Country Retirement & Nursing Homes Ltd

Decoy Farm

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Decoy Farm is a nursing home providing personal and nursing care to up to 10 people with a learning disability, autistic people, mental and/or physical healthcare support needs. At the time of the inspection, there were ten people living at the service. The service was split into four buildings, two of which were self-contained accommodation.

People's experience of using this service and what we found
People were not always receiving care and support from staff who were familiar with their individual needs and risks or had the necessary skills and training. This posed a risk to people's individual wellbeing and safety. The systems in place did not consistently ensure that people received their medicines as prescribed, or when required, for example to support them in the management of their bowel care needs.

Records did not demonstrate that people were consistently supported to maintain a clean and comfortable home environment, particularly in relation to the management of risks associated with COVID-19. Improvements to staff culture and ways of working to best support people was ongoing at the time of the inspection visit. People were being supported to access external activities and opportunities to contribute to their local community.

People were mainly supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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.

Based on our review of Safe and Well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:
• Model of care and setting maximises people's choice, control and independence
Right care:
• Care is person-centred and promotes people's dignity, privacy and human rights
Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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 with breaches of regulation (published 11 February 2021). Following on from the last inspection, the provider completed an action plan to show what they would do and by when to improve.

At this inspection some improvements had been made, however, the provider was still in breach of regulations.
Why we inspected
The inspection was prompted in part due to concerns received about the standards of safe care and support being provided to people living at the service. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of Safe and Well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained Requires Improvement, however, due to the services' repeat requires improvement rating for well-led, as well as inspection findings, well-led has been rated inadequate.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Decoy Farm on our website at www.cqc.org.uk.

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 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, staffing and good governance at this inspection.

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
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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

Decoy Farm

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Two inspectors carried out this inspection.

Service and service type
Decoy Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided in the absence of a registered manager.

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 sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with two people who used the service and observed care being provided in communal areas. We spoke with five members of staff including the provider representatives, manager, deputy manager, and a nurse.

We reviewed a range of records, including six people's care records and four medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with four members of staff including care staff and a nurse. We also spoke with six relatives about their experience of the care provided by telephone. We provided final inspection feedback to the management and provider team on 12 July 2021.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

Staffing and recruitment
At our last inspection the provider had not got systems in place to ensure competent and skilled staff were deployed to meet people's care and treatment needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Some improvements had been made, but the provider remains in breach of Regulation 18.

- Agency staff were working with people, including on a one to one basis, without the necessary skills, training and competence to recognise and understand people's needs and risks.
- Staff continued not to have access to regular breaks during 12-hour shifts. Although people were assessed as needing one to one support staff were supporting more than one person, to enable other staff to take short breaks.
- Staff were not always providing direct oversight and one to one cover as stipulated in people's care records and changes in cover were not reflected in written records completed by staff.
- Staffing rotas showed the service was not consistently achieving planned staffing levels.
- Staff were not all up to date with supervision and mandatory training. Due to the layout of the service, some staff were working regularly in isolation resulting in unsupervised practice.

Risks remained, relating to staffing levels, competency and skill mix. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management
- Staff were not always familiar with people's individual support needs and risks. Staff we spoke with were unclear of the rationale for certain tasks they needed to complete, to maintain people's health and well-being.
- Individual fire risks were not consistently recorded and reflected throughout the relevant sections of people's care records. This did not ensure staff were familiar with those needs and risks.
- The service's fire risk assessment identified safety concerns around evacuation times at night, due to the number of staff on shift. Night time evacuations had not been practiced, to determine if there were sufficient staff on shift.
- One person required checking regularly during the night. From reviewing their records, staff were not adhering to the timing of checks to maintain this person's safety.
- There were gaps in cleaning records, including of touch points and communal facilities. This was of

particular concern due the risks associated with standards of hygiene and COVID-19.

Risks relating to the health and welfare of people, and the safety of the care environment were not fully assessed and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
● There were issues identified with the electronic medicines management system in place. The system was not synchronising, to enable the system to update, resulting in the risk of inaccuracies.
● The electronic medicines system was not reliably alerting staff of medicine errors. We identified where a person had been given the incorrect dosage of a medicine for at least seven days.
● There were no individualised risk assessments in place, for the storage of creams in people's bedrooms.
● Protocols for staff to follow for medicines used on an as required (PRN) basis, were not all up to date and some were not in place.
● We found out of date medicine in the cabinet. Staff had not ensured this was appropriately disposed of or stored safely pending collection by the pharmacy.
● Staff had not sourced guidance from the GP or pharmacy for a person who preferred to take their medicines with yoghurt. Some medicines can interact unsafely with certain food products.

Risks relating to the safe administration of people's medicines were not in place, and guidance was not consistently available or being followed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We received detailed updates of actions taken by the management team following our feedback, to address the medicine management shortfalls identified.
● Generic risk assessments were put in place relating to the storage of medicines in people's bedrooms after the inspection visit, these would benefit from being more individualised.
● Checks were made with the pharmacy regarding the medication error and person's preference to take their medicines with yoghurt, after the inspection, and amendments made to their records.

Preventing and controlling infection
● We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
● We were somewhat assured that the provider was using PPE effectively and safely.
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were somewhat assured that the provider's infection prevention and control policy was up to date and implemented into practice.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Infection, prevention and control measures were not fully in place to prevent the risk of the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

● Not all staff had the required skills and experience to meet people's needs and risks. Agency staff profiles showed a lack of specialist training and skills to enable them to anticipate people's needs, this did not protect people from a risk of harm.
● Staff were familiar with safeguarding reporting processes. However, not all staff had up to date safeguarding training in place. From reviewing incidents, we noted situations where staff had not implemented their training into practice to maintain people's safety.
● Incidents and accidents were under regular review by the management team. There were measures being implemented by the management team to prevent the risk of reoccurrence.

Learning lessons when things go wrong
● The management team had learnt from the feedback from the last inspection. Changes had been made to the assessment and recording of people's capacity and abilities to make decisions.
● There was a service improvement plan in place. The management team implementing changes to ways of working and learning from feedback and experience to drive change at the service.
● Improvements to communication between the service and relatives was being made. The management team had identified this as an area of improvement from questionnaire feedback.
● Improvements were being made to staff personal and professional accountability. The management team were using meetings as an opportunity to collaboratively learn from incidents.

Inadequate

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. 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.

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

At our last inspection the provider's governance systems had not been effective in identifying where improvement was required. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvements had been made at this inspection, but the provider remains in breach of regulation 17.
● Although some improvements had been made at this inspection, the provider had failed to ensure sufficient oversight and improvement and remains in breach of regulation 17.
● There was no registered manager to provide day to day leadership at the service. There was a lack of consistency in how the service was managed and led; the service had not had a registered manager in post since November 2019.
● There was a lack of stability within the management team. Staff and relatives raised concerns about the impact this has on the running of the service, and continuity of care provision.
● Audits were not always identifying shortfalls and risks to people. For example, in relation to the concern's found with medicines management and staffing which meant people continued to be exposed to risks in these areas.
● The service continued to be in breach of regulations and had not been compliant with the regulations since 2017. Further improvement continued to be required to ensure the service returned to and was able to maintain compliance.

The provider continued to need to make improvements to their governance arrangements and managerial stability to drive improvement at the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The management team were supporting staff to make changes to their practice. Care tasks were being brought "Back to basics" to ensure all staff worked to the same standard, whilst encouraging personal and professional development.
● Complaints and concerns were being handled in line with the provider's policies and procedures.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

● Changes were being made to the culture within the staff team. However, since our last inspection there had been some serious incidents that had occurred at the service. Staff and management feedback confirmed changes were in the process of being made to ways of working within the service, but this would take time to be embedded.

● A new designated staff member had been appointed to oversee positive behavioural support plans. Once in place, this would assist staff to work with people to achieve more positive goals and outcomes.

● Staff told us they felt valued by the new management team. Staff told us they felt able to share suggestions and feedback with the management team, and feel their feedback was acted on.

● More staff had started to attend staff meetings. The management team felt confident improved attendance would support ongoing improvements to culture and relationships within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

● People were getting back to more community-based activities. These had been restricted during the pandemic to maintain people's safety. We saw examples of people being supported to have volunteer roles, gain greater independence with use of public transport and basic life skills such as shopping and budgeting.

● Regular multi-disciplinary meetings were held, with a psychiatrist present. This was felt to have improved the overall level of monitoring of people's physical and mental health care needs.

● The management team had completed reviews of people's individual needs. This had resulted in requests being made for onward referrals by the GP, for specialist assessments or reviews, where needs or risks were identified to have changed.

● There was a continuous improvement plan in place. Many of the action points remained in progress, however, the service did share changes being made such as with the supervision structure, induction programme and interview processes.

● The service improvement plan also included action points from the outcome of audits, to ensure regular reviews of progress.

● The management team used staff meetings as an opportunity to implement change. Minutes demonstrated the management team were using this as an arena to challenge and address staff performance and improve standards of care and practices.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The care provider did not ensure that people and the care environment were consistently kept safe. Risks to people were not always well managed, including with medicines management and infection, prevention and control. Regulation 12 (1) (2) (c) (g) (h)

The enforcement action we took:

Conditions were imposed on the provider's registration at this location.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The care provider did not have good governance processes and procedures in place. Audits and quality checks were not identifying risks and concerns found during the inspection, or mitigating and addressing and areas of poor practice. Regulation 17 (1) (2) (a) (c)

The enforcement action we took:

Conditions were imposed on the provider's registration at this location.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The care provider did not ensure there were sufficient levels of suitably trained and competent staff on each shift to meet people's care and support needs. Regulation 18 (1) (2) (a) (c)

The enforcement action we took:

Conditions were imposed on the provider's registration at this location.