

Autism Care (UK) Limited

The Croft

Inspection report

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Date of inspection visit:
19 October 2020
20 October 2020

Date of publication:
11 February 2021

Ratings

Overall rating for this service	Inadequate ●
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Is the service safe?	Inadequate ●
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Is the service well-led?	Inadequate ●
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Summary of findings

Overall summary

About the service

The Croft is a residential care home providing personal care for up to a maximum of six people with learning disabilities and autistic spectrum disorder in one purpose-built building. There were six people living at The Croft at the time of the inspection.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The Croft was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. For example, some people were not supported to access planned activity within their local community. This impacted on people's ability to develop and maintain their social skills.

Infection control procedures had not been managed safely. Personal protective equipment (PPE) had not been used in line with government guidance and a suitable area had not been identified for staff to put on, take off or dispose of PPE. A lack of housekeeping staff impacted on the provider's ability to ensure deep cleaning of the premises was regularly carried out.

People were at increased risk of infection as environmental risks had not been suitably and sufficiently assessed or communicated to staff.

Some people's assessed care needs had not always been met due to a continued shortfall in the amount of staff deployed within The Croft.

Leadership and oversight within The Croft had not been effective in identifying and addressing shortfalls. In addition, improvements that had previously been made had not been sustained.

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

The last rating for this service was requires improvement (published 13 December 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been sustained and the provider was still in breach of regulations.

Why we inspected

We received concerns in relation to the management of infection control, staffing and governance arrangements. As a result, we undertook a focused inspection to review the key questions of safe and well-

led only.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

Enforcement:

At this inspection we have identified breaches of regulations in relation to people's safe care and treatment, infection control practice, staffing levels, maintenance of the premises and the provider's governance systems.

For each of these breaches you can see what action we have asked the provider to take at the end the full version of this report.

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.

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 the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

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

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

The Croft

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Croft 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed a range of information we had received about the service. This included staff recruitment and rostering information, quality assurance audits and risk assessments. We also sought feedback from the local authority and professionals who work with the service.

We used all of this information to plan our inspection.

During the inspection

People who lived at The Croft were unable to give us verbal feedback about their experience of living there. We observed their interactions with each other and with staff and spoke with two relatives. We also spoke with the registered manager, the assistant manager, the service manager and two support workers.

We reviewed a range of records. This included two people's care records and multiple medicines administration records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found regarding infection prevention and control arrangements and the maintenance and refurbishment of the premises. We also continued to consider up to date information from the local authority.

Is the service safe?

Our findings

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

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

Preventing and controlling infection; Assessing risk, safety monitoring and management

- Staff did not wear aprons when providing personal care for people. This was because aprons had been identified as a ligature risk after incidents in the home. However, the provider had failed to provide alternative personal protective equipment (PPE) or to put protocols in place to reduce the risk of them not wearing aprons when providing direct personal care in a timely manner. This did not promote good control and prevention of infection and placed people and staff at risk of infection.
- Information received from local authority representatives prior to our inspection indicated that earlier in October 2020 five staff members had been observed not to be wearing protective masks or aprons whilst supporting people. This was confirmed to us by the registered manager during our inspection.
- The designated area for staff or visitors to don and doff PPE on entering the premises was within an area which was constantly in use by people and staff already on duty. This increased the risk of spreading infection.
- One bathroom was not in use due to a build-up of mould around the fixtures and problems with water leakage within the bath. However, staff were unaware the bathroom was not to be used and supported a person to bathe in the room. This increased the risk of infection posed by a potential for bacteria build up.
- In the kitchen area, parts of the metal style fixtures and fittings and the wall area surrounding the small hand washing sink were difficult to keep clean. For example, the metal surface side joint adjacent to the kitchen door contained a build-up of black coloured debris. This posed a risk of bacteria build up.
- Housekeeping staff had not been in post for some time as recruitment and retention had been problematic. The provider had not made alternative arrangements for regular deep cleaning of the whole premises. This increased the risk of infection spreading.

We found no evidence that people had been harmed. However, poor risk management and infection prevention and control arrangements placed people at risk of harm. 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

- Staffing numbers were not always sufficient to meet people's assessed needs. This issue was identified at the previous two inspections.
- The registered manager and staff told us there was not always enough staff on duty to meet people's needs. A relative said, "[Family member] has been assessed as having staff support with activities, but they are not getting this time." This was reflected on staff duty rotas viewed on the day of the site visit. This meant that two people were not always able to access planned, community based activities which was an essential part of the support they needed. In addition, staff told us and we saw staff had to complete housekeeping

tasks which impacted on the time available to support people with meaningful activities.

- The registered manager provided us with information prior to the site visit which indicated the arrangements for the recruitment and retention of staff had not been effective. For example, in order to maintain the provider's assessed safe level of staffing between 27 April 2020 and 4 October 2020, 1663.21 support hours had been provided by the use of agency staff. As of the 12 October 2020 there was a vacancy rate of 6.17 whole time equivalent support staff.

The provider had not ensured sufficient numbers of staff were deployed to meet the needs of people who used the service at all times. This issue was identified at the previous two inspections. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- At our last inspection we found medicines were safely managed and people received their medicines as prescribed.
- From our on-going monitoring of the service and our observations during this inspection we were assured medicines continued to be managed safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. A relative told us, "There have been no issues we can think of regarding safety and support with actual care and medicines."
- Staff were trained how to keep people safe from abuse and records showed potential safeguarding incidents had been safely managed.
- Notifications were sent to CQC of events and incidents the provider was legally required to send.

Learning lessons when things go wrong

- Lessons were learned from events within the home and the registered manager made changes to improve people's support. However, learning was not always sustained. For example, information we received from local authority representatives prior to the inspection indicated a history of poor hygiene management and infection control arrangements. Improvements made following local authority visits had not always sustained.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The maintenance of the home was not well managed. The provider was aware the home needed a high level of maintenance due to the complex behaviours of the people who lived there. However, they had failed to ensure there were enough staff available to keep the home maintained to a safe standard and in a timely way. In addition, maintenance staff were responsible for the upkeep of five other registered locations, a main office building, a day centre building and a communal laundry area. This impacted on the ability to carry out maintenance works within The Croft in a timely manner.
- A bathroom which was not safe for people to use had been locked to prevent entry. However, staff had not been kept up to date about the situation and there was no signage to inform staff about the risk. The provider's maintenance systems had failed to identify the action needed and a timescale for when the bathroom would be safe for people to use.

We found no evidence that people had been harmed. However, systems were not effective in addressing shortfalls in the maintenance and safety of the premises. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the previous inspection in August 2019 we recommended the provider ensured all areas of service delivery were better scrutinised to monitor actual practice and the outcomes people experienced. This was due to minor shortfalls in the monitoring of staffing levels, risk reduction and some records. At this inspection we found continued shortfalls in the monitoring of staff levels and risk reduction.
- An infection control audit carried out on the 9 October 2020 indicated walls in the kitchen, bedrooms and some communal areas were stained and paint was flaking. The action plan stated service calls had been placed for repainting. However, there were no clear time scales recorded in the action plan for the work to be commenced or completed and we saw this remained an issue at our site visit.
- Senior staff had not identified and addressed the issue of staff not wearing PPE, as highlighted in the safe section of this report, until it was noticed by visiting local authority representatives. In addition, there was no documentation to clearly evidence regular checks of correct PPE usage being carried out by the provider or registered manager prior to highlighting issues.
- As highlighted in the safe section of this report, housekeeping staff had not been in post for some time due to difficulties with recruitment and retention. The provider had failed to respond in a timely way to the

registered manager's suggestion on how to increase the opportunity to recruit. This meant staff had less time to spend supporting people to engage in meaningful activity as they were completing housekeeping tasks.

- The manager was registered for two separate locations on the site (Heath Farm) and acted as area manager for the provider's community based services in Lincolnshire. Despite a service manager supporting the registered manager in the day to day running of The Croft, this impacted on their ability to have effective management oversight within The Croft as demonstrated by the evidence presented in this report. The provider had not set out a documented action plan with clear time scales to demonstrate they had considered this issue and how they would resolve it.

Governance systems had not been effective in identifying, addressing and sustaining shortfalls in service provision. This was a breach of Regulation 17 (1) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Relatives had mixed views about how the registered manager and provider engaged with them. They made comments such as, "I don't feel involved as a relative.... I just want to be updated more," and "Communications are good with The Croft. There have been different managers and staff over the years, but all has been okay with keeping us up to date with how things are."
- The registered manager and provider had been open and transparent when things went wrong. However, as highlighted earlier in this report, they had not always identified or taken action to address shortfalls in the service provision.
- The registered manager and provider had worked collaboratively with local health and social care professionals to make improvements in the services provided. However, as mentioned earlier in this report, they not always sustained the improvements made.
- Staff had been supported in their roles by way of supervision and appraisal regarding their practice. One staff member told us, "I feel more supported by [service manager] with any struggles." However, another staff member told us, "I feel unsafe." We raised this issue with the registered manager who agreed to take action to support the staff member.

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 failed to ensure risks associated with Infection Prevention and Control were robustly assessed, mitigated and monitored to ensure people were supported safely and there was a reduced risk of exposure to infections.

The enforcement action we took:

We imposed conditions on the provider's registration to drive improvement in the quality of the service provided.

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 there were effective systems in place for maintaining the safety of the building.

The enforcement action we took:

We imposed conditions on the provider's registration to drive improvement in the quality of the service provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure robust systems were in place to identify areas for improvement and monitor the quality of the service.

The enforcement action we took:

We imposed conditions on the provider's registration to drive improvement in the quality of the service provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure sufficient numbers of staff were deployed to meet the needs of people

who used the service at all times.

The enforcement action we took:

We imposed conditions on the provider's registration to drive improvement in the quality of the service provided.