

# TLC CARE HOMES BLAMSTERS RESIDENTIAL LIMITED

## Blamster's Farm

### Inspection report

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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

Blamster's Farm is a residential care home providing personal care to people with a learning disability and autistic people. The service can support up to 31 people accommodated across seven individual houses, all within the grounds. The houses are known as Oak, Green, Bungalow, Farmhouse, Lodge, Cottage and Coach House. There were 26 people using the service at the time of the inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

People, their relatives and staff told us about inconsistency of staff and how this did not provide stable care. Relatives felt the high turnover of staff, use of temporary staff, poor communication and frequent changes in managers had led to a decline in the service. This has led to a poor staff culture, lack of leadership and oversight of the service. As a result, people's and staff's safety was not always being identified and managed effectively. The provider was taking steps to improve this, and a new management team had been recruited but had only been in place three months. They acknowledged the challenges and recognised the need to change the culture within the service to improve people's experience of care.

We found infection prevention and control was poor, specific concerns were identified in cleanliness and hygiene across the service, especially in bathrooms, kitchens and laundry areas. The provider took immediate action taken to address these issues including resourcing an external cleaning company to carry out a deep clean of all the houses, and to provide additional training for staff.

Right Support:

- The service is made up of a series of houses in a campus style setting on the outskirts of the town of Halstead, which enables people to access the local community and its amenities.
- People had exclusive possession of their own rooms, in shared accommodation but did not receive care and support in a safe, well equipped, well-furnished and well-maintained environment that met their sensory needs.
- The service aims to maximise people's choice, control and independence; however, where people were deemed to lack capacity to make more significant decisions about their health and welfare, records did not always reflect who had been involved to make decisions in their best interests. We have made a recommendation about decision making in accordance with the Mental Capacity Act 2005.
- Staff did not always support people in the least restrictive way possible. People's behaviour support plans included restrictions to areas of their home and certain types of food and drinks deemed to unhealthy, based on out of date information which had not been reviewed to demonstrate it was still relevant. The new management team had completed an audit of restrictive practices and were working to develop a plan for

the safe removal of unnecessary restrictions.

- People were not always actively supported in maintaining their own health and wellbeing. Health plans lacked information about annual health checks; access to screening and primary care services.
- People's medicines were not always being managed safely. We have made a recommendation about the management of medicines.

#### Right Care:

- The service did not have enough appropriately skilled staff to meet people's needs. The provider was working on strategies for the recruitment of new staff.
- People were not always sufficiently protected from the risk of harm. Although staff had completed safeguarding training they had not always recognised or reported poor care.
- Staff did not encourage and enable people to take positive risks. Staff did not always focus on people's strengths or promote what they could do, to ensure they had a fulfilling and meaningful everyday life.
- People did not always receive good quality care, support and treatment because staff training had not been embedded in practice.
- People were supported by staff to pursue activities and their interests but were not always being supported to achieve their aspirations and goals or try new activities to enhance and enrich their lives.
- People who had individual ways of communicating, using Makaton (a form of sign language), pictures and symbols could not interact comfortably with staff and others involved in their care and support because staff did not have the necessary skills to understand them.
- People were treated with kindness and staff respected their privacy and dignity

#### Right culture:

- People were not leading inclusive and empowered lives because staff were not aware of the expectations, ethos and values of the provider. Staff had not signed up to a clear, shared vision for delivering person centred care.
- People were not supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability or autistic people may have. This meant people did not always receive empowering care tailored to their needs.
- The management team including the provider's senior managers were aware of this and were working to promote a more positive culture. They were demonstrating this by working with commissioners of care, safeguarding and other professionals in an open and transparent way. They have recognised and acknowledged the improvements needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support Right care Right culture. The inspection was prompted in part due to concerns received about insufficient, poorly trained staff, high use of agency staff, poor communication and a lack of leadership. A decision was made for us to inspect and examine those risks.

#### Rating at last inspection

This service was registered with us on 23 July 2020 and this is the first inspection. The service was previously registered under TLC Care Homes Limited. The last rating for the service under the previous provider was rated Good published on 08 November 2019.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

### Enforcement

We have found evidence that the provider needs to make improvements. We have identified breaches in relation to safe care and treatment, staffing, staff training and good governance at this inspection. Please see the safe, effective and well led sections of this full report. We found no evidence during this inspection that people were at risk of harm from these concerns. The provider took immediate action to improve the environment and infection control measures to mitigate the risks to people.

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.

You can see what action we have asked the provider to take at the end of this full report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

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** ●

# Blamster's 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 reviewed the care provided in six of the seven houses. The third inspector looked at infection and prevention measures. A member of the CQC medicines team and an Expert by Experience also supported the inspection. 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

Blamster's 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 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. The registered manager resigned with immediate effect during the inspection. A new manager had been recruited with a start date of 31 January 2022.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 25 November 2021 and ended on 16 December 2021.

### What we did before inspection

We reviewed information we had received about the service since they registered in July 2020. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

### During the inspection

We spoke with three people who used the service and 13 relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating, including using a keyboard, objects and their body language.

We spoke with the area manager, registered manager, two service managers and the nominated individual. The nominated individual (NI) is responsible for supervising the management of the service on behalf of the provider. We also spoke with 13 care staff and two agency staff.

We reviewed a range of records. This included seven people's care records and nine people's medicine administration and associated records. We looked at six 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 looked at training data and quality assurance records. We spoke with one professional who regularly visit the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Systems were in place to protect people from poor care and abuse. However, staff had not recognised or reported restrictive practices as safeguards with poor outcomes for people. People's behaviour support plans included restrictions based on historical risks, with no formally recorded reviews. Staff were adhering to routines passed on by previous staff. This placed unnecessary restrictions on people limiting their lifestyle and independence. For example, what food they ate and restrictions on where they chose to spend their time. The new management team had completed an audit of restrictive practices and were supporting staff learning as well as working with the local authority to develop a plan for the safe removal of these unnecessary restrictions.
- People did not receive care and support in a safe environment. Systems to assess and manage environmental risks were inconsistent. Houses contained an overstock of cleaning products not locked away. There was no information in place detailing the risks associated with these chemicals in accordance with control of substances hazardous to health (COSHH) legislation. The heating in the Lodge was not working and free-standing radiators were being used to heat the property. However, no assessment had been completed regarding the risk of harm to people from trips and burns.
- People were not being supported in a clean and hygienic environment. Laundries had cluttered floors and work surfaces, making it difficult to clean. There was a build-up of dust and debris, where areas had not been cleaned; this included behind washing machines and tumble driers creating a fire risk.
- The provider's infection control policy described 'effective hand hygiene as the single most important measure' in reducing the risk of passing on infections. However, not all staff were 'bare below the elbow', which increased the risk of bacteria getting trapped in items such as watches and bracelets, when washing their hands.
- Staff's training in reducing the risk of infection, cleaning schedules and checks was not robust enough to ensure staff were following safe practice. As infection control was not embedded into practice, it impacted on staff's awareness in identifying and acting on potential infection risks. This included the risk of air borne contamination where mops used in a kitchen were stored near an open toilet. Additionally, broken foot-controlled bins meant after staff had cleaned their hands, they contaminated them again when they touched the bin to lift the lid.

We found no evidence people had been harmed however, people were at risk of harm because systems were either not in place or robust enough to keep people safe, manage risks to their health and welfare and demonstrate infection control procedures were effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



- Immediate action was taken during and after the inspection to address the issues we found around poor infection control and environmental risks. This included laundries being given a deep clean and arranging further infection control training for staff.
- People's relatives told us; staff had managed well during the COVID-19 pandemic. Comments included, "Absolutely wonderful, they were in touch with me on the phone to tell me what was happening, " and " I think they did alright really, it's been hard for staff, my [Person] had COVID-19, they kept me in the loop.
- Staff had access to enough personal protective equipment (PPE). The provider was facilitating visits for people living in the service in accordance with the current guidance.

#### Staffing and recruitment

- The service did not have enough appropriately skilled staff to meet people's needs. Whilst we recognise the provider had gone to extraordinary lengths sourcing regular agency staff to supplement their own staff to ensure there were enough staff to keep people safe. All relatives were concerned about staff shortages, sighting the number of staff who had left and high levels of agency who did not know people's individual needs. One relative commented, "Six staff left at the same time over the last two months, not everyone adapts, new recruits are gone within days, lack of staff, not as good as before."
- Relatives told us the high turnover of staff and lack of consistent agency staff had impacted on the care and support their family members received. People's care records stated they needed to build trust over time with the staff supporting them. The registered manager told us they tried to use the same agency staff for consistency.
- On occasion the lack of consistent staff resulted in people not being able to access the community or to visit the family home, because they needed someone who knew them well or could drive. Staff told us this caused people anxiety and frustration. One member of staff commented, "All people are funded for one to one support, but we end up supporting multiple people in one day, which affects people's behaviour, new staff and agency can be a trigger, so we have to stay and support, which means people can't go out."

The high turnover of staff and high use of temporary agency staff continued to impact on the services ability to meet people's needs and enable them to have choice and control in their daily lives. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual acknowledged recruitment had been difficult, especially during the COVID-19 pandemic. They told us they were working hard to recruit new staff and had introduced a range of incentives, including a 'refer a friend' scheme. They had recently had a successful recruitment drive to fill vacancies, reducing the need for agency staff.
- The recruitment and selection process ensured staff recruited were suitable to work with people who used the service.

#### Using medicines safely

- Medicines were stored securely for the safety of people living at the service. Medicines requiring refrigeration were in a refrigerator, however, there was a lack of recent records showing refrigerator temperatures were being monitored and within the correct range. Staff carried out regular checks of people's medicines and medicines administration records (MAR). Overall records showed people received their oral medicines as prescribed, however, there were gaps in the records for the application of people's prescribed medicines for external use.
- Staff authorised to give people their medicines had received training and were assessed as competent. Information was available to staff to help them give people their medicines consistently and safely. This included guidance on how people preferred to have their medicines administered. Protocols had been written for medicines prescribed on a when required basis (PRN) to be given at the discretion of staff,

however some needed more detail. In addition, some protocols were in place for medicines no longer prescribed with the potential for confusion and inappropriate administration of the medicines. Some information listing people's prescribed medicines and the times they were scheduled for administration was out of date and inconsistent with their MAR charts. This could lead to confusion and error.

- We looked at two people's records to see if arrangements had been made for reviews of their medicines by prescribers. The service manager confirmed they had received a recent review, however, there were no records of contact with external healthcare professionals to confirm this. In addition, we found some people prescribed antihistamines for 'seasonal' symptoms such as hay fever were still receiving them in November without recent reviews.

We recommend the provider consider current guidance on the safe administration of medicines and take action to update their practice accordingly.

#### Learning lessons when things go wrong

- Since registration in July 2020, CQC received a high level of safeguarding and whistle blowing concerns about the service. The local authority quality improvement team visited in August 2021 and raised concerns about people's welfare and safety. In response to the concerns raised by the local authority the provider held a serious incident review to discuss the risks and agree the actions needed to improve the service. Actions included an audit of restrictive practices across the service which identified blanket restrictions had been part of practice for some time. The provider took immediate action to ensure these practices were removed or reduced to the least restrictive manner. Additional training in positive behaviour support was sourced and delivered to staff.

- The provider recorded all incidents where people were distressed or had expressed emotional distress, including where restrictive interventions were used. The senior management team reviewed these incidents fortnightly, investigated incidents and shared the learning with the positive behaviour support team and staff to review measures and reduce the likelihood of the incident reoccurring.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People's care and support plans were in various stages of review and did not always reflect their current needs. Staff told us they learnt people's routines from previous staff which were based on out of date information, which did not always reflect current best practice. The area manager told us support plans were being reviewed across the service in order of priority with support from the providers positive behaviour team. Work had taken place to produce 'positive behaviour support grab sheets' for staff to reference.
- The provider had recognised the need to train and develop its staff. They had carried out a training needs analysis to ensure staff were completing the right training to give them the skills and knowledge to meet people's needs. Staff told us they completed computer-based learning but told us this style of training did not support their learning needs. There was no discussion around their understanding following training to ensure they had understood the content and were able to apply this learning in line with standards, guidance and best practice. For example, training records confirmed staff had been provided with training about people's human rights, equality and diversity, however some staff struggled to talk about how this legislation related to the people they supported.

People did not always receive good quality care, support and treatment because staff training was not embedded into practice. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported to eat and drink enough to maintain a balanced diet. Overall relatives were positive about the support people received to manage their diet, however two relatives raised concerns about weight management and the potential impact on their loved one's health. One relative commented, "My [Person] lost weight in a short time. I raised this with staff, and they took them to the GP and hospital, all was okay, and they have put weight back on, but we never got to the bottom of why they lost weight."
- All people were funded by commissioners to receive one to one staff support throughout the day, which meant they had access to drinks and snacks when they wanted them. Staff were following people's dietary routines; however, we found some people had restricted access to food and brands of fizzy drinks deemed to be unhealthy. Staff were not able to say why these restrictions were in place.
- We saw people talking to staff about what they wanted to eat however staff told us people were not able to access the kitchen to prepare and cook their own meals because of the risks involved. There was limited

or no information in their care plans about what these risks were. Neither was there any goal setting to help people become more independent and involved in preparation of their own meals. Service managers told us they were working with staff to enable people to have more involvement in the planning, preparation and cooking their meals. This had included experimenting with different food options to meet people's cultural dietary needs.

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

- People were not receiving care and support in a safe, clean, well-furnished and well-maintained environment. In all but one of the houses, we identified improvements were needed to repair fixtures and fittings and furniture. Relatives told us they had raised concerns about the environment. One relative told us, "Lots of things need to be repaired in my [Person's] flat, there is a hole in the bath panel, black damp around the bath, broken door handle, broken hot tap, wardrobe door broken and their radiator cover is broken."
- Limited consideration had been given to meet people's sensory needs. Autistic people experience the world very differently to others, consideration needs to be given to developing an autistic friendly environment based on people's individual sensory needs.
- The nominated individual advised a significant amount of investment had already been made to improving the premises, but acknowledged further improvements were needed. Immediately after the inspection an audit around infection control was undertaken to ensure those standards were being met. Planned works were already identified and were on a schedule to be completed, including sourcing quotes from external contractors. Three maintenance personnel; employed by the company had been assigned to the service to ensure immediate works were prioritised.

#### Supporting people to live healthier lives; access healthcare services and support

- Relatives were mixed in their views about how well people's healthcare needs were being met. One relative commented, "My [Person] has a [condition] which needs antibiotics now and again, a lot of follow up is not done, they should have seen a specialist; they lack sorting out medical problems." Other relatives felt their family members needs were met and they had regular appointments. One relative told us, "My [Person] has their eye's tested for diabetes. Their diabetes is well under control."
- People were not actively involved in maintaining their own health and wellbeing. People's health plans were not always up to date. Although COVID-19 restrictions had impacted on people's access to appointments, there was a lack of information about annual health checks; access to screening and primary care services. Where people had multiple needs, requiring reasonable adjustments to support them to access healthcare services, there were no goals or strategies in place to work towards reducing their anxieties about their health and treatment options.

#### 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Where people had been deemed to lack capacity to make more significant decisions about their health and welfare, records were inconsistent in reflecting who had been involved to make decisions in their best interests. For example, capacity assessments specifically around whether people should have the COVID-19

or flu vaccination had been made with relatives the GP, and where appropriate, the persons Lasting Power of Attorney. However, where a person was unable to consent to taking their medicines and would sometimes refuse them, staff could if needed administer their medicines concealed in food or drink (covertly). There was a lack of information about who the service consulted with to make a best interest decision about this on their behalf.

- At the time of the inspection the area manager told us 25 people had authorised DoLS in place preventing them leaving the service unaccompanied for their safety. These authorisations were being monitored to ensure they were reviewed before the expiry dates.
- Staff had variable levels of understanding of the Mental Capacity Act 2005, including Deprivation of Liberty Standards. Staff told us they supported people to make day to day decisions but had not always recognised previous practices of locking doors and restricting certain foods and drinks was restricting people's right to choose and make decisions about how they lived their life. As previously stated in the safe section of this report the provider was supporting staff learning as well as working with the local authority to develop a plan for the safe removal of these unnecessary restrictions.

However, we recommend the provider considers seeking advice from a reputable source, such as the local authority adult safeguarding board to ensure decision making where people are deemed to lack capacity is made in accordance with The Mental Capacity Act 2005 (MCA) legal framework.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Permanent staff knew the people they supported well and described their needs. Although staff were well intentioned, there was a culture of what people couldn't do rather than what they could do based on historical information. This led to an avoidance of involving people in activities due to perceived risks, associated with frustration and anxieties. Staff consistently referred to people as "Violent, aggressive and dangerous."
- People's care records reflected they needed structured routines and support from staff they knew and trusted. Although the registered manager told us they tried to use the same agency staff for consistency, we observed agency staff supporting people for the first time who did not know the person well. They focused on completing tasks rather than fully understanding what helped people to have a good day. One person told us they got frustrated because they always had agency staff allocated to them for their one to one support due to permanent staff having to support other people living in the house with higher levels of need. They commented, "I love it here but sometimes it's annoying with all the people [agency staff]".

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

- Relatives told us they had initially been involved in making decisions about their family members care, and attended review meetings with social workers, commissioners and relevant staff from the service. Where people's needs had changed there was no or little evidence of future planning, or consideration for their longer-term aspirations. One person's care plan showed they wanted to work towards reducing the need to have two staff support them when accessing the community and using public transport. Another person told us they wanted to "Move their life on by moving into their own home", however there was no clear objectives set as to how these goals may be achieved.

Respecting and promoting people's privacy, dignity and independence

- Relatives were consistent in their feedback that staff treated people with kindness and respected their privacy. We observed some nice interactions and saw some staff had developed a good rapport with people they supported. They were observed supporting people to maintain their dignity at times of discomfort or distress. For example, staff took swift action to provide necessary care and support to a person who had a seizure in a compassionate way.
- People's privacy and dignity was promoted and respected by staff. People could personalise their room and keep their personal belongings safe. Staff understood their responsibilities to respect people's right to privacy and confidentiality.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

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

- People's care plans contained in depth information about their sensory, mental health and physical needs. This included a one-page profile referred to as 'This is me' with essential information about the do's and don'ts to ensure that new or temporary staff would know how to reduce the likelihood of someone having a bad day and how best to support them. Care plans were in various stages of being transferred onto a computer based system which were viewed via tablets, however staff told us they did not use these to read them as they were not fully uploaded, did not contain the level of detail needed and took too long to find information. Staff told us they learnt people's routines over time from previous staff. These 'routines' focussed on completion of tasks rather than supporting people to learn new skills and potentially reduce incidents of frustration and expressing emotional distress.
- Information recorded in people's daily records of the care provided was basic. They provided a task and activity- based account of how people spent their day. They did not reflect what worked well, what did not go so well, and what could be done differently next time. This meant opportunities were missed to identify consistent approaches and demonstrate how people's needs were being met and/or how their wellbeing was improved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers

- People's communication plans were detailed and reflected their preferred method of communicating. We observed some examples of good communication between staff and people using the service. However, staff told us where people had used specific methods of communication, such as Makaton, as staff had left, the use of these methods had dwindled.
- Staff told us they had not had specific training to support autistic people or people who did not communicate verbally. Some staff said they had completed Makaton training when they first started work at the service. Training records showed six out of 73 staff had completed this training in the last 2 years. The nominated individual advised basic Makaton training was to be reintroduced to 'up skill' staff.
- Information for people using the service had been produced in different formats to help them understand information, including the use of social stories about COVID-19 restrictions.

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

- We saw some evidence people were supported with activities they liked to do, for example, two people with an interest in woodwork had been supported to make items for their home and garden. The management team and staff told us of the extraordinary lengths they had gone to, to support people with activities and to increase activities off site since restrictions due to COVID-19 had been lifted. However, our observations and feedback from relatives identified not all people were meaningfully engaged and lacked stimulation. Comments included, "My [Person] should be routinely taken out, lack of staff, not been going out," and "If I didn't go on a Sunday they wouldn't get out, I'm really disappointed. They should be doing activities every day, not been doing for a long time. They used to go to restaurants for a meal, these have stopped for a long time."
- Service managers and staff told us lockdown measures during COVID-19 had impacted on people's access to activities in the community, but these were gradually being resumed. People were being supported to go for walks, on and off site, visit coffee shops and routine food shopping. However, issues with enough permanent staff who know people well and staff authorised to drive continued to impact on people accessing the community, visiting family and trying different activities.

#### Improving care quality in response to complaints or concerns

- The complaints log showed the service had received four formal complaints in the last 12 months. An overview of the complaints showed these had been investigated but did not reflect what lessons were learned and how the outcome had been used to improve the service.
- Of the 13 relatives spoken with two said they did not feel their concerns had been responded to in a timely way. The remaining relatives told us they could raise concerns and complaints easily and these were responded to satisfactorily.

#### End of life care and support

- No people were reported to be on end of life care at the time of this inspection.
- People's care plans contained varied information about their end of life care needs. Some people had completed an easy read advanced end of life plan with their families to record their wishes about what they would like to happen when they died. The area manager told us some families found it difficult to engage in these discussions. They agreed further work was needed to consider how to engage with people and their relatives regarding this aspect of their care moving forward to ensure they had a comfortable, dignified and pain-free death in accordance with their wishes.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care and Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and staff told us changes in managers had led to a lack of leadership, low staff morale and poor communication. Relatives told us, "I don't know who the managers are. I know the registered manager's name only, not the other senior managers," and "At the moment, there is so much uncertainty and negativity from staff."
- Staff raised concerns about inconsistency of managers and a divide between staff, service managers and upper management. One member of staff commented, "When I first started there was a full staff team and managers everywhere then they disappeared. It's been very difficult, if we needed advice, we didn't know who to go to." Over the last 12 months there had been a culture of staff reporting concerns to CQC via whistle blowing, rather than raising issues internally as they did not feel previous managers would respond to their concerns in a fair and transparent way.
- In March 2021 a new nominated individual (also the managing director of the company) was appointed. Since their appointment a new management team had been implemented. The nominated individual told us a significant amount of work had taken place with staff over the last six months to build trust with the new management team. Staff had been encouraged to raise issues through team meetings and supervision. 'Make a change' culture cards had been provided to staff for them to have their say on how the service could improve. As a result, there had been a reduction in the number of whistle blowing's raised directly to CQC. One member of staff commented, "Since the new area manager come in the service has changed for the good, really good, turning the corner."
- The service is required under the conditions of their registration to have a registered manager. The registered manager had resigned but left with immediate effect during the inspection. Two service managers were in the process of registering with CQC, with a third manager recruited to commence in post 31 January 2022.
- The provider's governance framework sets out clear responsibilities to assess the quality and safety of the service. However, the frequent changes in managers, meant responsibilities and accountability had not identified failings in the service or driven the improvements needed. Although we acknowledge there has been significant amount of work within the last eight months, the governance arrangements have not yet affected the changes needed in the service. Neither had these identified the poor infection control, COSHH and maintenance issues we found during the inspection.
- Staff were unaware of the providers values, which are to be collaborative, creative, kind-hearted, passionate and resilient. Whilst some staff intuitively worked within these values, not knowing the providers

underpinning values meant staff had not signed up to a clear, shared vision for delivering person centred care. The area manager acknowledged it will take time to bring in the changes, especially change of culture.

Systems in place to assess, monitor and improve the quality of the service have not yet been fully embedded in the service to drive the required improvements. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the nominated individual and senior management have provided assurances and were clear what action is needed for the service to improve. An area manager, interim manager and the providers operational risk manager were supporting the service to make those improvements.

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

- Relatives and staff told us communication needed to improve. They were mixed in their opinion on how well they were kept informed about changes in the service. Some relatives confirmed they had been asked to complete satisfaction surveys annually but had had no response, or feedback about the issues they had raised.
- Minutes of staff meetings showed these had resumed on a regular basis, following lifting of some COVID-19 restrictions. These showed information was being shared with staff about what needed to change in the services. Staffs views were sought, and minutes showed these were being listened to and acted on. People using the service were invited to these meetings and were able to have their say. One member of staff told us, "There has been a full staff meeting, attended by the chief executive and a 'speak up' group meeting attended by staff from other TLC services where we talked about jobs, staffing, etc."
- A monthly newsletter had been produced to share information with people, relatives and staff. This reflected announcements about COVID-19 testing and visiting arrangement, changes in staff and upcoming events.

Working in partnership with others

- People's records showed the service worked well with health professionals. Hospital communication passports were in place in the event people needed to be admitted to hospital. The information provided other professionals with information about how to communicate effectively with the person as well as their likes and dislikes in terms of physical contact, food and drink.
- The nominated individual and management team had worked well with stakeholders and respond in a timely manner to requests for information. This included responses to safety issues and safety of people using the service, staff and others.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were at risk of harm because systems were either not in place or robust enough to keep people safe, manage risks to their health and welfare and demonstrate infection control procedures were effectively managed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to assess, monitor and improve the quality of the service have not yet been fully embedded in the service to drive the required improvements.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The high turnover of staff and high use of temporary agency had led to a lack of consistency when supporting people with complex needs and the ability to meet their needs.</p> <p>People did not always receive good quality care, support and treatment because staff training was not embedded into practice.</p>