

Larchwood Care Homes (South) Limited

Great Horkesley Manor

Inspection report

Nayland Road
Great Horkesley
Colchester
Essex
CO6 4ET

Date of inspection visit:
11 July 2022
12 July 2022

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30 September 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Great Horkesley Manor is a residential care home providing personal care. The service accommodates up to a maximum of 73 people across two units, each of which has separate adapted facilities. One of the units specialises in providing care to people living with dementia. At the time of our inspection there were 44 people using the service.

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

Changes within the management team had led to a lack of leadership, management and oversight of the service. This, combined with high use of temporary agency staff had impacted on the quality of the service provided. The service does not always provide enough staff who have the right mix of skills, competence or experience to support people to stay safe, and meet their needs. Staff were not aware of the providers aims and objectives which sets out the values they should adhere to in their work. Staff morale was low. Staff were not working as a team which was impacting on the effectiveness of care delivery.

Risks to the health, safety and welfare of people using the service and staff had not always been identified and managed. NHS England raised a level 3 heat health watch alert in July, which required health and social care workers to pay attention to high-risk groups of people such as the elderly and vulnerable. On the first day of the inspection temperatures rose to 32 degrees and we found the central heating was on which could have had serious consequences to people's health.

The premises were not clean or properly maintained. The providers approach to assessing and managing environmental and equipment related risks were inconsistent. This included trip hazards, fire doors being wedged open and poor ventilation in the kitchen and laundry.

Systems for managing infection prevention and control (IP&C) needed to improve. Staff were not always following current national guidance and standards in relation to infection control. Although staff had received training, they did not fully understand their responsibilities in relation to hygiene and did not consistently apply good infection control practices.

The provider did not have a system in place to assess the quality of training delivered to staff to ensure they had understood the content, test their skills, knowledge and competence to support people properly and safely.

Systems were in place to ensure people's medicines were managed consistently and safely.

Peoples rooms were in the process of being redecorated and personalised with paint colours and bedding of choice. Appropriate equipment had been provided to meet people's mobility and transfer needs and reduce the risks of pressure wounds occurring. These were in good working order and routinely checked.

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. Where people had been deemed to lack capacity to make significant decisions about their health, welfare and finances, relevant people including their Lasting Power of Attorney and health professionals had been involved.

People told us they were supported to see healthcare professionals when they needed them. Processes were in place to manage risks around people's dietary needs, including risks relating to choking and weight loss. Where people had been identified as at risk, they had been referred to appropriate professionals. However, improvements were needed to ensure accurate records were kept to ensure people were receiving enough fluid to remain well and hydrated.

Although the area manager and the registered manager have worked well with other professionals to make immediate improvements, the governance systems to assess the quality and safety of the service had not always been effective in identifying where improvements were needed. These failed to identify and mitigate the risks to people and staff found during the inspection.

Complaints were not used as an opportunity to learn and drive improvement.

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

Rating at last inspection

The last rating for this service was good (published 16 October 2019).

Why we inspected

The inspection was prompted in part due to concerns received about a lack of staff, high numbers of unwitnessed falls, unexplained bruising, poor leadership and management of the service. A decision was made for us to inspect and examine those risks.

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 have found evidence the provider needs to make improvements.

Please see the safe, effective and well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

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

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

Immediately after the inspection the registered manager told us they had employed extra agency staff to carry out a deep clean around the home, yellow bins had been purchased for clinical waste, closed toilet brushes and toilet roll dispensers had been ordered and additional training was being arranged for staff around use of PPE. They had also contacted the providers head office to request immediate action to

improve ventilation in the laundry and install ramps over the thresholds to improve access to the home and gardens.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Great Horkesley Manor on our website at www.cqc.org.uk.

Enforcement and Recommendations

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 safe care and treatment and the leadership and management of the service. Governance systems failed to identify risks to people and staff, poor infection control practices, insufficient staff deployed to meet people's needs in a timely way and a poor culture amongst the staff team.

Please see the action we have told the provider to take at the end of this report. 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 continue to monitor information we receive about the service, which will help inform when we next inspect. 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 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 not always

Details are in our effective 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 ●

Great Horkesley Manor

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.

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

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Great Horkesely Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Great Horkesely Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before 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. We used the information the provider sent us in the 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 used all this information to plan our inspection.

During the inspection

We observed the care provided to help us understand the experience of people who could not talk with us. We spoke with nine people who used the service, and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, three team leaders, two care staff and one temporary agency carer. We also spoke with the area manager responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including four people's care and medicines records. We looked at three staff files in relation to recruitment and a variety of records 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained 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.

Assessing risk, safety monitoring and management

- Risks to people's safety were not consistently identified or addressed quickly enough. On 08 July 2022 and again on 11 July 2022 NHS England raised a level 3 heat health watch alert. A level three requires health and social care workers to pay attention to high-risk groups of people such as the elderly and vulnerable.
- Temperatures rose to 32 degrees on Monday 11 July 2022 and we found radiators were on in parts of the home. This safety concern was raised with the registered manager, but we found the heating was still on when we returned to the service on 12 July 2022. We raised our concerns about the risk to people again with the area manager and registered manager. They took immediate action the same day to ensure the central heating was isolated in all three boiler rooms to ensure they were no longer programmed to a timer.
- Door thresholds opening out onto the enclosed patio area from the dining room and people's bedrooms in the dementia unit posed a trip hazard. The risks of tripping over these had been identified and black and yellow hazard tape had been stuck over the raised thresholds. However, the risk to people with poor mobility, sight impairment and who used equipment to mobilise had not been identified and these remained a trip hazard.
- Fire doors were being wedged open with chairs. A chair was observed keeping the senior office door open and holding patio fire doors open. The chairs were also obstructing the patio doors exit. This was not safe practice as propped open fire doors would not automatically close in the event of a fire. Blocked exits would prevent safe evacuation in an emergency.
- Where people had moved rooms, their names were still on the doors of their previous rooms, which could cause confusion in an emergency evacuation situation. This was a particular risk as the service uses a high level of temporary agency staff who do not know people well.

People who use services and others were not protected against the risks of unsafe care and treatment. Systems were either not in place or robust enough to manage safety effectively. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Immediately after the inspection the registered manager contacted the providers head office to request ramps to be installed over the thresholds to reduce the risks of tripping and improve access to the home and gardens.

Preventing and controlling infection

- Systems for managing infection prevention and control (IP&C) needed to improve. People's en-suite facilities, communal toilets and shower rooms were not always clean, which placed people at risk of

acquiring infections and associated implications to their health.

- Cleaning schedules reflected routine basic cleaning was being completed in people's rooms and communal areas, but no deep cleaning was taking place. Some signage throughout the home was not laminated and was stuck to the wall with sellotape making it difficult to clean effectively.
- Staff were not following national guidelines or the providers policy for wearing personal protective equipment (PPE). Staff were observed wearing their face masks below their nose throughout both days of inspection.
- There was a lack of yellow clinical waste bins throughout the service for the safe disposal of PPE and clinical waste.
- Designated PPE cupboards were not being used properly, open boxes of gloves and masks were on the top of the trolley and aprons were observed hanging over the handlebars of laundry trollies increasing the risk of contamination and spreading infection.
- Toilet rolls were not in covered dispensers to reduce the risk of cross contamination. Spare toilet rolls and continence pads were observed stacked on the backs of toilet cisterns and windowsills. Paper towel dispensers were secured to the walls in toilets and bathrooms, but we observed piles of paper towels on windowsills and shelves. These were all exposed to risk of contamination from droplets from the toilet or shower.

Failure to have robust systems in place to manage infection prevention and control placed people who use services and others at risks of acquiring infections. This was a breach of Regulation 12 (2) (h) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Immediately after the inspection the registered manager told us they had employed extra agency staff to carry out a deep clean around the home, yellow bins had been purchased for clinical waste, closed toilet brushes and toilet roll dispensers had been ordered and additional training was being arranged for staff around use of PPE.

Staffing and recruitment

- People's feedback about staffing levels in the service was mixed, however a consistent theme was the response time to call bells. Comments included, "Buzzer, they are not all that quick but they are busy, mornings are worst," and "I can ring my buzzer and get help, can take up to 40 minutes when I want to go to bed."
- Conversations with staff, review of rota's and allocation sheets confirmed concerns raised via the whistle blowing process about rota's and deployment of staff not reflect the workload. Rota's showed staff had been allocated for training but were also reflected in the numbers on shift, which reduced the number of staff available on the floor.
- Staff raised concerns about insufficient senior staff to manage both units and administer medicines, particularly at weekends. Rota's showed there were two seniors, one allocated to each unit during the day and at night, however a lack of cooperation, among senior staff not working as a team was impacting on their perception of being understaffed.
- Staff told us high levels of uncovered sickness placed additional pressures on their ability to provide support to people. Staff told us they felt rushed and did not have enough time to spend with people, especially those who were supported in bed to prevent loneliness and isolation. Comments included, "Staffing is awful, not enough staff", and "It's upsetting, as people have to wait a good 20 mins to go to the toilet, by time they are buzzing, they are already desperate, not enough staff..."
- Staff also raised concerns about the high use of temporary agency staff. Comments included, "New agency more often or not at weekends, can be more challenging," and "We have a got a lot of agency, some are very good with a good heart, but get exasperated with other agency who don't always listen."

- Systems to ensure each temporary agency member of staff were suitable to work with people living in the service were not always being followed. Before working in the service, a profile of the agency staff's skills and qualifications should have been obtained, however we found two agency staff working on 12 July 2022 did not have a profile in place. One of these agencies had not previously worked at the service.

Failure to have sufficient numbers of staff deployed across the service placed people at risk of harm and failed to ensure their personal care needs were met in a timely manner. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The area manager and registered manager told us on going recruitment of new staff was in progress, including additional seniors. The provider had implemented schemes such as 'refer a friend' to recruit staff.
- Review of newly employed staff records confirmed the provider had good recruitment processes in place, including Disclosure and Barring Service (DBS) checks which 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; Learning lessons when things go wrong

- Staff were aware of safeguarding procedures and how to report concerns.
- The registered manager was aware of their responsibilities to report concerns to the local authority safeguarding team.
- Safeguarding concerns were logged and raised to the appropriate authorities, such as unwitnessed falls and skin tears, however there was no evidence of pro-active internal investigation until requested by the safeguarding team.
- Where internal investigations regarding poor care or neglect had been completed these were not used as an opportunity to learn lessons, change practice and drive improvement.
- People identified as having behaviour that was challenging had detailed care plans in place which described how they expressed themselves when agitated, the potential triggers and guidance for staff on how to provide support. However, behaviour monitoring charts were not used effectively, in some cases they were not dated and did not reflect if interactions taken were successful, what worked well, or what could have been done better.

Using medicines safely

- Systems were in place to ensure people's medicines were managed consistently and safely. A sample check of people's medicines was carried out and was found to be correct.
- Staff had received medicines training and had their competency assessed to ensure they administer these safely and completed medicine records correctly.
- Protocols for the administration of 'when required' medicines (PRN), contained very detailed information to support staff to administer these medicines correctly and when people needed them.
- A pain monitoring tool was used, and records kept of when one or two variable doses of analgesia tablets were administered. Charts monitoring the use of transdermal patches for managing pain were in place. These ensured correct rotation of patches to preserve the persons skin and ensure absorption.
- The GP reviewed people's prescribed medicines regularly and when requested to ensure they remained effective.

Visiting in care homes

- Peoples' relatives told us visiting was easy, and they could arrive whenever they wanted to. We saw visiting was facilitated in people's bedrooms, or in the gardens. Prominent signage and instructions were displayed to explain what people should do to ensure safety, including wearing masks and good hand hygiene.

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 inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The cleanliness and maintenance of the building needed to improve. Bath panels and surrounds were broken and in need of repair. One bath surround was badly damaged and was held together with black tape. This was peeling and a potential reservoir for bacteria to grow.
- One bathroom had brown dirt and staining around the handwash basin taps creating a further risk for bacteria to grow. Discarded used gloves, aprons and continence pad was on the floor between the head of the bath and the wall.
- Flooring in bathrooms had holes in the linoleum where bath hoists had been removed. Baths and handwash basins had a build-up of limescale around the plug which can harbour bacteria.
- The provider was not following their own laundry policy to ensure the laundry was designed for purpose with separate ventilation, and dirty to clean workflow system to minimise risk cross infection. There was one small window which was the only source of ventilation. The laundry was very hot with the washing machine and tumble driers in operation. No consideration had been given to the working conditions for laundry staff in heatwave conditions.
- Washing machines had streaks of washing detergent down the front of machines and rust along bottom. There was a build-up of fluff behind the tumble dryer.
- There was no sink in the dirty area of the laundry to soak items, stained clothing was soaking in the hand wash basin in the clean room.
- The door frame between the clean and dirty room had plasterwork around the frame where door had been made to separate the laundry into two. This had not been painted, was porous and covered control of substances hazardous to health (COSHH) data on the wall.
- The waste bin had no lid, was not foot operated, and was used by the laundry staff to dispose of PPE.

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of poor maintenance. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Immediately after the inspection the registered manager contacted the providers head office to request action to improve ventilation in the laundry.
- Peoples rooms were in the process of being redecorated and personalised with paint colours and bedding of choice.

- Appropriate equipment had been provided to meet people's mobility and transfer needs and reduce the risks of pressure wounds occurring. These were in good working order and routinely checked.

Staff support: induction, training, skills and experience

- Records showed staff had completed a range of mandatory and specific training relevant to the care and support needs of people who used the service.
- IP&C training had included the use of PPE, however staff were observed not adhering to national infection control guidelines. They lacked understanding of how to put on and take off PPE and the consequences of not wear their masks correctly.
- Although staff had completed dementia training, we observed a variance in the level of support provided to people across the two-day inspection. The team on the first day of the inspection demonstrated a good understanding of dementia care which led to meaningful engagement. However, we did not see the same approach on the second day of the inspection. Observations reflected staff did not have the same knowledge and skills needed to provide the same level of care.
- Staff told us most of the training was completed via an eLearning platform. The registered manager and staff confirmed there was no system in place to assess the quality of training to ensure they had understood the content, test their skills, knowledge and competence to support people properly and safely.
- Staff received induction when starting at the service. This included shadowing experienced members of staff and completion of an induction booklet in line with the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Induction booklets stated these were to be completed over a 28-day period. However, a review of the booklets completed by new staff showed all standards had been signed off in one day by a senior member of staff. Staff told us they had not had a meeting or supervision at the end of their induction period to ensure they had understood policies, procedures and training provided.
- Staff were mixed in their feedback as to having supervision and the effectiveness of this, to discuss professional development and review learning gaps

Staff did not have the appropriate knowledge, skills, or training to provide safe and effective care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were aware of the need for people to remain hydrated. We saw drinks were promoted throughout the day and ice lollies; however, records did not accurately reflect this.
- People at risk of dehydration had their daily fluid intake and output documented in 'weekly booklets'. The target amount of fluid the person required to remain well and hydrated was calculated in accordance with the persons weight and should be entered on the front of the booklet as a guide for staff. For example, one person's eating and drinking plan stated they required 1,200mls fluid (at least) a day, however their target amount was not entered on the booklet, and their charts reflected well below this amount.
- People's fluid input and output was not being totaled at the end of the day or monitored to ensure they had received enough fluid to remain hydrated, or to check if they were in urinary retention.
- Processes were in place to manage risks around people's dietary needs, including risks relating to choking and weight loss. Where people had been identified as at risk, they had been referred to appropriate professionals.

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

- An initial assessment of people's needs, choices, care, treatment and support had been completed before using the service. However, a review of two people's care records who had recently moved to the service

found important information was missing.

- Appropriate assessments had been carried out for a person in relation to the risks of developing pressure wounds. The person told us, and the district nurse records stated they had an ungradable pressure area to their right heel, however there was no associated care plan in place guiding staff on how to manage this aspect of their care.
- Where a person moved to the service from hospital no assessment had been completed establishing if they were at a higher risk of catching or spreading infection. Other than ensuring they had a negative COVID-19 test, no assessment had been carried out on their vaccination status, immune status, or if they were prescribed any medicines which could impact on their defense against infections.

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

- People told us they were supported to see healthcare professionals when they needed them. One relative told us, "My [Person] was in bed, not feeling great, poorly, so they went to hospital with a funny tummy and got an infection, the home has been on top of it, the team leader has been speaking to the doctor and giving me updates."
- People's health, care and support needs were being monitored and timely referrals to other relevant professionals and services were made as needed, including the speech and language therapists and dieticians.
- The GP and local district nursing team regularly visited the service to assist with people's treatment and medicines.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care plans contained MCA assessments for each area of their care and support needs. These contained a good level of detail determining their capacity to make decisions about day-to-day such as what to eat or wear, to larger decisions to do with health or finances.
- Where people had been deemed to lack capacity to make more significant decisions about their health, welfare and finances, relevant people including their Lasting Power of Attorney and health professionals had been involved.
- Routine DoLS applications had been made where needed to deprive a person of their liberty for their own safety.

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 Good. At this inspection the rating has changed to 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

- The service has had a change in registered manager. The previous manager left in February 2022. A series of interim managers managed the service until the new manager commenced in post in March 2022. They completed their registration with CQC to be the registered manager for the service on 08 July 2022.
- Changes within management team had led to a lack of leadership, management and oversight of the service. This, combined with high use of temporary agency staff, had impacted on the quality of the service provided. Risks to the health, safety and welfare of people using the service and staff had not always been identified and managed.
- The providers governance systems to assess the quality and safety of the service had not always been effective in identifying where improvements were needed. These had failed to identify and address staff attitude and risks to people's safety and welfare.
- The area managers visits carried out on behalf of the provider and routine audits that make up the quality monitoring cycle were not being transferred into ongoing improvement and development of the service.
- The issues identified during the inspection had either not been identified by the quality assurance systems in place, or where they had no action had been taken to address concerns. For example, the 'Managers daily walk arounds' failed to identify the heating was still on during a heatwave, thresholds in doorways in people rooms were a trip hazard and the fire doors were wedged open.
- Infection control audits failed to identify poor ventilation in the laundry, staff not wearing masks and using PPE in accordance with guidelines correctly and poor cleanliness.

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

- The providers statement of purpose sets out the aims and objectives such as compassion, openness, involvement, dignity and equality as a set of values to which all staff should adhere to. Staff were not aware of what these values were and could not demonstrate how they would apply these in their work.
- Staff morale was low, the attitude and behaviours of a small group of staff was impacting on effectiveness of care delivery. Comments included, "Morale is very low," and "The job is hard and can be stressful, there are days feel like trying your best, but there's just not enough time in the day, I don't feel like I'm doing my job well enough. No one works as a team. Staff work against each other, everyone moaning about each other, night staff moan about day staff, and management don't deal with this."
- The poor culture amongst staff who were not working as a team also had a significant impact on their perception of being understaffed.

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

- Complaints were not used as an opportunity to learn and drive improvement. For example, a complaint about the laundry concluded improvements were needed, but did not reflect what improvements needed to be made, how they were being implemented, by who, if they were being monitored and when they were going to be reviewed to see if they were successful or not.

Working in partnership with others

- Although the area manager and the registered manager have worked well with other professionals to make immediate improvements where needed, the quality monitoring systems in place failed to identify and mitigate the risks to people and staff.
- The North East Essex Clinical Commissioning group (NEE CCG) carried out an infection prevention and control supportive visit at Great Horkesley Manor on 21/06/2021. The practitioner who completed the visit shared a copy of the report with us. We found the same issues identified in the report on this inspection, which had not been addressed.

All of the above relates to a failure to have robust systems and processes in place to assess, 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.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of poor maintenance. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing Failure to have sufficient numbers of staff with the knowledge, skills and experience deployed across the service placed people at risk of harm and failed to ensure their personal care needs were met in a timely manner. Regulation 18 |

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks of unsafe care and treatment. Systems were either not in place or robust enough to manage safety effectively.</p> <p>Regulation 12 (1) (2)</p> <p>Failure to have robust systems in place to manage infection prevention and control placed people who use services and others at risks of acquiring infections.</p> <p>Regulation 12 (2) (h)</p> |

The enforcement action we took:

Issued a warning notice.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to assess, monitor and improve the quality and safety of the service were ineffective.</p> |

The enforcement action we took:

Issued a warning notice