

## Promoting Active Support Limited

# Our House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# 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

Our House is a residential care home providing personal care to 8 people with a learning disability or autistic people at the time of the inspection. The service can support up to 8 people.

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

#### Right Support

People were not supported in a safe, clean, warm and appropriately maintained environment. Risks identified by the fire service and other external safety consultants had not been promptly addressed. Fire doors were propped open with wedges, and flooring was in need of replacement and presented trip hazards in the service's communal spaces. On the first day of our inspection the service was cold and dirty.

Risks in relation to people's individual behaviours had not been appropriately identified and mitigated.

In response to feedback during the first day of inspection the provider took action. By the second day of the inspection the service had been cleaned, was noticeably warmer and additional risk assessments had been developed.

Medicines were stored securely; however medicine administration records had not been accurately completed.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. We have made a recommendation in relation to systems for recording assessments of people's capacity in relation to specific decisions.

#### Right Care

The service was short staffed and staff and managers were having to complete additional shifts to ensure people's safety. Necessary recruitment check had not been completed and a third of the staff team had completed less than 50% of the training identified as necessary to meet people's needs.

Staff understood people's individual needs and communication preferences. People were confident approaching staff for support and did so without hesitation. Staff supported people to access healthcare services when required.

Staff understood how to protect people from abuse. There were systems in place to ensure people were protected from the risk of financial abuse.

### Right Culture

The providers quality assurance systems were ineffective and had failed to ensure prompt action was taken in response to identified safety concerns.

Staff were complimentary of the registered manager and records showed staff had received regular supervision. The roles and responsibilities of the registered manager and nominated individual were understood by staff.

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

### Rating at last inspection and update

The last rating for this service was good (published 1 April 2020).

### Why we inspected

The inspection was prompted in part due to concerns received about medicines, staffing levels, staff training, safeguarding and the oversight of the service. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Our House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified breaches in relation to the premises, risk management, staffing, recruitment and governance at this inspection. In addition, we have made a recommendation in relation to the assessment of people's capacity.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Requires Improvement</b> ●</p>

# Our House

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

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

### During the inspection

We met and spoke with 6 people living at Our House, 6 care staff, 1 agency staff member, 2 maintenance staff, a team leader, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 also spoke with 2 relatives who were visiting and received additional feedback from 2 relatives following the inspection visit and from 3 health and social care professionals.

We looked at records relating to people's care and the management of the service. This included 3 care plans and associated risk assessments, medicine administration records (MARs) and staff recruitment and training records.

We also asked the service to send us records relating to the management of the service, quality assurance audits and policy documents. This information was reviewed in detail after the site visit.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- The provider had identified, and staff were aware, that one person's behaviour and actions could impact adversely on others living in the service. We noted staff responded promptly and discouraged this behaviour to ensure people's safety and emotional well-being. However, no specific risk assessment had been completed in relation to these behaviours prior to the inspection. Staff had not been provided with clear guidance on how to respond when one person's actions were negatively impacting on others.
- One person sometimes consumed materials that put them at risk. No specific risk assessment had been completed to guide staff on how to manage this risk. Action had not been taken to prevent the person from accessing these materials.
- The provider had not promptly recognised these risks or learned from incidents that had occurred previously.

The provider failed to ensure risks in relation to people's known care and support needs were adequately mitigated. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following feedback to the provider at the end of the first day of the inspection, action was taken in response to these issues. Risk assessments were developed in relation to interpersonal behaviours and the ingestion of non-food items. Action was taken to reduce the person's access to non-food items.
- The provider had failed to take prompt action to address safety issues identified during the required 5 yearly assessments of the service's electrical system. Failings identified as requiring immediate remedial action in 2021 had not been addressed prior to the inspection. When this issue was raised with the provider, action was taken to make the necessary repairs. However, further works were necessary by qualified technicians to address other risks identified during the 2021 assessment. In addition, the service's gas safety certificate was out of date. These failures had exposed people to risk of harm.
- Necessary checks and action had not been taken to mitigate identified risks in relation to legionella in the service's water system. This unnecessarily exposed people to risk of harm.
- During the first day of the inspection, inspectors found that two fire doors were wedged open and one door was damaged meaning it would be difficult to operate in an emergency. Immediate action was taken to address this issue but repairs initially failed when tested by inspectors.
- The fire service had completed a review of fire safety systems at Our House in May 2023. Issues identified included, obstruction of escape routes, poor fitting of fire doors and a lack of maintenance and testing of

alarm and lighting systems. Prior to our inspection, none of the issues raised by the fire service had been addressed. This meant people had been exposed to risk of harm.

The provider failed to ensure the premises were safe for use. This contributed to a breach of Regulation 15 (Premises and equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to feedback during each day of the inspection, action was taken to improve the safety of the premises. A gas safety inspection was completed on the day following our 2nd inspection visit and action taken to improve the fit of fire doors. In addition, arrangements were being made for suitably qualified technicians to test the service's fire safety arrangements and resolve the identified electrical safety issues.

#### Staffing and recruitment

- The service's recruitment practices were not safe. Necessary Disclosure and Barring Service checks had not been completed to ensure all staff were suitable for employment in the care sector. No recruitment information was available for one person working in the service. The provider had relied on telephone reference information for 2 other recently recruited staff. There were no records to evidence more robust references had been sought out.

The provider had not completed necessary pre-employment checks. This was a breach of Regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual told us the target staffing level at Our House was, "Four or 5 care staff each day, with 5 it is easier getting the guys out ".Two staff had recently resigned and this had placed pressure on staffing levels at Our House.

- People told us, "At the weekend it is a bit quieter usually about 3 or 4 staff, there are 2 staff on at night". Rotas showed that in the 4 weeks prior to the second inspection visit, there had been numerous occasions when only 3 staff were present in the service during the day. Staff told us, "Normally 4 or 5 staff, the other day there was 3 of us but they got someone to come in early" and "There have been 3 on before, not 2 to my knowledge, usually 3 only happens when we have illness".

- The reduced staffing levels at Our House were restricting people's opportunities to leave the service and access the community. Staff comments included, "If we have enough staff we can take people out" and "Getting out at the minute is a struggle as not all of the staff drive".

- Staffing at night was also challenging. The service aimed to have 2 waking night staff on duty. However, rotas showed waking night shifts were having to be covered by day staff sleeping in approximately twice per week.

The provider had not ensured there were sufficient staff available to meet people needs and enable access to the community when people wished. This contributed to the breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was actively recruiting to fill gaps in the rota and an interview for an additional member of night staff was arranged for the week following the inspection.

- Staff had been completing additional shifts and managers had been providing care to cover the gaps in the rota. Staff recognised the service had been struggling to achieve safe staffing levels. They told us, "What [The registered manager] kind of does is stay until it is safe to leave. She would not ever leave the place unsafe" and "The deputy will also stay on until it is safe to leave".



### Using medicines safely

- Medicine Administration Records (MARs) had not been consistently completed, staff had not always signed the MAR to show medicines had been administered as prescribed. Handwritten entries and amendments to MAR charts had not been consistently countersigned to mitigate the risk of error.
- One person received a varying dose of a medication to manage a specific risk. MAR charts had not been accurately completed in relation to the amount of this medication used each day. Information in records about the use of this medication contradicted information in the MAR charts. The provider's systems did not ensure information was accurately recorded where medicines were used in varying amounts.
- Staff supported one person to monitor their blood sugar levels, the equipment used to complete this task had failed in November 2023. The provider had requested additional equipment to enable this monitoring to be conducted but this equipment had not yet been provided.

The provider had failed to accurately document the support people had received with their medicines and take action to monitor people's health effectively. This contributed to the breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where 'as required' medicines were administered to support people to manage their anxiety, MAR charts had been accurately completed and appropriate records maintained to evidence the effectiveness of these medicines.
- Staff responsible for managing people's medicines had received training and their competency in this role had been assessed.
- Medicines were stored securely in a central location. There were no arrangements for the storage of medicines in people rooms to help support and develop independence. We discussed this with the provider who said they would consider this in the future.

### Preventing and controlling infection

- On the first day of the inspection, we found the service was dirty throughout. Flooring in all areas of the service was visibly dirty, including within people's bedrooms and bathrooms. On the first floor a significant number of dead insects were seen in communal areas and cobwebs were present throughout the service.
- At midday, we found that a communal toilet was heavily stained with faeces. This was reported to the provider but not cleaned prior to the end of the inspection, approximately 5 hours later.
- Staff told us "We have housekeeping who does the bits we can't do, she comes in 3 days a week for 5 hours each visit". The cleaner was on shift during the first day of the inspection but was often observed supporting people in the service's communal areas during the morning.

The provider had failed to ensure the premises were clean. This contributed to a breach of Regulation 15 Premises and equipment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following feedback at the end of the first inspection day, the service was cleaned. On the second day of the inspection, we noted the dead insects and cobwebs had been removed and toilets cleaned. The provider told us an additional cleaning schedule was being introduced to ensure all areas of the service were cleaned regularly.

### Systems and processes to safeguard people from the risk of abuse

- People told us, "The staff are nice" and relatives said, "Our House staff makes sure that [My relative] is safe and well". People approached staff for support without hesitation and staff responded positively to people's requests.
- Staff and managers understood safeguarding procedures and knew how to report safety issues externally

if this became necessary. Staff told us, "People are safe" and "I would say people are safe".

- There were systems to protect people from financial abuse. Receipts were available for all purchases made by staff on people's behalf.

Visiting in care homes

- The service actively encouraged visits by people's relatives and friends. Relatives told us they were able to visit when they wished, and 2 relatives were visiting at the beginning of the inspection.

# Is the service effective?

## Our findings

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

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

Staff support: induction, training, skills and experience

- The service training matrix showed that a third of the active staff team had completed less than 50% of the training identified as necessary to meet people's needs.
- The provider did not have a system to prioritise the order in which new staff should complete the required training. Two staff told us they had not completed any training since joining the service.

The provider did not have effective systems to ensure staff had the skills necessary to meet people's needs. This contributed to the breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they were well supported and had received regular supervision. Staff comments included, "I have had supervision" "I had a supervision 3 weeks ago" and "We have supervision every month I had mine last month and due another one soon".

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

- On the first day of our inspection, inspectors found the service was cold. Staff comments included, "I always think it is cold upstairs" and one staff member was observed wearing an outdoor coat throughout the day. This issue was raised with the provider.
- On the second day of the inspection the outdoor temperature had increased and the service was warmer. However, upstairs areas and the downstairs corridor remained noticeably cool. Radiators and additional wall mounted electrical heaters were available in these areas but were not consistently in use. The registered manager reported one person often turned these heaters off. No action had been taken to monitor this.
- There was a general air of neglect within the premises. The environment, particularly in communal areas and the first floor, did not provide an inviting or homely atmosphere.
- Carpets in communal areas and staircases were worn, damaged in places and in need of replacing. In some areas damaged flooring represented a trip hazard. The provider recognised carpeting needed updating and had begun sourcing replacements. However, at the time of the inspection, no carpets had been ordered.
- One person used a wall mounted touch screen computer. This was encased in a structure designed to protect the screen during use. On the first day of this inspection this case was damaged and visibly dirty. On the second day of our inspection, we found some repairs had been completed and the area had been cleaned.

The provider had failed to ensure the premises were properly maintained and suitable for use. This contributed to a breach of Regulation 15 (Premises and equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had systems and procedures to assess people's needs before they moved in. This helped ensure the service would meet people's needs and expectations without impacting on the experiences of individuals already living in the service.
- To support the transition of one person into the service, the provider had commissioned a member of agency staff from their previous location to continue to provide support 2 days per week. This had been very successful and the person told us they were enjoying their new home.

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

- People were appropriately supported at meals times and told us, "The food is not bad, I get to choose".
- Staff prepared most meals and shopping was ordered online. People's support needs meant access to the kitchen area was restricted. However, people were supported to participate in baking and other cooking activities.
- Staff supported and encouraged people to keep active and to make healthy lifestyle choices.

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

- Staff worked with health care professionals to ensure people's needs were met. People had been supported to access health care services when needed.
- People were encouraged to participate in exercise and outdoor activities when there were enough staff available to support this. One person told us they had enjoyed participating in a sponsored walk.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked the capacity to consent to restrictive care practices, necessary applications had been made to the local authority for their authorisation under the deprivation of liberty safeguards.
- Staff offered support and sought people's consent before providing assistance.
- The service's systems for assessing people's capacity to make specific decisions was not entirely robust.

We recommend the provider seeks guidance from reputable experts on systems for recording assessments of individual's capacity in relation to specific decisions.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance systems were not sufficiently robust. They had failed to ensure prompt action was taken to resolve the safety issues raised by external contractors and the Fire Service.
- Records in relation to the support people received with medications had not been accurately completed.
- Audits had failed to identify the improvements required to the premises to provide a supportive and comfortable environment.

The provider's governance systems had failed to ensure the service consistently complied with the requirements of the regulations. This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had recently experienced an increased levels of staff turnover. This had impacted on both staffing levels and the registered manager's ability to focus on their leadership responsibilities.
- People and their relative were complimentary of the registered manager. They told us, "The manager is alright" and "The management are always happy to help with any queries that arise and respond very quickly. I feel that the management care about [My relative] and their welfare".
- The registered manager received formal supervision from the nominated individual regularly and these meetings provided opportunities for any issues or current challenges to be identified and discussed.
- The staff team were complementary of the service's leadership and told us, "I think the manager is really lovely, supportive and really caring of the residents", "I am really happy with the manager, I feel really supported" and "I think they are a great family, it is a lovely home."

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

- The culture of the service was not entirely person centered and we observed occasions where people's privacy and dignity was not consistently respected. Aids designed to help people orientate to space and time were not kept up to date. While preparing for a trip out staff loudly discussed one person's continence care needs in front of other individuals.
- Although there was a policy in relation to staff who were related working together, this did not adequately address and mitigate the risk of closed cultures developing.

The provider's systems had failed to ensure people's privacy and dignity was respected and drive

improvements in performance. This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were able to communicate effectively with people and use sign language appropriately to aid people's understanding.

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 provider and registered manager understood the requirements of the duty of candour and kept relatives informed when things went wrong.

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

- The service did not have formal systems to gather feedback from people or their relatives.
- People were involved in decision making and staff respected and valued people's individual skills and determination. Staff took pleasure in describing people's individual achievement and one staff member said, "[Person's name] is so switched on, probably smarter than me".
- The provider had arrangements to support staff during periods of individual hardship.
- The nominated individual described how the service had recently supported a person to gain sufficient independent living skills which had enabled the person to move and live independently with appropriate support arrangements.

Working in partnership with others

- The service engaged with health care professionals to ensure people's needs were met. Professionals told us, "I have always found both [the provider and registered manager] willing to listen to professionals and implement improvements" and records showed staff had supported people to access health services when necessary.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure risks in relation to people's known care and support needs were mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's governance systems had failed to ensure the service consistently complied with the requirements of the regulations.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not completed necessary pre-employment checks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured there were sufficient skilled staff available to meet people's needs and enable access to the community when people wished.



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 15 HSCA RA Regulations 2014 Premises and equipment  The provider failed to ensure the premises were safe, properly maintained and suitable for use.

### **The enforcement action we took:**

We issued a warning notice.