

Help At Home (Egerton Lodge) Limited

Help at Home (Connaught House)

Inspection report

Victoria Place
Loughborough
Leicestershire
LE11 2EY

Date of inspection visit:
15 June 2022

Date of publication:
09 August 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Help At Home (Connaught House) is an extra care scheme providing personal care for people living in their own apartments within one adapted building. At the time of our inspection, 27 people were receiving the regulated activity of personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of this service and what we found

The provider did not have established, robust processes in place to ensure people received their medicines safely and as prescribed.

Systems to monitor the running of the service were not always effective in ensuring improvements were embedded into staff working practices and sustained. The service had experienced a significant turnover in staff and management and remained without a registered manager.

People were supported by enough staff to meet their needs. Staff were safely recruited and inducted into the service. Staff were aware of the risks people faced and the actions they needed to take to keep people safe. People were protected from the risk of infections.

Staff undertook training to meet the diverse needs of people living at the service. People were supported to maintain their health and well-being. People were 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 have made a recommendation to ensure the provider follows best practice in undertaking mental capacity assessments.

The provider was in the process of reviewing and developing care plans. People were supported to socialise, interact and maintain links with family and friends, where they wished to, to reduce the risk of social isolation.

People were happy living at Connaught House and enjoyed the support and interactions with staff and each other as part of a community. Staff spoke of increased morale and felt positive about the future development of the service.

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

Rating and update

The last rating for this service was requires improvement (published 7 October 2021).

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. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe management and administration of people's medicines and leadership and governance of the service at this inspection. You can see what action we have asked the provider to take at the end of this full 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well-led.
Details are in our well-led findings below.

Requires Improvement ●

Help at Home (Connaught House)

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 two inspectors.

Service and service type

This service provides care and support to people living in their own apartments in an extra care setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care schemes; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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.

At the time of our inspection, there was no registered manager in post.

Notice of inspection

This inspection was announced. We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or provider's representative would be in the office to support the inspection.

What we did before the inspection

We reviewed all information we had received about the service and spoke with local authority commissioners, responsible for funding some of the care provided at the service. The provider had not been sent a 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 gave the provider's representatives opportunity to share this information during the inspection visit.

During the inspection

We met with five people in the communal lounge and observed interactions between people and staff in communal areas and during an activity. We spoke with eight staff including two managers who were representing the provider during the inspection visit. We also spoke with a relative by telephone. We reviewed a range of records including care plans and records for five people, two staff recruitment files, training information and key policies, and other documentation relating to the management of the service.

Is the service safe?

Our findings

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

At the last focussed inspection this key question was rated as requires improvement. At this inspection the rating 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.

Using medicines safely

At our last inspection we found the provider had failed to ensure people's medicines were administered as prescribed. Staff responsible for the management and administration of medicines did not receive regular reviews to ensure they remained competent. This was a breach of Regulation 12 Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvements had been made at this inspection and the provider remained in breach of Regulation 12.

- Whilst the provider had committed to improving medicine processes following our previous inspection, we found similar concerns at this inspection.
- We reviewed medicine records between 14 May 2022 - 11 June 2022, after the provider had implemented improvements, and found a further six medicine errors had been made. These included missed medicines and, in some instances, missed care visits. Although we found no evidence that people had been harmed as a result of these errors, this meant our concerns remained over the safe administration of people's medicines.
- The provider had developed an action plan which attributed unsafe medicine administration as due to 'human error'. Improvements included recruiting a consistent team of staff, ensuring sufficient numbers of staff were deployed and re-training and assessing staff competencies. However, these actions had not prevented further medicines errors from occurring.
- Our findings demonstrated that, although the provider had identified and implemented improvements, these were yet to be fully embedded into staff working practices. We were not assured further errors would not occur.

The provider had not ensured the safe management of all medicines. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were positive about improvements made to medicines, but felt these were at an early stage. One staff member told us, "Medicines are getting better, we do weekly audits and weekly reviews are now in place so staff are held to account for errors. We have had a lot of medicine errors but this approach is helping to reduce these."
- Medicine audits identified where errors had been made on medicine administration records, for example missing signatures to confirm people had received their medicines as described. Audits showed these were followed up with individual staff members to ensure lessons were learnt.

Staffing and recruitment

At our last inspection, we found the provider had failed to consistently ensure that sufficient numbers of staff were deployed to keep people safe. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvements had been made and the provider was no longer in breach of Regulation 18.

- Prior to our inspection, the service had experienced a significant turnover of staff. The provider had undertaken a review of staffing, including rotas and shift patterns, and had successfully recruited to most positions. Staff who were new to the service spoke of a positive culture and felt they had enough time to support people safely.
- People told us that they felt safe and felt there were enough staff to meet their needs. One person told us, "They have been short staffed here and some of the new staff are still inexperienced. However, staff always come when I call the buzzer if I need help."
- Records of call visits showed staff usually stayed the full duration of the care visit and this was confirmed by people we spoke with. However, some calls showed staff leaving between 15-30 minutes early. Care records did not always provide an explanation for this. The provider was working with staff to enable them to understand the importance of accurate recording in the event of changes to care visit times.
- Staff were safely recruited as the provider ensured relevant pre-employment checks were undertaken before they started supporting people. Checks included a Disclosure and Barring (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were kept safe from the risk of abuse. People told us they felt safe using the service. One person told us, "I feel safe. Once, when I had a fall – two staff came up to me and checked I was okay and helped me. They respond to care calls, we all have buzzers and pendants."
- There was a clear safeguarding policy in place, staff told us they knew how to access this policy if needed. Staff had also received safeguarding training and knew how to recognise and report abuse.
- Whilst the service had not experienced many safeguarding incidents, the interim managers understood their responsibility to report and investigate safeguarding concerns. People, relatives and staff felt confident any concerns about safety would be listened to and acted on by senior managers.
- Risk assessments were in place and action taken to reduce risks. Risk assessments identified what staff should look for and what action they should take.
- Staff demonstrated they knew how to keep people safe whilst supporting people to maintain their independence and unrestricted freedom.

Learning lessons when things go wrong

- Incidents and accidents were monitored which enabled the provider to identify patterns and trends. Incidents were discussed to support staff with learning and to minimise the risk of a reoccurrence.
- The provider analysed accidents and incidents and shared lessons learnt to support best practice across all services.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.

- 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.
- People were supported to receive visits from friends and family in line with guidance.

Is the service effective?

Our findings

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

At our last comprehensive inspection, this key question was rated as good. At this inspection, the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed and met. Care and support plans were in the process of being updated and included guidance for staff to effectively meet people's needs.
- People were supported to make choices about their care. For example, people chose how they spent their time and what outcomes they wanted to achieve from their care.
- Staff understood equality and diversity and supported people in line with this. For example, staff demonstrated they respected people's lifestyle choices and individual needs and preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who received training and support for their roles. The service had experienced a high staff turnover and this meant many staff were new to the service.
- New staff undertook an induction programme before they started providing care which ensured they understood people's needs and the support they required. Recently recruited staff were complimentary of the induction training they had received when they joined. One staff member told us, "My training was good; it was a combination of on-line and face-to-face training, with moving and handling for example. The training does support us to meet the diverse needs of people."
- Staff received supervisions and appraisals to help them undertake their jobs and felt supported in their roles.
- The service's training matrix showed staff training had been regularly updated and refreshed to ensure staff had the skills necessary to meet people's needs.

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

- People were supported with their nutritional needs if they required this. People's care plans detailed the level of support they needed, likes and dislikes and preferences, for example, how they liked their hot drinks.
- Many people made use of the on-site dining facility and spoke positively of the quality of meals and choices available.
- People confirmed staff supported them to go shopping or went shopping for them to ensure they had sufficient food and drink and were able to get their favourite items.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access routine and specialised healthcare services where needed. Staff

monitored people's health needs and responded to any changes by making referrals. Examples included referrals for dental appointments and to community nurse teams.

- Staff worked with other agencies to ensure people's needs were supported. Examples were GP's, community nurses and social workers.
- The provider worked with the local authority to ensure commissioning responsibilities were fulfilled.

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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care plans included a summary of mental capacity but lacked detailed information around decision specific mental capacity, or guidance where people's mental capacity fluctuated.

We recommend the provider ensures mental capacity assessments are in line with the legal framework of the MCA.

- Staff promoted people's rights to make their own choices and decisions and valued people's privacy in their decisions.
- Staff understood the importance of people consenting to care and support and that people could make their own decisions. One staff member told us, "We support people to make choices on a day to day basis. Even if a person is losing mental capacity, they can make choices and have freedom as to how they spend their time and decisions they can make. People have a right to decline care, but if this presented a risk, such as declining medicines or personal care, I would raise this as a concern."

Is the service caring?

Our findings

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

At our last comprehensive inspection, this key question was rated as good. At this inspection, the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by staff who were kind and caring. One person told us, "Staff are kind and caring; they want to please you." A second person told us, "All the staff are good; they are kind and respectful and don't rush me."
- A relative told us, "Staff seem to have time for [family member]. [Family member] is really happy here."
- Staff spoke fondly about people, accepting and respecting their diversity and individuality.

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

- Staff encouraged people to be involved in making decisions about their care. They also involved their relatives or representatives, when this was appropriate.
- People were consulted about their preferences for their care and how they wanted to spend their time.
- We observed positive interactions between people and staff in communal areas. We saw people engaged in humour and banter with staff, and staff consulted and respected decisions people made.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a manner which promoted their independence and protected their right to privacy. For example, one person's care plan described how the person liked to spend time alone in their apartment and chose when they socialised. The person told us staff respected this lifestyle choice and afforded them privacy when they needed it. A second person described how staff enabled them to remain independently mobile through supporting them to use a mobility aid safely.
- People's care plans included details of their abilities to ensure care was enabling people to achieve their outcomes and continue to live in their own homes.
- Staff addressed people respectfully and care recordings were personalised and respectful.

Is the service responsive?

Our findings

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

At our last comprehensive inspection this key question was rated as good. At this inspection the rating remains the same. This meant people's needs were met through good organisation and delivery.

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

- The interim management team was in the process of reviewing all care plans and records to ensure these were up to date. We reviewed updated plans and saw these supported staff to provide people with personalised care that met their needs and took account of their wishes. The management team were following an action plan to complete the review of all plans by the end of July 2022.
- The care co-ordinator provided people with a consistent staff team as far as possible. For example, people who were living with dementia had regular staff to support personalised care.
- A person told us staff respected their lifestyle choice and how they wanted to spend their time.
- Staff worked with people to create an understanding of different cultures and promote equality and diversity within the community environment.
- A relative described how they were kept informed and involved in any changes to their family member's care including changes in health and prescribed medicines.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff induction and training included information about communication. People's care plans included how they liked to receive information and communications.
- The provider was able to adapt information for people if required, for example, into large print and easy read formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to undertake their own interests and activities and to take part in communal activities. We observed an art and craft session held in communal area and saw people enjoyed participating and interacting with others. People received support from volunteers to enable them to participate in the session.
- People were also supported to maintain family and friend relationships. People were able to receive visitors in their apartments or in communal areas if they preferred.
- A relative told us, "We have observed when [Name of family member] is sitting in the communal lounge; they will call out and chat with staff passing by who will stop to chat with [name]. This stops [name] from

feeling isolated as staff give them the time they need."

Improving care quality in response to complaints or concerns

- The provider had a procedure in place which supported people to raise concerns and complaints.
- People told us they were able to speak with the care co-ordinator or acting managers in the absence of a registered manager, if they had any concerns or complaints about their care. They felt confident their concerns would be addressed.
- A relative told us they were easily able to speak with office or housing staff if they had any concerns

End of life care and support

- The service did not provide end of life support. At the time of our inspection, there was no-one in receipt of end of life care.
- People were provided with the opportunity to discuss end of life wishes and staff were able to work in partnership with other agencies if 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 as requires improvement. At this inspection the rating has remained the same. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure systems and processes were established and operated effectively at all times to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made and the provider continued to be in breach of Regulation 17.

- Systems in place to monitor the running of the service were not always effective. The provider's branch analysis had identified where improvements were needed, for example, medicine management. Whilst an action plan had been produced, errors continued to occur and demonstrated an action plan was yet to be fully implemented or embedded. Interim managers had implemented actions. However, we found errors continued to occur after this intervention which demonstrated improvements were not yet embedded into staff working practices. There was a lack of effective monitoring to ensure any progress made had been sustained.
- The home had been without a registered manager since July 2021. They were actively recruiting for a new manager but to date had been unable to retain a manager at the service. The provider had senior managers in place to support with the management of the service. These interim management arrangements were also in place at our last inspection.
- Prior to our inspection, staff who were newly recruited to the service had failed to remain. The provider had failed to address challenges within staff cultures or ensure staff and managers received clarity and effective support to undertake their roles. This had had a negative impact on the development and consistency of service provided for people. The provider had taken action to address these concerns. However, this demonstrated a lack of consistent and effective leadership within the service since our last inspection.

The failure to have effective systems and processes to improve the quality and safety of the service provided is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

characteristics

- People felt they had not been given opportunity to be formally consulted or informed of changes within the service. One person told us, "Nothing has really changed. There has been a lot of staff turnover and I can't remember the staff names now."
- People felt they were able to share their views informally on an individual basis. Community meetings had not been held frequently and quality surveys had not been sent out, so people's views had not been formally captured to support the provider's evaluation of the service.
- People and relatives felt they were able to share their views directly with the staff and described an 'open culture' within the service.
- Staff felt informed and consulted and spoke highly of the care co-ordinator as an important link between staff and senior managers.

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 provider was aware of the statutory duty of candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support.
- The provider's representatives, who were acting as interim managers for the service, were open and knowledgeable about the service, the needs of the people living there and where improvements were required. They understood their role and responsibilities to notify CQC about certain events and incidents.

Working in partnership with others

- The service had systems in place to ensure effective partnership working.
- The provider worked with other agencies around the local community. For example, the provider worked with GPs, physiotherapists and the local pharmacy to ensure people received services appropriate for their health needs.
- The provider's representatives reported an improvement in partnership working between commissioning and other agencies.

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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to have effective systems and processes to improve the quality and safety of the service provided is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the safe management of all medicines. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

Warning notice