

Care In Mind Limited

Moor Villa Farm

Inspection report

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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

About the service

Moor Villa Farm is a residential care home which was providing care to three people at the time of the inspection. The service specialises in providing recovery and rehabilitation for up to five younger adults with complex mental health difficulties.

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

People were not receiving a service that provided them with safe, effective care. Risks associated with people's behaviours were not managed safely. Risks within the environment were not effectively mitigated which meant people were placed at risk of significant harm.

Medicines were not always administered as prescribed and infection control procedures did not support people to remain safe during the pandemic. Recruitment practices were robust.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support. The provider was not following proactive best practice models to reduce the need for restrictive interventions.

We found systems and processes used to ensure the service was running safely were not effective. We observed a lack of leadership, direction and oversight. The registered manager did not oversee the day to day running of the service and told us they rarely visited the service. An acting manager supported staff and people, but they lacked understanding of the importance of maintaining a safe environment for people.

The provider's quality assurance systems had failed to identify significant risks to people. The inspection team identified a number of serious risks within the environment. The provider and registered manager were asked to address these immediately. We revisited the service to check on improvements that the provider told us they had made. Sufficient action had not been taken to ensure people using the service were safe. The provider then made the decision to close the service.

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

Rating at last inspection

This service was registered with us on 25 September 2020 and this is the first inspection.

Why we inspected

The information CQC received about the incident indicated concerns about the management of ligature risks. This inspection examined those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safety of people and management oversight at this inspection.

We recognised that the provider had failed to ensure risks to people were effectively, assessed, managed and mitigated. This was a breach of regulation and we issued a notice of decision to impose conditions upon the providers registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

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.

Moor Villa Farm

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors on the first site visit. An inspection manager and an inspector attended the second site visit.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The registered manager was not based at the service and had taken a step back from the role in May 2021. An acting manager was supporting the service.

Notice of inspection

This inspection was unannounced on both site visits.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in

this report. We used all this information to plan our inspection.

During the inspection

We gave people the opportunity to speak with us about their experiences of the care provided. We spoke with five members of staff including the provider, registered manager, acting manager and support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People who engaged in self-harming behaviour were not supported safely by staff. The provider had failed to ensure that staff had clear guidance to follow and to manage risks associated with people's support needs. This meant that people were placed at significant risk of harm.
- The environment had not been robustly assessed in relation to the risks associated with people's care and support needs. Where risks had been identified, there was no action taken to mitigate against areas of risk.
- The provider had systems in place to review and learn lessons from accidents and incidents. However, we found limited evidence to show that these had been operated effectively. For example, risk assessments did not provide enough information to ensure the safety of people and prevent reoccurrence of serious incidents.

People had been placed at significant risk of harm as a result of the issues we found. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Staff had received training for administration of medicines. However, we saw no evidence of competency checks to ensure staff were administering medication correctly.
- People did not always receive their medication as prescribed. For example, staff refused to administer people's medicines in line with their prescription, without seeking medical advice.
- People's psychotropic medicines were increased to manage risks to people, rather than exploring alternative options to reduce and mitigate risk.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of the issues we found. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. No checks were completed on the inspection team on both days of the site visits. Visiting professionals also confirmed that no COVID-19 checks were completed when they visited the service.
- People and staff did not have risk assessments in place to support the management of COVID-19 at the service.
- Staff told us there was no systems in place regarding testing for COVID-19.

- Areas of the service were unclean and appropriate cleaning products were not available for use when cleaning bodily fluids.
- The provider told us they had a COVID-19 response team to support the service. However, there was no awareness of the issues we found during our inspection.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of the issues we found. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

- Recruitment was safe, appropriate checks were completed to ensure staff were of a suitable character to work with vulnerable people.
- We observed there was enough staff present to meet people's needs.
- Contingency plans were in place to cover staff shortages. However, four of five staff expressed some concerns about the usage of bank staff and felt a consistent staff team would be of benefit to the service and people living at the home.

Systems and processes to safeguard people from the risk of abuse

- People were not always safeguarded from the risk of abuse. Whilst staff demonstrated an awareness of safeguarding procedures, people were placed at risk of abuse. This was due to the lack of information recorded in care plans and risk assessments about their individual vulnerabilities.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- Staff were not sufficiently trained, skilled or knowledgeable to support people in unsafe situations.
- Although staff received a range of training, staff did not always feel equipped to support people in unsafe situations.
- Records showed that staff received an induction and had attended some supervision meetings to support them within their role. However, staff told us supervisions and competency checks were rarely completed.
- We received mixed feedback about training provided for staff. Comments included, "There is a lack of training for specific conditions", "I have not received any training for my role" and "We need more training for incidents."

The provider failed to ensure staff were suitably trained and supported. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People's rights were not fully protected as records did not always evidence that best practice was being followed. For example, there was no evidence of capacity assessments undertaken, and best interests' decisions were not always recorded.

We recommend the provider consider current guidance of the principles of the MCA and take action to update their practice accordingly.

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

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

- Care plans failed to provide clear guidance for staff to follow on how to deliver effective care to meet people's diverse needs.
- People's risk assessments were not completed in a manner which included all aspects of their needs.
- People's dietary needs were recorded. However, there was no information within care plans to provide clear guidance for staff on how to support people safely where risks existed.
- Staff told us they supported people to plan their meals. However, we did not see any evidence of this.

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

- Care plans were not reviewed and updated following incidents to reflect any required changes in a timely way. This meant care staff did not have accurate information on how to support people safely.
- People had access to a range of health care professionals within the provider group. However, staff did not always seek advice and guidance from external health professionals.

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

- Not all care plans provided clear guidance for staff to follow on how to deliver effective care to meet people's individual expressed needs.
- We observed numerous ligature points around the service, which had not been robustly assessed or mitigated. These risks, along with a lack of supervision by staff meant people were placed at an increased risk of harm.
- People were involved in the decoration of the service. For example, people created displays of their choice within communal areas.

Is the service caring?

Our findings

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

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

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

- The service was not providing person-centred care or fully respecting people's equality and diversity. Whilst staff demonstrated knowledge of people's personalities and what was important to them, staff were also instructed to follow the providers model of care which did not support the diverse needs of people.
- Religious or cultural beliefs were explored during initial assessments. However, there was no evidence within care plans to guide staff on how these were to be respected or managed.

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

- People were involved in some decisions about their care. However, improvements were needed where people engaged in unsafe behaviour which required additional support from staff.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity and respect.
- Systems were in place to maintain confidentiality. Care records and other private and confidential information were stored securely.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences ; 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 had full control over their lives. However, care plans and risk assessments did not guide staff on how to support people with their individual needs, wishes and choices.
- There was little evidence of people being supported by staff to follow their goals and aspirations.
- The provider had a structured weekly activity planner to support people's engagement in meaningful activity. However, we saw that this was not implemented at the service. This impacted negatively on people as they were left with little support on how to meaningfully structure their time.
- People had been supported to maintain contact with their families during the COVID-19 pandemic.

End of life care and support

- People's end of life wishes were not explored and recorded. This was an area we would expect providers to approach with people and their families and/or representatives and develop a plan. Some people and their families may not want to discuss this, but we found no records to show these topics had been approached.

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

- People had communication care plans in place. This included information of alternative methods people displayed to communicate their needs.
- There were procedures in place for making compliments and complaints about the service.
- Relatives told us they knew how to complain.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements ; Continuous learning and improving care

- During the inspection, we found multiple breaches of regulation. These failings demonstrated the providers systems to monitor the quality and safety of the service were not robust. This led to breaches of regulation in relation to safe care and treatment, staffing and good governance.

- The registered manager did not oversee the day to day running of the service. They had no awareness of the risks we identified during our inspection, and as a result they had not shared these risks with the provider.

Staff were supported by an acting manager who also lacked understanding of significant areas of risk within the service.

- Actions were not always identified following the occurrence of significant incidents.

- Opportunities to learn lessons following incidents were not implemented to improve the safety of the people at the service.

The provider failed to ensure systems were effective, in place and robust enough to demonstrate the service was effectively managed. This was continued breach of the regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Areas of significant concern were raised with the provider during the inspection. Following the inspection, the provider made the decision to close the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Care delivered was not person centred. Records did not contain personalised information about people's needs, or risks they were exposed to.

- People were engaged within the running of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager understood requirements in relation to the duty of candour and ensured relatives were kept informed about significant events.

- The provider also complied with their legal responsibility to notify the CQC about incidents that affected

people's safety and welfare.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the service. The provider failed to assess and, mitigate risks relating to the health and safety of others. The provider failed to maintain accurate, complete and contemporaneous records. The provider failed to ensure systems were in place to involve people in the running of the service.</p> <p>17(2)(a)(b)(c)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure staff were adequately trained and supported within their role.</p> <p>18 (1), (2) (a)</p>

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks to people were effectively, assessed, managed and mitigated 12(2)(a)(b)(d)

The enforcement action we took:

We imposed urgent conditions on the providers registration.