignity.
- Faulty equipment for lengthy periods of time, such as the faulty bath, was also not respectful of people's dignity. One person who had a preference for a bath was unable to have one.
- Some staff did not create a person-centred dining experience for people and there were missed opportunities for caring interaction as the staff stood whilst helping people to eat their meal rather than sitting beside them. This prevented effective communication and eye contact.
- Our other observations showed staff were caring and had the right values that treated people with respect and gave choice when and where they could.
- We saw lots of laughter and interactions between staff and people. We saw one person demonstrated affection by stroking a member of staff's face gently whilst saying 'aaaah' over and over again with smiles. This was kindly, gently and positively received by the staff member concerned.

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

- Each person had a named member of staff who was their key worker and worked closely together with them.
- People had complex care and communication needs and it was challenging to always involve them in making decisions about their care however staff supported people to be involved as much as possible.

Respecting and promoting people's privacy, dignity and independence

- Care staff treated people as individuals and knew them well. Independence was promoted and maintained as much as possible.
- People developed and maintained positive relationships with the consistent care staff who supported them. Some agency staff undertook frequent work at the service and therefore had also created close working relationships with people as well.
- People's privacy was respected. Confidential information was held securely in the office location.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires Improvement: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care had initially been planned in a person-centred way, detailing all aspects of support people required. However, care plans we viewed were significantly out of date and did not reflect people's actual needs at the time of our visit.

- For example, one person's needs had changed considerably over an 18-month period and since their care plan was written. The person required full care and support in all areas of their life and yet their care plan reflected someone more independent and requiring a lot less support than was factual.

- Despite the shortfalls in care planning documentation, permanent staff and regular agency staff knew people's care needs very well and were aware of the support required. This mitigated, to some degree, the risk of any out of date care planning records.

- The acting manager told us they were very aware the care plans required improvement and updated and they were going to be focussing on this moving forward.

- The deployment of staff was not always responsive to people's individual needs. Agency staff without the appropriate training were often placed to support people who had specific medical needs. This system was reliant on those agency staff seeking emergency help from trained staff on site which had the potential to not only delay the person's medical assistance but also impact on other people whom the trained staff were supporting at that time. This was not a responsive approach to ensuring that people's needs were met.

- People took part in some daily and social activities. During the day of our visit some people took part in art and sensory sessions on site. Other people had accessed a variety of day centre opportunities in the locality. A spontaneous pub lunch out was also undertaken by two others at their request and following discussions with staff.

- We saw people were able to spend time how they wanted. For example, some people chose to watch television in their lounge, another person chatted with staff about shows they had been to and were planning to go to. A member of staff told us that some people loved to go to the cinema so they often went with staff support.

Improving care quality in response to complaints or concerns

- The acting manager had access to the provider's complaints procedure and told us they would respond to any complaints in a timely way.

- There had been no complaints made at the time of our visit however staff were also clear on the action they would take if a concern was raised with them.

End of life care and support

- No one was receiving end of life support at the time of our visit.

- Staff told us they would review this sensitive aspect of care with people and their relatives should the need arise.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

There was no registered manager employed at the time of our inspection. The registered manager had left employment with the provider in January 2019. On the day we visited the site there was an acting manager who had commenced their 'acting up' role the day before. During our inspection the acting manager had limited access to the providers systems and was unable to assure themselves that the necessary checks and documentation were in place.

Managers, providers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to assess and monitor the quality and safety of the service, but these were not always effective as they had not recognised and acted on issues identified during this inspection.
- As a result, people were not always protected against the risks associated with unsafe medicines storage practice and administration or against the risks associated with unsafe fire safety practice.
- Audits in place and completed had failed to result in the environmental improvements needed being actioned in a timely manner.

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

- The provider met their regulatory requirements to send the CQC notifications when required to. They also promptly responded to any request for information we made.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was being run by an acting manager who had been in post one day when we visited. This person was also the previous deputy manager so was familiar with the service.
- The acting manager was to be supported by an area manager however this person was on leave at the time of our inspection. The acting manager was keen to undertake the manager role and develop the service further.
- The staff were aware of their roles and told us they worked well as a team and in turn they were supported by the senior team where needed.

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

- Staff meetings were held regularly and staff told us they could raise any issues and would be listened to.

Continuous learning and improving care

- Quality assurance and audit systems were in place for monitoring service provision. The provider had systems in place for reviewing care plans, risk assessments and medicine recording sheets. These were not always effective as there were some areas of improvement needed as identified in our inspection. We discussed this with the acting manager who immediately commenced exploring shortfalls.

Working in partnership with others

- Referrals were made to other health and social care professionals for their specialist advice when needed to ensure people's needs were met in a timely manner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive care and treatment in a safe way. Medicines and fire safety were not always managed safely. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises and equipment were not maintained to acceptable standards |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service. |