

Enham Trust

Enham Trust - Care Home Services (Michael/Elizabeth & William Houses

Inspection report

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Date of inspection visit:
07 February 2022
08 February 2022
17 February 2022

Date of publication:
28 June 2022

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

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.

About the service

At the time of our inspection Enham Trust was in a process of transitioning from a registered care home to a supported living service. Enham Care Homes is a residential care home providing personal care for up to 60 people who may be living with a learning and / or physical disabilities. At the time of the inspection, 14 people were living in Michael House, 13 people were living in William House and 14 people were living in Elizabeth House. Each of the homes has accessible facilities and can accommodate up to 20 people all of whom have flat or bedsit style accommodation.

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

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care and right culture.

Right support:

- The model of care failed to provide people with the appropriate opportunities to maximise their choices.

Right care:

- Care was not always provided in a person centred manner and people told us they felt isolated.

Right culture:

- The leadership in the service failed to create a culture of inclusion which empowered people's lives

The provider failed significantly to protect people from the risks associated with an unsafe premises.

The provider failed to ensure the service was consistently well led and governance systems did not protect people from possible harm.

Staff did not always follow systems and processes to administer, record and store medicines safely.

Infection control procedures were not always carried out safely. Staff failed to wear PPE appropriately which placed people at risk.

We could not be assured sufficient staff were deployed at all times to meet people's needs. People and relatives told us the provider failed to deploy staff sufficiently across all three houses.

Requirements of the MCA were not consistently followed, and decisions made were not always properly

documented. People who had capacity to make decisions were not always provided with sufficient information to help them make decisions and their care, support and accommodation.

Whilst the provider had systems in place for investigating and responding to complaints, not all complaints were appropriately dealt with in a timely manner. People were not always kept updated on progress.

People and relatives told us staff were caring and said they were compassionate in their approach.

Safe recruitment practices were followed with regular supervision and training provided.

Care plans and risk assessments contained useful information to help staff to understand people's needs.

People told us they were supported to maintain a balanced diet and said they were assisted to access external healthcare appointments when needed.

The provider was properly registered and licensed with the Information Commissioners Office in respect of the use of surveillance.

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

Rating at the last inspection was requires improvement and the report was published on 16 May 2020.

Why we inspected

The inspection was prompted in part due to concerns received about how people were being supported to make decisions, the environment and leadership within the service. The inspection also took place because of its previous rating of requires improvement. A decision was made for us to inspect and examine those risks.

Enforcement and Recommendations

We have identified breaches in relation to the management of medicines, mental capacity, premises, infection prevention control, person centred care and governance at this inspection. Please see the action we have told the provider to take at the end of this 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 continue to monitor information we receive about the service, which will help inform when we next inspect. Due to the number of concerns we had regarding maintenance, we requested a maintenance plan from the provider prior to the report being published. This was to check the provider was aware of the need to prioritise making the premises safe for people. This was provided and we were given assurance repairs were being carried out.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement

procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

At our last inspection we rated this key question requires improvement. At this inspection the rating has deteriorated to inadequate.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same.

Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our caring findings below.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our responsive findings below.

At our last inspection we rated this key question good. At this inspection the rating has deteriorated to requires improvement.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

At our last inspection we rated this key question requires improvement. At this inspection the rating has deteriorated to inadequate.

Enham Trust - Care Home Services (Michael/Elizabeth & William Houses)

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

Three Inspectors, a member of the CQC medicines team and an Expert by Experience carried out 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

The service provides accommodation for people who requires personal care. The service is registered to provide care and support for up to 60 people.

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. A registered manager was in place.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We looked at information we held about the service including notifications they had made to us about important events. 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 reviewed information of concern, which was provided to us by the general public, professionals and relatives. We used all this information to plan our inspection.

During the inspection

The inspection was carried out during a three day period and included an evening visit. We spoke with 26 people who used the service and obtained feedback from 12 relatives about their experience of the care provided. We spoke with 14 support workers, three house managers, the registered manager, three members of staff from the HR department, the director of care and the maintenance staff. We obtained feedback from three professionals.

We reviewed a range of records. This included six people's care records, medication records, infection control records, staff records and maintenance records. We also received a number of reports from the provider relating to governance, improvement plans and care plan and risk assessment audits.

After the inspection

The provider sent us additional information after we provided written feedback which was also analysed and used as evidence.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At the previous inspection concerns were identified relating to the proper and safe management of medicines. These concerned the monitoring of room temperatures where medicines were stored, accumulation of medicines including out of date medicines, recording and escalation when people refused their medicines. During this inspection we found that improvements had been made, however, other poor medicines systems and processes still put people at risk of harm.
- Staff did not always follow systems and processes to administer, record and store medicines safely.
- People were not protected from the risks associated with unsafe medicines management as guidance was either not always available, lacked enough information to provide clear guidance, or were still in place for medicines that were no longer prescribed. For example, where a person was prescribed two types of pain relief as PRN, the guidance did not give an indication as to which one to use or highlight the risk when both medicines contained paracetamol.

Where a medicine was prescribed as a variable dose, there was not always guidance to help staff decide how much was to be administered and the records were conflicting. For example, for one person their PRN protocol stated the person could be given between one and three doses of a medicine but there was no guidance about how when this would be one or three doses. In addition this contradicted the prescription which stated one to two doses could be given.

PRN protocols did not always specify whether the person could request the medication and gave no indications for staff to understand when this was needed, where the person could not express this. Care plans for inhalers lacked clarity around whether they should be administered as single doses when needed or as a short course. For example, one person was prescribed an inhaler which the guidance stated was to be given for breathing difficulties, but it provided no information about whether this was a one off dose or needed over a period of time.

- Although controlled drugs (medicines that require additional controls because of their potential for misuse) were stored within other locked cupboards, they were not mounted to the wall as required, meaning that the storage of medicines was not always safe.
- Monthly audits had not identified concerns about unsafe medicines management that we identified during our inspection.

A failure to ensure medicines were managed safely was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people were prescribed rescue medicines. These are quick-relief medications taken as needed for quick, short-term relief of symptoms. These were carried by people all the time with a PRN protocol describing how and when to administer the medicines and seek additional assistance.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. However, staff were not aware of the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) which is national good practice in medicines administration.
- People received support from staff to make their own decisions about medicines wherever possible. Staff assessed whether it was safe for people to administer their own medicines. However, where this was not safe, people were not encouraged / supported to take part in other medicines tasks.
- People could take their medicines in private when appropriate and safe.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating. However, information about medicines was not available in formats that people might find easier to understand, for example easy read. As part of the factual accuracy process, the provider submitted additional evidence demonstrating medicine cabinets were now appropriately secured in line with best practice.

Assessing risk , safety monitoring and management

- The provider consistently failed to properly maintain the premises and equipment which placed people at significant risk of harm. Maintenance records demonstrated staff had reported concerns on four occasions regarding a leak in one of the laundry rooms between 21 October 2021, and 1 December 2021.. The maintenance record failed to detail these issues had been resolved. We visited the area of concern and observed water dripping from the ceiling. The member of staff with us said, "We have reported this a number of times. There was a massive leak and the floor was saturated with water and they covered it with a bit of plasterboard. As you can see it's still leaking now."
- On 6 December 2021 a member of staff reported the heating for the one of the houses was not working. A maintenance record stated, "Water coming out of pipes in the wall". Other reports of poor maintenance management included broken lifts, hoists, toilets, lightbulbs, washing machines and tumble dryers, leaking toilets and broken shower heads. The maintenance records for these issues did not state whether any action had been taken to resolve these problems identified by staff.
- When speaking with the manager at Michael House we heard a loud bang followed by someone saying, "Oh God are you OK?" We checked what had happened and saw a member of staff laid on the floor. The staff member told us they had tripped over a metal threshold which had not been properly secured to the floor.
- During a conversation with one person they told us they had to keep their door open because when it was closed, they were locked in their room and were unable to get out from the inside. With their permission we asked to test this by closing the door and we found this to be accurate. We brought this to the attention of the registered manager and told them this issue needed to be repaired immediately. The door handle was fixed as requested.
- Comments from people and relatives regarding maintenance included, "There's confusion on who is supposed to do these things. and "Firstly you have to report it, then it takes a long time to get sorted but it does get done in the end." Other comments included "It's never been repainted, there's not enough plugs for him – have you seen it? I have requested things over and over – nothing happens. There's just not enough maintenance men – lovely people but not enough," and "We haven't had heating in the house, it was cold, so I ended up going to bed. I was going around with a hat on indoors. I don't know if it was broken or what, but it was off yesterday. I tell [member of staff] if something's wrong, she always sorts it out", and "I know there's some changes coming but I don't know anything."

The provider failed to ensure the premises used by the service provider was safe to use for their intended purpose.

A failure to ensure the premises was safe and fit for purpose was breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care records helped them get the support they needed because it was easy for staff to access them. Staff kept accurate, complete, legible and up-to-date records. However, records were not always stored appropriately. For example, we found a number of personal records which contained sensitive information located in open view of any visitors and other people using the service. We raised this immediately with the house manager who apologised and removed them. During this conversation we also asked the house manager why alcohol was located in a the staff room cupboard and why cigarettes were left on the table in open view of people and visitors. The house manager apologised and stored them appropriately.
- Care plans and assessments contained useful information to support people safely and effectively. Records relating to skin integrity, moving and handling, epilepsy, nutrition and mental health were sufficiently detailed to ensure people's care needs were met safely.

As part of the factual accuracy process, the provider submitted additional evidence. The provider stated, "People are not left without heat as electric heaters and water urns are provided to ensure that they are kept warm as a contingency measure alongside utilising the other two care homes and other buildings as well." The provider also sent us maintenance reports demonstrating specific requests had been dealt with.

Preventing and controlling infection

- We were not assured the provider was preventing visitors from catching and spreading infections. Arrangements for people entering each of the three houses were not suitably monitored or appropriately enforced.
- We were not assured that the provider was using PPE effectively and safely. We regularly observed staff not wearing PPE correctly in each of the three houses.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was accessing testing for people using the service and staff

A failure to ensure the effective infection control procedures were in place was breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We could not be assured sufficient staff were consistently deployed to meet people's needs at all times. Comments from people and relatives included, "There's not enough staff. If I ring the bell even this morning, it took more than five minutes. I don't mind but I needed them to take me off the toilet", "Sometimes I think there should be more staff around because it would be nice to do more activities". A relative said, "Sometimes it can be a little bit like a ghost town, but I think it's because people are generally in their own flats". Another person said, "Yesterday I pulled the buzzer for the toilet. Sometimes they come quickly but sometimes not. Last night for instance, there was one permanent male, one agency male and two females. The thing is even four is not enough. I was told I had to wait because they were busy. I do understand that, but it was a good job I didn't wet myself."

- We visited each of the three houses on three different days including in the morning, the afternoon and in the evening. During our evening visit we found little activity taking place in communal areas and on occasions staff were not always visible. Due to the current layout of the premises the majority of people were likely to be in their own rooms/flats. One person said, "All I do all day is watch my telly all day." Another person said, "There's going to be more staff when the transition happens but there's not enough now."
- Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post.
- A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

As part of the factual accuracy process, the provider submitted additional evidence regarding staff response times to call bells. The provider told us data showed that over a three month period, 99.1% of 17,449 call bells were answered within 10 minutes, 97.5% of these bells were answered within seven minutes and 94.5% were answered within five minutes. The provider also told us that during the period of the inspection, a schedule of activities were taking place in the activity centre which all people had the choice to attend. Staff may not have been visible due to providing support to other residents in their rooms however are available at all times via pagers alerted by call bells

Learning lessons when things go wrong

- The provider had effective systems in place to learn lessons. For example, records demonstrated incidents had been analysed and care plans and risk assessments had been updated to reflect any changes required to keep people safe and meet their needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff knew them well and understood how to protect them. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure all requirements of the Mental Capacity Act 2005 were followed. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection Enham was in a process of transitioning to change the current service model from a registered care home to a supported living service. For people who lack capacity, decisions about where they live and how their care and support is delivered should be made in their best interests. For people who have capacity to make their own decisions, the organisation should take all reasonable steps to ensure people are provided with sufficient information to make an informed decision. The majority of relatives and people told us they were not satisfied with the communication from the provider about the changes and told us senior management were not always approachable or receptive to feedback. Comments from people and relatives included, "The change process has not gone well in my view – well-intentioned but not sufficiently transparent. Instead of working in collaboration, it's conflicting – I put that down to people and behaviours. Some parents don't want change," and "There's no further information, no tenancy agreements, lay out of the kitchens and so on, so then deadlines are missed," and "What the hell's going on? I think I'm moving right? It's confusing. I want to leave," and "Can I be honest? It is a big mistake, because some people don't want it." Other comments included "Yesterday I found out I have to move out for the building work. It's all about money, it's not about us," and "I am very confused because I was going to move and now, I'm not sure. I don't know what's happening. They've said so much it's all gone over my head. I would like a better explanation".
- We found insufficient evidence to demonstrate the provider had appropriately considered each person's

capacity to make a decision about the move from a registered care home to the new Enham supported living service. Reviews had not been conducted to assess people's care needs or the risks associated with their needs in a supported living service, including the number of staff required to support them. We were provided with a document titled, 'Enham Living Our plan for the Next Month' and another record, titled, 'Discussion regarding temporary move to another accommodation at Enham site during building work being done at Elizabeth House'. This record of conversation had taken place on 3 February 2022 for one person. The document did involve the person and did consider matters important to them; however, this had not yet been conducted for each person in the service. We found no records of people agreeing to move home or agreeing to the new model of care. We found no alternative options were explored or recorded to ensure people were at the centre of making their own decisions should they wish to consider options outside of Enham.

A failure to ensure all requirements of the MCA were followed was a continued breach of regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives, including those who had power of attorney (POA) said they had opportunities to meet with the management team in groups and on a one to one basis to consult and discuss plans about the changes to the service. Information packs, leaflets and brochures were provided to people and relatives.
- Other comments from people and relatives included, "We have a friends and family group. I sit on the steering committee and through that I've been to more meetings than I care to remember, HCC, CQC and Enham. We were initially sceptical of supported living and thought it would be a disaster. Once we thought it through properly, we thought it could benefit [person using service]. No-one likes change – particularly anxious people," and "I think supported living will suit [person using service] very well. Enham cannot stay the way it is, they're not making any money," and "It's fair to say Enham have tried at times to listen and they have responded. At times they haven't listened clearly. I know the history between friends and families and Enham Management – it's a very difficult project to deliver with people who are not skilled as change managers," and "Theoretically under supported living with better staff ratios it should be better." Further comments included, "I'm looking forward to the changes. This house is going to be supported living. We have been told as a group, but I prefer one to one. I'm looking forward to arranging my own stuff. I know it's about other things as well – more independence".

As part of the factual accuracy process, the provider submitted additional evidence regarding the transition, including information about kitchen designs and minutes demonstrating the provider had responded to queries from people and relatives.

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

- Assessments of people's needs were completed before they moved to the home. These identified people's needs and the choices they had made about the care and support they wished to receive.
- Staff delivered care and support in line with best practice guidelines; for example, they used nationally recognised tools for assessing the risk of skin breakdown and the risk of malnutrition and planned care to reduce any risks for people.

Staff support: induction, training, skills and experience

- Records demonstrated staff were provided sufficient learning and development opportunities including regular supervision with their manager.
- During a conversation with the HR admin, Head of People and the HR Quality Lead they told us staff received good standards of induction, training and ongoing supervision. One staff member said, "New starters get three months induction and they shadow three to four weeks. All new staff without experience do the Care Certificate. We get probation reviews done. They have supervisions every six weeks. New staff

have competency assessments in house. We do Makaton training. We have been holding nutrition courses too," and "From a training point of view we are getting a new HR system which will really help. We have just got a new learning and development coordinator."

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

- Feedback from people and relatives about the quality of food and drink was mostly positive. Comments included, "The food is up and down", "We do get a choice and if we don't like something they change it," and "[Person using the service] has a specific diet, it is managed well," and "They go through her menu a week in advance. A member of staff will sit down with [Person using the service]." Other comments included "The best thing here is the food, they're nice meals. I pick my menu; I get two choices. The nice staff explain 'here's your dinner' instead of just serving it".
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.

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

- People were supported to make and access healthcare appointments. However, due to the impact of COVID-19 this had on occasions been difficult to achieve.
- If people needed support from specialists such as speech and language therapy (SaLT), this continued to be arranged by staff through people's GPs.
- Meals were mostly served in communal dining areas in each house. Tables were adjustable and people sat at which ever table best met their needs.
- Tables were set with adapted drinking cups and specialist cutlery to enable people to be as independent as possible with their meals. One person said, "I have my food done in a certain way and they [staff] know about it, so it works pretty well for me."
- When required, food and fluid intake was recorded appropriately and used to assessed weight gain and weight loss.
- A member of staff said, "They really are so on the ball, she had to go to hospital, she had sepsis and from hospital her meds changed. It was a misunderstanding between the hospital and the surgery and one of the medications was missing. They noticed straightaway and called me and said, 'is this correct?' That was so impressive."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The provider did not ensure all principles of Right support, right care and right culture were met. The model of care failed to provide people with the appropriate opportunities to maximise their choices. Care was not always provided in a person centred manner and people told us they felt isolated. The leadership in the service failed to create a culture of inclusion which empowered people's lives. Records we viewed, feedback from people and our observations demonstrated elements of the service was not always caring.
- Records demonstrated how people preferred to be cared for. Care review documents did contain some detail which showed people had expressed an interest in visiting certain leisure activities and places of interest.

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

- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was evidence that people's preferences and choices regarding some of these characteristics had been explored with people and had been documented in their care plans. For example, gender and sexual orientation and ethnicity. We saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this.
- People and relatives told us staff provided compassionate care. Comments included, "I'm happy here. I've been here nearly 30 years and I've got friends here and I feel safe here," and "Can I please just say and hope this is passed on, the care staff are completely lovely. I don't know why they're there! Gorgeous people, please pass this on," and "In the main it's brilliant care, [staff member] is so on the ball, she's brilliant, you can ring or message and we're very confident she sorts it out. X worships her."

Respecting and promoting people's privacy, dignity and independence

- Staff were observed to engage very positively with people and visitors. They demonstrated good knowledge of the people, their likes and dislikes. Information in care records relating to people's life stories were used to ensure staff took a holistic view of the person.
- We observed staff knocking on people's door before entering their rooms/flats. We saw staff treating people with dignity. For example, we observed a member of staff sitting down at eye level with one person who became anxious about their health. The staff member spoke gently, provided reassurance and comforted the person until they were calm.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. Requires improvement: This meant people's needs were not always met.

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 told us they felt isolated from the community and felt more could be done to assist them in engaging with the general public and with local amenities. One person said, 'I'm coming up to the end of my third year here. I don't really like it because it's too far away from town and any action. Another person said, "Because of all the work that's going on around here a lot of things have changed, and we don't have access to as much anymore."
- People were supported and encouraged to maintain relationships with loved ones. Relatives consistently told us they were provided with good opportunity to spend time with people. One relative said, "It was tough during COVID when we couldn't go in but they (staff) did what they could to make sure relationships were maintained".

As part of the factual accuracy process, the provider submitted additional evidence regarding activities. The record detailed activities available for people included, dance fit, garden club, art workshop, choir, yoga, textiles and meditate and relaxation. The record stated 23 people from the service had attended some of these activities during a two week period.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which was advertised in all three houses in a format which was visible and accessible to people and relatives.
- The provider did have a record of complaints which showed investigations into concerns had been conducted. People told us if they were unhappy, they would speak with a member of staff and the matter would be resolved.
- People were unhappy with the lack of response to maintenance requests. One person said, "I complain about the heating all the time and nothing has been done to get it fixed properly, it's almost pointless complaining about it now".

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.

- Staff ensured people had access to information in formats they could understand.
- There were visual structures, including objects/photographs/use of gestures/symbols/other visual cues

which helped people know what was likely to happen during the day and who would be supporting them.

- People had individual communication plans/passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, and they knew how to facilitate communication and when people were trying to tell them something.
- Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids.
- There was individualised support such as tailored visual schedules to support people's understanding
- Staff were trained and skilled in using personalised communication systems.

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

- Care plans were in place and provided useful information for staff to support people effectively and to respond to their needs.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- Staff involved people and their relatives where appropriate in their support. They gathered information from a variety of sources to ensure the care plans implemented were based on the individual's needs and preferences.

Is the service well-led?

Our findings

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

At the last inspection this was rated requires improvement, at this inspection the rating has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to ensure that governance systems were effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- When we asked the registered manager if they felt sufficient improvement had been made to comply with the regulations they said, "I think it's in order now. Every week we get a report back from the health and safety team with its progress including all the outstanding repairs. We are working on the quality improvement plan".
- Since our inspection on 6 July 2016, Enham has been issued with a breach of regulation 17, good governance in each of its last four inspections. At this inspection we have identified a repeated breach of regulation 17. This highlights a significant failure of leadership from the provider and demonstrates senior staff are not clear about their roles and responsibilities in relation to quality, risk management or how they are expected to perform in relation to regulatory requirements.
- Ineffective governance systems in relation to the environment and equipment have placed people and staff at significant risk of physical and emotional harm.
- A repeated breach of regulation 12, medicine management and a repeated breach of regulation 11, consent further demonstrates a failure to learn lessons and drive improvement.
- Audits conducted internally failed to identify the significant concerns we found during our inspection.
- People, and those important to them were not always provided with opportunity to work with managers and staff to develop and improve the service.
- We could not be assured staff encouraged people to be involved in the development of the service. People told us they were anxious about the changes being implemented by the provider and said they were not clear about the direction the home was moving in.

A failure to ensure governance systems were effective at driving improvement was a continued breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The provider had a vision for the direction of the service which demonstrated ambition and a desire for

people to achieve the best outcomes possible. However, at the time of our inspection these ambitions were not being delivered. People using the service and relatives were not always satisfied with communication and partnership working with other organisations and regulators.

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

- The provider failed to consistently instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. People told us they were not always able to engage in their chosen activities and felt decisions about their future regarding their support and accommodation was unclear.
- Management and staff failed to consistently put people's needs and wishes at the heart of everything they did. One person said, "I just want to get out of here, I don't think they really care about us anymore" and another person said, "They are more worried about what's happening with the new supported living project they have forgotten about what is important to us".

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was not always working in accordance with this regulation within their practice. For example, when people complained about the lack of maintenance repairs, we would find apologies had not always been provided.

Working in partnership with others

- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- The service worked in partnership with advocacy organisations and other health and social care organisations,...

The Surveillance Camera Commissioner (SCC) is responsible for regulating the use of CCTV in England and Wales. The role of the SCC is to encourage compliance with the surveillance camera code of practice. At the time of our inspection Enham used surveillance at the entry point of the reception area.

- We were provided with evidence Enham were properly registered and licensed with the Information Commissioner's Office (ICO)
- We were satisfied with information detailed in the provider's Data Protection Impact Assessment (DPIA).
- Recording of information was appropriately stored and the providers policy reflected the requirements of the SCC and the ICO.

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 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure requirements of the Mental Capacity Act 2005 were consistently followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure effective arrangements were in place to manage medicines safely. The provider failed to ensure the premises was safe and fit for purpose. The provider failed to ensure safe arrangements were in place to reduce and control the possibility of infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were ineffective and placed people at risk of significant harm.