

Liaise (South) Limited

Timaru

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Timaru is a residential care home providing personal care to 6 people with a learning disability and/or autism. It is part of the Sequence Care Group. At the time of the inspection 6 people were using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

**Right support:** Whilst improvements had been made the model of care and environment failed to consistently maximise people's choice, control, and independence.

**Right care:** Whilst improvements had been made, care was not consistently person-centred and at times, and on occasions, failed to promote people's dignity, privacy, and human rights.

**Right culture:** The ethos, values, attitudes, and behaviours of leaders had improved since the last inspection.

Staff received appropriate training, supervision, and competency assessment. The provider had safe recruitment and selection processes in place. Infection control procedures were effective, and the environment was clean and well maintained. The provider had suitable arrangements in place to assess and mitigate risk to people and staff.

Governance systems were more effective at driving improvement and staff were aware of their roles and responsibilities. The provider worked effectively with external organisations and referrals to professionals were made when required.

The provider was open and honest about the improvements required and were aware of their responsibilities under duty of candour. The culture of the service had improved, and people were engaged in more meaningful activities.

### Rating at last inspection

The last rating for this service was inadequate (published on 6 April 2023)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At the last inspection we identified 4 breaches of regulation. At this inspection, we found improvement had been made and the provider was no longer in breach of Regulation 12 (safe care and treatment) and 17 (governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Why we inspected

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 undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led. 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 inadequate to requires improvement. This is based on the findings at this inspection.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

See our detailed findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

See our detailed findings below.

**Requires Improvement** ●

# Timaru

## Detailed findings

### Background to this inspection

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

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

#### Inspection team

The inspection was completed by 1 inspector.

#### Service and service type

Timaru is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under 1 contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The provider was in the process of recruiting a registered manager. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We reviewed feedback from various healthcare professionals, integrated care boards and local authorities.

During the inspection

We spoke with deputy manager, the regional manager and the director of quality and governance. We observed interactions between staff and people in communal areas. We reviewed a range of records including 2 people's care records, infection control documents and records relating to the management of the service. We looked at a staff files in relation to recruitment, training, and induction. We obtained feedback from 1 relative and 4 support workers.



# 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 inadequate. 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.

### Using medicines safely

- Improvements had been made since the last inspection, however, further progress was required. Feedback from a professional stated, "Bowel records are not being reviewed as part of medication administration. During the medication round, there was not a review of whether PRN 'as required' medication was required in the event of no bowel movement."
- At the last inspection the service had systems and processes in place for the safe storage, administration and use of medicines. However, the temperature monitoring of medicines storage areas was not always undertaken and recorded. The regional manager told us they were now using pharmacy medication administration records. [MAR] and a fan had been placed in the medication cupboard to help reduce the temperature in the warmer months.
- A medication audit was carried out on 15 February 2023 and achieved a compliance score of 98%. The audit highlighted records needed to be improved in relation to people's medication profiles. On the 15 March 2023 a medication audit recorded the medication profiles had been reviewed and updated.
- The providers training records highlighted 6 staff from a total of 18 staff required training in relation to the management of medicines. Staff who had recently joined the organisation had been scheduled to undertake this training. Competency assessments had been carried out in relation to the safe administration of medicines.
- Medicines to reduce people's anxiety and stress were only used as a last resort, for the shortest time and in situations where people were a risk to themselves or others. People's medicines were reviewed to monitor the effects of medicines on their health and wellbeing, including evidence of the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both).
- There were effective processes for ordering stock and checking stock into the home to ensure medicines provided for people were correct. Medicines, including thickening agents were stored securely at the required temperature.

### Assessing risk, safety monitoring and management

- At the last inspection we identified a failure to ensure staff had the appropriate qualifications, competence, skills, and experience to provide safe care. This placed people at risk of harm and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we were satisfied the provider had made sufficient progress and was no longer in breach of regulation. However, time is required to ensure risk management systems are sustained and embedded.
- The regional manager told us all 6 people at times expressed distress or agitation when communicating and told us staff were required to be trained in PROACT-SCIPr-UK. PROACT-SCIPr-UK is an accredited approach to working with adults with learning disabilities. It follows the positive behavioural support model

and focuses on proactive methods to avoid triggers which may lead to behavioural challenges.

- Records demonstrated staff had received appropriate training in relation to PROACT-SCIPr-UK. Positive behavioural support plans detailed the types of behaviours which may be expressed. When discussing the reviewing of incidents, the regional manager said, "More reflective practice occurs and we have a formal debrief. If there is an incident, we do an incident form." Records viewed confirmed referrals to local authorities and CQC were made when required.
- Comments from staff included, "I have done my training and I know how to help service users [people] when they are stressed" and, "Staff have undergone online course training on [proactive support and physical interventions, and Safeguarding. A relative said, "Staff supervision has also been improved in part, by the recruitment of a new shift leader. [Person] has a very good relationship with most staff who all seem to love supporting him. Staff now seem more attentive and recently have been providing a better standard of care."
- Risk assessments were carried out appropriately and referrals to healthcare professionals were made when required.

### Preventing and controlling infection

- At the last inspection the provider failed to assess and manage risk and prevent the possible spread infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and the provider was no longer in breach of regulation.
- Timaru had a dedicated maintenance team who were actively in the process of completing various tasks. Redecoration had taken place and bathrooms had been renovated. New flooring had been laid and anyone who required a new mattress had been provided with one.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- Visitors were welcomed, and we saw visitors come into the home following safe guidance. For example, a risk assessment was in place which considered the suitability and safety of people entering the home.

### Staffing and recruitment

- At the last inspection the provider failed to deploy sufficient numbers of suitably skilled, qualified, and experienced staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and was no longer in breach of regulation.
- At the time of the inspection, 6 people were living at the service and each person was supported on a 1 to 1 basis. There were 4 permanent support workers, 3 agency workers and 1 team leader. All 4 permanent support workers had been recruited since the last inspection. The regional manager said, "We have kept the agency staff consistent. They know the people we support; they have all done PROACT-SCIPr-UK training." The provider had 9 staff vacancies and was actively recruiting. The regional manager said, "We will have filled 4 by the end of May."
- A relative commented, "We need more drivers on the staff team to support daily drives in the beautiful



countryside, some days a driver is not available. I do know all advertisements for care staff now state driving as a requirement so I am hoping the lack of drivers will gradually reduce over time" and "Community access is improving and he has continued to go for a drive most days. [Person] is now going out for occasional walks again which he had lost interest in quite a while ago. It's lovely to see him more active."

- Safe recruitment processes were in place. Staff files contained all the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff had the knowledge and confidence to identify safeguarding concerns and act on them. Staff were required to complete safeguarding training as part of their induction.
- People benefited from staff who understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff we spoke with were all aware on how to keep people safe.
- Comments from staff included, "No abuse happens here" and, "I would tell CQC or my manager if I thought it was happening."

Learning lessons when things go wrong

- The regional manager said, "One of the key things was about PROACT-SCIPr-UK training, we need to make sure we get [staff] on their PROACT-SCIPr-UK induction within their first 2 weeks." And "Making sure people [staff] are feeling equipped with the right tools to do the job when they first start." PROACT-SCIPr-UK is an accredited approach to working with adults with learning disabilities. It follows the positive behavioural support model and focuses on proactive methods to avoid triggers which may lead to behavioural challenges.

# Is the service well-led?

## Our findings

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

At the last inspection we rated this key question inadequate. 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.

- At the last inspection the provider failed to ensure governance systems were effective at maintaining the quality and safety of the service and driving improvement. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of regulation. However, time is required to ensure governance systems are sustained and embedded into practice.
- The organisation had significant change prior to and after our previous inspection. The regional manager said, "The CEO started in September last year, [staff member, director of quality and governance] started the end of February, we have a chief people officer who started in October. The chief operating officer joined last week, and we have a new head of property who started in the last 6 months. We have a new head of business development starting next week and a new interim financial director."
- During our inspection we spoke with deputy manager, the director of quality and governance and the regional manager. Each of them were clear about their roles and responsibilities.

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

- At the time of the inspection we observed people participating in activities and some people were out in the community being supported by staff. People appeared happy and engaged positively with their support worker.
- Comments from a relative included, "There have been quite a few positive changes at Timaru since the inspection, Staff support for my son has improved. Through my own personal observations and via access to online daily diary recordings, I have seen staff seem to be responding to my son's needs in a more understanding and consistent fashion and giving him more choice and control over his daily routine. My son now has more choice and activities at home, such as a personal tablet to play music and games on, playing indoor ball games with staff, and being assisted with art and crafts" and, "He is also being given the opportunity to help with routine tasks like helping to prepare his meals, taking the bins out [which he loves] and a little cleaning, all with help from his staff."

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

- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.

- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.

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

- People and relatives were provided with sufficient opportunity to be involved in the development of the service. For example, one relative told us they had been involved in an assessment concerning their loved one's care. They told us they were satisfied with the process and with the outcome of the meeting. The service provided accessible information in a suitable format to support people to make decisions, including what activities they wanted to access and how they wanted to spend their time.

Continuous learning and improving care

- Since the previous inspection, the provider has been working with various integrated care boards, local authorities, and healthcare professionals to improve the quality of care provided. Whilst audits highlight several areas to improve, feedback from professionals has generally been positive and action plans demonstrate Timaru is progressing.