

Matthew & Michael Healthcare Ltd

# Stepping Stones

## Inspection report

1-6 Boxhill Close  
Honicknowle  
Plymouth  
Devon  
PL5 3QB

Tel: 01752788273

Date of inspection visit:  
26 February 2019  
27 February 2019

Date of publication:  
20 July 2022

### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

About the service: Stepping Stones is a residential care home that provides accommodation and personal care for up to 15 people with a physical disability. Some people may also have some learning difficulties. These needs may or may not be associated with their physical disability. The care home is located on one site, but split across two bungalows and three individual flats. On the day of the inspection 14 people were living at the service.

People's experience of using this service:

- People who had lived in the service for many years mainly said they were happy. People commented about aspects of the environment, and said they wished some things could be better. People spoke in a way that suggested they had accepted aspects of their care and did not know to question anything different. For example, one person had no lampshade and just a light bulb in the centre of their room. They said it had been like it for a long time, but they said they would like to have a lampshade. People did say there had been improvements since the new registered manager had started working in the home.
- Risks in relation to people's care and lifestyle were not assessed, understood and managed in a way that kept them safe. Some practices in relation to risk did not protect people's human rights.
- People did not live in an environment that was well-maintained or promoted their dignity and independence.
- People's rights in relation to their capacity had not been fully understood and respected. Correct processes had not always been followed when people lacked ability to make decisions about their care.
- Risks and needs in relation to people's physical and mental health had not in all cases been consistently understood and supported.
- The culture of the service did not always respect and promote people's rights, dignity and independence.
- The leadership and auditing of the service had not been robust and had failed to identify the concerns we found in relation to practice, the environment and culture of the service. This meant that people had continued to receive a service that was not fully safe, effective, caring or responsive to their needs.
- The provider had failed to act on some areas of concerns found at the last inspection. Although some improvements had started and were planned, it was not possible to see the impact this would have on people or if these improvements would be sustained.
- The service is now judged to be inadequate in keeping people safe, providing effective care and being

inadequately well-led.

Rating at last inspection: The rating at the last inspection was Requires improvement overall. (The report was published on the 27 April 2018)

Why we inspected: We inspected in line with our inspection methodology. This was within 12 months of publication as the service had been judged to be requires improvement in safe, effective, caring, responsive and well-led at the last inspection.

#### Enforcement

At our last inspection we told the provider to provide us with an action plan about how they would ensure compliance with the regulations and by when. At this inspection we found action had not been taken to address all the concerns and breaches of regulations found at the previous inspection.

We have made a recommendation about the management of medicines, accessible information, fire safety, and end of life care.

In respect of this inspection, full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

#### Follow up:

Following the inspection we spoke to Plymouth City Council about our initial findings and practices we had concerns about.

The overall rating for this registered provider is 'Inadequate'. This means that it has been placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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. We will have contact with the provider and registered manager following this report being published to discuss how they will make changes to ensure the service improves their rating to at least Good.

## 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 always safe

Details are in our Safe findings below.

### Is the service effective?

**Inadequate** ●

The service was not always effective

Details are in our Effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring

Details are in our Caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive

Details are in our Responsive findings below

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our Well-Led findings below.

# Stepping Stones

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was completed by two inspectors from the adult social care inspection team.

#### Service and service type:

Stepping Stones is a residential care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Stepping Stones is located on one site in a small cul-de-sac off a quiet residential area. The accommodation is split across two bungalows (bungalow one and six) and three separate self-contained flats. The bungalows both accommodate a maximum of six people living together and the flats are each self-contained for one person. All the people living at Stepping Stones had a physical disability. Some people also had needs in relation to their communication and sensory loss. We were told that historically the flats were used for people who were more independent or who wanted to develop their independence and skills.

At the previous inspection the service did not have a registered manager and an acting manager had been put in charge of the day to day running of the home. At this inspection a registered manager was in post but had only worked in the service since December 2018. A registered manager 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 was present throughout the inspection. The provider was present on the second day.

#### Notice of inspection:

The inspection was unannounced.

What we did when preparing for and carrying out this inspection:

Prior to the inspection we reviewed information we held about the service, such as feedback we had received from health and social care professionals and provider notifications. A notification is information about important events such as incidents, which the provider is required by law to send us. We reviewed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with eight people who used the service and three relatives who were visiting. Some of the people living at Stepping Stones had limited verbal communication, it was therefore difficult for them to tell us about their experiences of the services. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered provider, registered manager and seven members of the care team. We reviewed a range of records. This included seven people's care records such as support plans, medicines records and accident and incident reports. We also looked at three staff files, which included recruitment records, supervision notes and training certificates. A range of records were also reviewed relating to the running of the service including, policies and procedures, audits and training plans.

We checked the service was working in line with 'Registering the right support', which makes sure services for people with a learning disability and/or autism receive services are developed in line with national policy - including the national plan, Building the right support - and best practice. For example, how the service ensured care was personalised, discharge if needed, people's independence and links with their community.

Following the inspection, we spoke to representatives from two local authority quality monitoring teams, two adult social care professionals from social services and a representative from a local community enablement team. We also received written feedback from the specialist learning disability team in Plymouth.

# Is the service safe?

## Our findings

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

Inadequate: ☐ People were not safe and were at risk of avoidable harm. Some regulations were not met.

### Assessing risk, safety monitoring and management

- ☐ At the last inspection guidelines were not always in place to support staff to manage risk safely. At this inspection we found risks in relation to people's care and lifestyle were still not always understood and managed safely.
- ☐ Of the care files we looked at, risk assessments were dated as being written in 2016. The files stated the risk assessments had been reviewed in 2017 and 2018. However, we saw no evidence of the assessments being updated since they had originally been written. People's records did not always reflect their current risk and were not being updated when something changed for them, which left staff with inaccurate information. This could mean that people's needs in relation to risk may not be understood and met consistently.
- ☐ The registered manager and staff told us some people had known risks associated with managing their own finances. Records did not in all cases document what these risks were, or why certain decisions had been made about how people's personal finances should be managed. Risk assessments were not up to date, therefore it was not possible to see if risks associated with people's money remained relevant or an accurate description of their needs and support required.
- ☐ People with known risks associated with their mental health and behaviours did not have their needs identified, assessed and acted on to keep them safe. We were told about people who could at times display behaviours that could put them or others at risk. These risks were not detailed as part of a risk assessment or plan of care for the people concerned. This meant that staff may not be supporting people consistently or in a way that safeguarded and protected them.
- ☐ People who had known risks associated with particular health conditions did not always have their needs identified, assessed and acted on to keep them safe. For example, one person was dependent on the use of a catheter. A plan was not in place to inform staff about this person's specific continence needs or about any risks associated with their care.

### Learning lessons when things go wrong

- ☐ The provider had systems in place to record incidents and accidents. However, there were no systems to analyse this information or to recognise and respond to patterns and triggers.

- A sample of daily monitoring forms completed by staff in relation to one person described regular incidents occurring when the person was being supported with personal care. In some cases an incident form had been completed. However, the incident forms did not describe the action taken by staff, the manager or the provider to address these on-going incidents or to check if the action taken by staff at the time of the incident had been appropriate and safe.
- Staff recording of people's daily care was not robust enough to ensure changes in people's care, mood, and risks were passed on, reviewed and monitored.

The above concerns demonstrated a failure to prevent avoidable harm or risk of harm which was a breach of Regulation 12 (1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Preventing and controlling infection

- Although, policies, procedures and training were in place in relation to infection control, parts of the environment were not clean and hygienic.
- A daily checklist was in place, which included checks of the environment and equipment such as wheelchairs. Staff had signed to say that wheelchairs had been checked and cleaned when required. However, we saw a number of wheelchairs which had dirty wheels, handles and seating. It was evident that in some cases the extent of dirt and remnants of food had been there for some time. Staff failed to recognise when one person's insitu hoist straps were very dirty, even though they had only just been supported to get up and ready for the day.
- Some parts of the environment were unclean and this had not been identified up as part of the registered managers daily checks and audits. The laundry areas had a large build-up of dust and items of rubbish between machines, a number of rubbish bins were broken and without lids. Some people's bedrooms were in poor condition, with items of clothing and belongings spilling out onto the floor area due to cupboard doors either broken or not in place. Toilet handrails in bathrooms had extensive rusting, which would make cleaning of them difficult and would increase the risk of cross infection.
- We were told damp in some of the flats had been addressed since the last inspection, however, damp was still present on bathroom ceilings in the bungalows.
- Some of this damage and poor hygiene would have occurred over a long period of time. However, the provider and systems in place to monitor the quality of the service had failed to identify and address these poor standards of hygiene and infection control.

Failure to provide an environment which is well-maintained, safe and clean is a breach of Regulation 15 (1)(a)(e)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- At the last inspection, we found improvements were needed in the way medicines were managed. Documents relating to people's medicines were not always completed in line with best practice and systems to identify and monitor when improvements were needed were not always effective. At this inspection we found some of these concerns had been addressed but improvements were still needed.



- The new registered manager had identified areas for improvement and had started to address concerns raised at the last inspection. This had included adding locks to the area where medicines and records were stored, and changing pharmacy and training provider with a view to improving medicines management overall. On the first day of the inspection staff and some people were attending a training session with the new pharmacist.

- Following the last inspection, the manager had requested a visit from the local authority medicines optimization team to advise on areas of concern we had raised. However, concerns we had found and recommendations made by the local authority had not in all cases been implemented. For example, people who had prescribed medicines to be taken when required (PRN) such as pain relief, still did not have support plans in place to provide information to guide staff in their administration. Such as, what the medicines were for, symptoms to look for, the gap needed between doses or the maximum dose and what alternative actions to try initially.

- People's records did not provide staff with information about how they chose and preferred to be supported with their medicines. Staff were able to tell us about people's different routines and how some people liked to take their medicines. However, we saw staff call some people to the medicines trolley in the communal part of the service to administer their lunchtime medicines. These practices were institutionalised and did not promote people's privacy and dignity.

- Support plans did not demonstrate that people were supported to self-administer their own medicines where possible. We were told that several people were independent with their care and had minimal support from staff. However, all the people living at the service had their medicines overseen and managed by staff. One person had requested in a review meeting to self-administer their medicines. The person's support plan did not reflect this information or include a risk assessment or plan about how this would be supported.

We recommend the provider considers current guidance in relation to PRN medicines and self-medication. The provider should update their practices accordingly.

## Staffing and recruitment

- At the last inspection people, staff and relatives told us there were not always enough staff to meet people's needs. We recommended the provider used a staffing tool to help ensure staffing levels were suitable to meet people's needs and to keep them safe.

- The new registered manager told us they had used a planning tool to review staffing levels and a new staffing rota was due to be implemented the week after the inspection. They said this review had taken into consideration the organisation of staff as well as numbers. They said, "I needed to look at what staff were actually doing, as well as how many staff there were". Three additional care staff had been recruited as well as an activities coordinator. The changes to staff shift times had not started at the time of the inspection, therefore it was not possible to judge how this would impact on people's well-being, safety and lifestyle. However, staff said they welcomed the increased staffing levels and changes to the rota. Comments included, "It means we can go out with people for a full day and not have to stop an activity half way through to change shifts".

- People and relatives said staffing levels had recently improved, comments included, "People seem to be

going out more".

- ☐ A robust recruitment process was followed to help ensure staff employed were suitable to work in the service. Records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the home.

Systems and processes to safeguard people from the risk of abuse

- ☐ All staff undertook training in safeguarding vulnerable people.
- ☐ Staff told us they felt comfortable raising concerns with management, and knew how they could raise concerns outside of the service.
- ☐ The registered manager demonstrated they knew when and how to act on concerns relating to people's safety.
- ☐ People said they felt safe, comments included, " They lock the doors at night so I feel safe"  
A relative said, "We have never had any reason to think [ person's name] is not safe".
- ☐ Fire checks and training were carried out. Information was available in people's files about what would happen in the event of a fire. However, personalised evacuation plans were not in place to inform staff and emergency services about the needs of each individual if they needed to be evacuated from the building.

We recommend the provider considers current practice in relation to emergency evacuation procedures for people in the event of a fire, and updates their practices accordingly.

# 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

Inadequate: ☐ There were widespread and significant shortfalls in people's care, support and outcomes. Some regulations were not met.

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

- ☐ At the last inspection we found people were not always empowered to be independent by the design, adaptation and decoration of the service. At this inspection we found improvements had been made to the kitchen areas in the main bungalows however, the environment was still poorly maintained and did not promote and respect people's individual and diverse needs.
- ☐ The environment was tired, and did not provide people with a homely environment they could be proud of. The entrances to the home were scruffy, walls were scuffed and stained, paint was peeling and where holes had been filled they had been left unpainted and not fully repaired. Communal areas were sparse with few homely touches to interest people and provide stimulation. Some people spent long periods of time in their wheelchair with only the television for visual stimulation and activity. People's bedrooms were generally in poor condition with a number of items of furniture damaged and broken. Doors of wardrobes had been removed, leaving people's bedrooms looking cluttered and unkempt. One person was visibly embarrassed when they showed us their bedroom, and had to struggle to lean from their wheelchair to pick up litter, bedding and items of clothing from the floor. Another person had no light shade, only a light bulb in the centre of their room. They said this had been like it for a long time and they would like a lampshade to be fitted.
- ☐ Although the garden area had been cleared since the last inspection there were shopping trolleys left discarded, which looked unsightly for the people who had rooms looking out onto these areas.
- ☐ The flats occupied by people who we were told were more independent were also poorly maintained. One person's flat had broken tiles, unfinished decoration and curtains hanging from the rails. Another person's light was damaged causing a constant flickering strobe effect. We were told that staff had been informed of these maintenance concerns and they had only started to be addressed when the new registered manager had started in post.
- ☐ The adaptation of the environment did not sufficiently meet people's needs or promote their independence. For example, door pads to assist people to access doorways to bathrooms and toilets had been broken and not repaired. We saw one person struggling to open a heavy bathroom door in their wheelchair and another person, although doing their own laundry struggling due to the position of the machines and size of their wheelchair.

People were not always empowered to be independent by the design, adaptation and decoration of the service. The environment had not been maintained in a way that promoted people's dignity and independence. This is a breach of Regulation 15 (1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us an action plan, which included the action the provider planned to take in relation to aspects of the environment.

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

- ☐ We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

The Mental Capacity Act provides a legal framework for making 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. (DoLS).

People had decisions made about their care, which had not been evidenced as having been done so in their best interest. For example, having their money managed in a certain way. We were told some people had capacity, however, their money was held and managed by staff. It was not evident how or why this decision about the person's money had been made.

- ☐ We were told people had capacity or lacked capacity. However, records did not demonstrate how this had been assessed or how staff recognised that capacity fluctuated and changed dependent on the activity or changes in situation.

- ☐ Some people had periods of time when they had supervision from staff. For example, we were told some people needed staff support at all times when they went out. No DoLS applications had been applied for to reflect this level of support or to demonstrate appropriate practices had been followed when people lacked capacity to make decisions about their care.

- ☐ Other agencies expressed concern that people had restrictions placed on them due to past events and lifestyle choices. They said they believed consideration had not always been given to people's human rights and choices.

Consent to care and treatment had not in all cases been sought in line with legislation and guidance. This is a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ One relative told us they had been involved in discussions about their family members care. We saw the minutes of a meeting, which had been planned with the person and their relative to discuss their holiday arrangements.

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

- ☐ Most people had lived at the service for many years. The admission records for these people had been archived and no longer held in their files. We were told initial assessments were completed and used to develop a care plan for the service. However, one person who had moved into the service 18 months prior to the inspection did not have a care plan in place. It was therefore unclear how staff knew what this person's needs were or if they were being met.
- ☐ We found risks associated with people's care that demonstrated the service was not always ensuring people's needs and choices were met (Examples are detailed throughout the report)

Staff working with other agencies to provide consistent, effective, timely care.

- ☐ Support had been requested from other agencies in relation to people's needs and incidents which had occurred. However, advice and guidance had not always been understood and followed by staff providing care. For example, advice had been sought from the specialist learning team for one person who had displayed distressed behaviour during personal care. The learning disability team had provided guidance to staff to support the person and reduce their anxiety. The recommendations had not been implemented into the person's plan of care, recommendations had not been followed and incidents had continued to occur.
- ☐ Other agencies said they had been concerned about staff and management's failure to understand and follow advice. There was however, acknowledgement that the new registered manager had been proactive in the short time they had been in post and they were hopeful this would have a positive impact on the service and people being supported.

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

- ☐ Care plans did not always describe the support needed to maintain people's health and well-being. For example, the mental health services had advised that exercise was crucial to maintain one person's mental health. However, this had not been incorporated into the person's plan of care. Other agencies expressed concern about the lack of exercise and planned activity for this person.
- ☐ People's care records were quite disorganised and did not provide clear detail to staff and others about their past and current health needs. Information about people's health was found to be randomly filed amongst other records. The new registered manager said she had recognised this and planned to develop Health Action Plans for each person, which would detail their health needs and services involved.
- ☐ People did not have Hospital Passports. Hospital Passports include information about people's needs and how they choose to be supported. This information helps ensure people receive consistent care in the way they need and prefer if they are admitted to hospital or other healthcare facility.

The delivery and planning of care in relation to people's health was not personalised, and did not always reflect their assessed and individual needs. This is a breach of Regulation 9 (1)(a)(b)(c)(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ People had access to a range of healthcare services, such as local GP practices and district nursing.

- Records confirmed prompt action had been taken when people had become unwell, or their health changed. A record was kept of appointments attended or needed.
- Staff had identified that one person's behaviour had changed and had sought support from external agencies. As a result, the person was being monitored for any signs of cognitive decline and possible dementia.

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

- We saw some people using the kitchen area to make drinks and light snacks. People said they liked the new kitchen and were pleased to be able to use the new low work surfaces to make their own cups of tea.
- The registered manager said they had some concerns that restrictions had been placed on people in the past about what they had to eat and drink. They said they believed this was due to staff wanting to encourage healthy eating, but recognised this may not be appropriate or personalised. They told us they would be addressing this as a matter of priority to ensure people could make real choices about their diet.
- We were told people could make choices about what they had to eat. However, information about meal choices was not provided to people in a way they could understand. On the day of the inspection one choice of lunch was handwritten on a white board. Staff agreed that not everyone would be able to see and understand this information.

We recommend the provider considers current guidance in relation to the Accessible Information Standard and updates their practices accordingly.

Staff support: induction, training, skills and experience

- At the last inspection we found staff did not undertake sufficient training specific to help ensure they could meet the needs of people they supported. At this inspection the new registered manager had reviewed staff training and was in the process of meeting with all staff to discuss development and training needs. We saw records to confirm staff had undertaken training in, moving and handling, equality and diversity, safeguarding, fire and first aid. On the first day of the inspection staff were attending medicines training.
- We saw staff had undertaken breakaway training to help them manage difficult situations, however, it was not evident consideration had been given to looking at understanding behaviours. We spoke with the registered manager about the need for staff to undertake training in relation to people's specific needs and learning difficulties, such as learning disability awareness and communication training.
- New staff undertook a detailed induction programme and completed the Care Certificate if they had not worked in the care industry before.
- Staff said they felt well supported and said support had significantly improved since the new manager started at Christmas.

# 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

RI: ☐ People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- ☐ At the last inspection people were not always respected and supported by compassionate staff. Practices did not always promote independence, and people's cultural and spiritual needs were not understood and promoted.
- ☐ At this inspection we found little action had been taken to address these concerns prior to the new registered manager starting in post in December 2018.
- ☐ We did observe some lovely, kind and positive interactions between people and staff. However, we also observed some practices that were institutionalised and did not promote people's independence. For example, we heard people being called to a communal area to be given their medicines, rather than being supported in private and staff performed most of the tasks for the lunchtime meal without including people and encouraging their skills.
- ☐ Parts of the home and décor did not promote people's dignity or respect their age. For example, one of the hallways in a bungalow had a large train painted along the hallway. The painting was childlike and did not promote an adult environment. A small fridge and locker was also in the hallway with signage that they were for staff use only. This did not promote a clear message to people that it was their home and not the home of staff who provided support.
- ☐ Support plans continued to be very task focussed concentrating mainly on people's personal care needs rather than on the whole person, their lifestyle and progress. For example, staff completed a tick box checklist to say people had brushed their hair, cleaned their teeth and used the toilet. This chart was completed even when people had capacity and were independent in this area of care.
- ☐ Most people were described to us as independent, however, some people's bedrooms were not clean and tidy. Support plans did not describe the support needed by people to maintain their personal space or any plans in place to help them to develop and progress their independent living skills.
- ☐ Other agencies expressed concern about the culture of the service and said they believed that some people had become de-skilled and had lost their confidence and ability to perform some everyday tasks.

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

- ☐ We were told staff undertook equality and diversity training.
- ☐ Staff said they welcomed people into the home regardless of their differences. However, information provided to people when they first moved into the home did not tell people that their differences and diverse needs would be understood, respected and welcomed.
- ☐ People's spiritual and cultural needs were not documented to enable them to be known and therefore met.

The environment, practices and culture did not always promote people's dignity, independence and respect. This is a continued breach of Regulation 10(1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- ☐ We did observe lovely relationships had been formed between people who lived in the service. People knew each other well, and were able to laugh together and show empathy when needed. We saw people helping each other and offering to make each other hot drinks. These relationships and interactions clearly made people feel valued and part of their home.
- ☐ Staff, relatives and other agencies said they felt the culture and atmosphere of the home had improved since the new registered manager had started in post. Staff said the manager spent time in the home and challenged them about practices, which they felt was good and needed.
- ☐ We observed the registered manager promoting appropriate interactions and language used by people. For example, one person apologised to staff during the lunchtime meal. The registered manager explained to the person that they never needed to apologise for their care, and suggested times when it might be nice and more appropriate to apologise to someone. Another person asked the registered manager if they could talk about someone who had died. The registered manager offered them the opportunity to talk in private.
- ☐ We heard staff praising people about the way they looked and showing genuine interest in what they were doing and about plans for the day. These interactions helped create a more homely, positive atmosphere for people to live in.
- ☐ People mainly said they felt their privacy was respected. People said staff knocked on their doors before entering and respected when they wanted time alone.

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

- ☐ Some people told us they did not feel involved in decisions about their care. One person who we had been told was more independent than others did not have a care plan and was not aware of having seen one.
- ☐ Two adult social care professionals said they felt decisions had been made about people's care and support without their involvement.
- ☐ People's support plans did not evidence how people were involved in matters concerning the home and



their care. Staff had signed to say support plans had been reviewed but it was not evident if and how people had been involved in this process. Support plans were not available in a format people could access and understand.

People's decisions and preferences had not always been taken into account in the planning and delivery of care. This is a breach of Regulation 9 (1)((3)(b)(c)(d)of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We did observe the registered manager and staff encouraging people to be involved in events happening in the home. On the second day of the inspection a party had been organised for a staff member who was leaving. People were very excited about being part of the surprise and party planning.
- Relatives said they were made to feel very welcome. Two relatives said they had been very supported during a period of bereavement, they said "The staff have gone over and above to support us all".

# Is the service responsive?

## Our findings

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

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ At the last inspection people told us there was not always enough socially for people to do. People's support plans did not always detail what people socially wanted to do or what people were doing each day. People's aspirations and wishes had not been documented.
- ☐ At this inspection we found some improvements had been made, but only in the short time that the new registered manager had been appointed.
- ☐ Support plans had not been updated to provide information about people's social needs, future goals and aspirations. Support plans were very generalised, and each person's plans included similar bullet points and wording rather than being personalised to the individual.
- ☐ There was little evidence of value being placed on people's social opportunities. For example, each person had a weekly activity form and these had either not been completed or included brief information such as 'Did craft' 'Tidied room' 'Watched TV'. Many of the people living in the service were young, but there was little evidence of age related activities. Staff told us people went out, but lots of activities involved short trips to local shops and out for a drink, rather than other individual, meaningful or educational activities.
- ☐ Some people still said they were not supported by staff to do the things they wanted to do. Other agencies expressed concern that the provider did not recognise people's social needs as part of their care arrangements. They said, "Staff very much feel their task is about people's physical needs, not their emotional and social needs".
- ☐ Care plans did not include information about people's wishes, goals or aspirations or cover life-skills which people wanted or needed to develop or progress. Some people had lived in the service for many years, some as many as 20 years. However, we heard no examples of people being supported to move on.
- ☐ Some people had limited verbal communication, and expressed their views and feelings in their mood and the way they behaved. Although some staff knew people well, information and aids to support people's communication needs was very limited.

Care and treatment was not in all cases personalised and did not always take into account people's preferences and wishes. This is a repeated breach of Regulation 9 (1)(a)(b)(c) of the Health and Social Care

- ☐ The Registered Manager had recently appointed an activities coordinator. We met them during the inspection and they said they were keen to take up their new role. As this was a new post it was not possible to see the impact this would have on people and their social opportunities.
- ☐ People said they had been doing more since the new manager had been appointed and more staff were working in the home. Relatives said they were aware of people doing more since the new manager had arrived.
- ☐ The registered manager had addressed some aspects of care to ensure the service was responsive to people's particular needs and wishes. For example, they said when they started working in the service people had set times for having a bath. They had worked with staff and people to ensure a change in culture, they said "Staff and people needed to understand that people can choose when they want to have a bath and this request must be met and respected. People told us about this change in relation to their personal care.
- ☐ Staff said they were pleased with the new rota and felt they would have more time to spend with people and take them out. One person said, "There have been more activities lately, I am going to go and book tickets for the theatre". One person had been supported to go on holiday, and two other people we spoke to had holiday plans in place.

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

- ☐ The provider had a written complaints procedure, and relatives said they knew how to raise concerns. However, the procedure was not available in a format accessible to people who used the service.
- ☐ We saw resident's meetings had taken place and people had been able to raise issues about the running of the service. Although these discussions were documented, action plans had not been included to demonstrate how issues raised had been addressed.

We recommend the provider seeks advice and training from a reputable source in relation to the Accessible Information Standard.

#### End of life care and support

- ☐ At the time of the inspection the service was not supporting anyone with end of life care.
- ☐ Support plans did not include any information about people's end of life wishes.

We recommend the provider considers current guidance in relation to End of Life Care and updates their practices accordingly.

- ☐ Relatives did say staff and management had supported them very well during a period of bereavement. They said, "The staff went over and above to support us".

# 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

Inadequate: ☐ There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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

- ☐ At the last inspection we found the service was not being effectively assessed and monitored by the provider to ensure its on-going safety and quality. The provider had failed to recognise that people lived in an environment which did not always have a positive and inclusive culture. At the time of the last inspection the service did not have a registered manager in post and the service was being overseen by an acting manager.

At this inspection a new registered manager had been recently appointed. They had begun to address concerns and aspects of the service they recognised were institutionalised and not in line with best practice. However, the provider had failed to address concerns in a timely manner and many aspects of the service highlighted as requiring improvement at the last inspection had not been dealt with.

- ☐ For example, parts of the environment had remained in a poor condition. People's support plans and risk assessments had not been updated to reflect people's individual care needs and to ensure care provided was personalised, appropriate and safe. Staff practices, which had at times been institutionalised and did not respect people's dignity and human rights, had not been recognised and addressed as part of the providers monitoring of the service. The management of medicines had improved, but improvements were still needed to ensure people's safety and well-being.

- ☐ Other agencies said there had been a significant improvement since the new registered manager had been appointed, but expressed concerns about if these improvements would be sustained if the registered manager was not present in the service.

- ☐ The registered manager said they had been well supported by the provider and they had visited the service once a month and been available to them by telephone. We saw these visits had been documented, however, the information was brief and did not evidence a robust auditing process or action plan for on-going improvement. The provider had sent an action plan following the last inspection, however auditing processes did not evidence that checks were made to ensure action had been taken to address concerns and meet the regulations.

- ☐ Some aspects of the service did not demonstrate an awareness and understanding of 'Registering the

Right Support'. Registering the Right Support covers new CQC policy and guidance relating to services supporting people with learning difficulties and the underpinning principles of choice, promotion of independence and inclusion. For example, care plans did not take into account people's long-term needs, development of skills, and independence.

#### Continuous learning and improving care

- The provider had failed to respond in a timely way to concerns and breaches of regulations found at the last inspection.
- The provider did not have sufficient oversight of the service to ensure concerns were addressed and improvements made in a timely manner. We saw some quality audits were in place, but some of these were out of date and did not reflect what we found. For example, a daily checklist was completed in relation to the environment and equipment. Staff had signed to say wheelchairs had been checked to confirm they were clean and in good order. However, we found this was not the case and some people's wheelchairs were unclean and unhygienic.

The lack of robust quality assurance meant people were still at risk of receiving poor quality care and should a decline in standards occur, the providers systems would potentially not pick up issues effectively. This was a continued breach of Regulation 17 (1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, staff, relatives and other agencies were positive about improvements made by the registered manager and were hopeful about the impact the change in culture and practice could have on people. However, it was too early to see the real impact of these changes or to judge if they would be sustained.
- The registered manager was clear about the need to prioritise improvements in a way that meant people were safe. They told us they had registered with local authority forums to help ensure they were up to date with best practice and legislation.
- The registered manager said an external company would be used in the future to assist with auditing and quality monitoring of the service.
- Following the inspection, the registered manager sent an action plan, which they said had been agreed with the provider to address concerns that had not been addressed at the last inspection as well as on-going and new concerns found during this inspection.

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

- Since starting in post, the registered manager had met with people and relatives and spoken about any concerns or issues they had about their care or the service.
- People and staff said the registered manager had been regularly in the service and they had felt more involved and valued.
- We observed the registered manager observing and challenging staff practices, which did not respect

people's privacy, dignity and human rights.

#### Working in partnership with others

- ☐ The registered manager had been open with other agencies about improvements that were needed. Other agencies said they had been impressed with the how the new registered manager had been pro-active in contacting them for advice and support. There was a general view from other agencies that in the past the service had worked in isolation from other services, which had not resulted in a positive outcome for people using the service.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The delivery and planning of care in relation to people's health was not personalised, and did not always reflect their assessed and individual needs.

### The enforcement action we took:

Impose a condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  The environment, practices and culture did not always promote people's dignity, independence and respect

### The enforcement action we took:

Impose a condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Consent to care and treatment had not in all cases been sought in line with legislation and guidance

### The enforcement action we took:

Impose a condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks in relation to people's care and lifestyle were not assessed and managed appropriately.

### The enforcement action we took:

Impose a condition

Regulated activity	Regulation
--------------------	------------

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The lack of robust quality assurance meant people were still at risk of receiving poor quality care and should a decline in standards occur, the providers systems would potentially not pick up issues effectively

**The enforcement action we took:**

Impose a condition