

Achieve Together Limited

Acorn Park Lodge

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

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.

About the service

Acorn Park Lodge is a residential care home providing personal care to up to 9 people. The service provides support to people with a learning disability and / autism. At the time of our inspection there were 8 people using the service.

Right Support:

The model of care did not maximise people's choice, control and independence. The care model did not consistently focus on people's strengths or promote what they could do. This meant people did not have fulfilling and meaningful everyday lives. Limited information was available about people's aspirations and goals and how staff could support them to achieve these. Staff did not ensure people received an interactive and stimulating service.

The environment appeared to be clean but there were limited records to evidence when the service was cleaned. Maintenance tasks had not been undertaken in a timely way.

Medicines were not always administered as prescribed or recorded accurately. Actions to improve medicines safety had not stopped medicines errors occurring.

People were not consistently supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support good practice.

People could access specialist health and social care support according to their needs but healthcare professionals raised concerns about accuracy of records, availability of equipment and consistency of staff available.

Right Care:

Staff had received safeguarding training but had not always raised concerns promptly.

Staff were caring but did not always treat people with dignity or respect.

Individualised communication tools had not been used to empower people to have control over their

service.

People's care plans reflected their range of interests, but these were not always provided for. This limited their wellbeing and enjoyment of life.

Staff training was not all up to date. Systems to ensure there were always staff available with the correct training and skills to keep people safe, had not been used effectively. Relatives did not think there were always enough staff available.

People's records contained information about how they liked to spend their time. We were told that people were supported to do more but records and our observations showed people were not supported on a daily basis to undertake activities or pursue interests that were tailored to them.

People's care plans and risk assessments did not include information about all risks relating to people's needs. Information about people's needs was not always shared across all documents.

Right Culture:

The service did not reflect best practice. Not all areas for improvement had been identified. When areas requiring improvement had been identified, action had not always been taken. When action had been taken, this had not always been embedded into practice.

People did not lead confident, inclusive and empowered lives. Staff were not always proactive in supporting people to live a quality life of their choosing and did not consistently follow best practice.

The lack of permanent staff at the service affected the quality of care people received.

Relatives and staff raised concerns about the lack of support from senior managers.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 May 2022) and there were breaches 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 we found the provider remained in breach of regulations. The service is now rated inadequate. This service has been rated below good for the last 3 consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and the governance of the service.

We planned to undertake a focused inspection of the service covering the Key Questions Safe, Effective and Well-led, to check they had followed their action plan and to confirm they now met legal requirements. As a result of information gathered during the inspection process, we decided to also inspect the Key Questions Caring and Responsive.

The overall rating for the service has changed to inadequate. 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 Acorn Park Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to person centred care, staffing, safe care and treatment and the governance of the service.

We required the service to report to us on a monthly basis detailing the improvements they are making to the service.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 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 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.

Acorn Park Lodge

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

Two inspectors and one expert by experience completed the inspection.

Service and service type

Acorn Park Lodge 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. Acorn Park Lodge 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 not a registered manager in post. A new manager was in post and was planning to submit an application to register.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 January 2023 and we visited the service on this date. Inspection activity ended on 2 February 2023. Following feedback to the service on 9 February 2023, the provider requested the opportunity to submit further evidence, which was also reviewed by the inspectors.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

Most people living at the service were not able to share their views verbally, so we observed how they spent their time and how they interacted with staff. We spoke with 3 people, 7 staff members including the manager and deputy manager, and a healthcare professional. We reviewed 3 people's care records, 2 people's medicines records and a range of records related to the management of the service, such as meeting minutes and audits. We spoke with 6 relatives by phone.

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 requires improvement. The rating for this key question has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection we found the provider had not ensured the proper and safe use of medicines. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the previous inspection, the provider had also been found to be in breach of regulation 12.

At this inspection we found safe medicines practice had still not been embedded in the service.

- Changes to medicines procedures following previous medicines errors, had not sufficiently reduced further errors.
- We found errors in how 2 people's medicines had been recorded. These increased the risk of staff making further errors.
- 1 person's medicine had not been administered as prescribed, as staff had not made it available to family who were supporting the person at the time it needed administering. A healthcare professional advised that the medicine should be administered the next day, but this was not done.
- Information about medicines was not always recorded accurately. Staff had not made the above medicine available to the person and their family, but the person's MAR did not clearly show that it was staff, rather than the person's family, who had made the error. This meant it may not have been treated and investigated as a medicines error; and any learning for the future may have been lost.
- The manager told us they checked medicines records regularly but had not recorded these checks. This meant there was no evidence of what they had checked.

This was a continued breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When people were prescribed medicines to be taken, 'when required', information was available to guide staff on when these would need administering.

Staffing and recruitment

At the last inspection we found inconsistent leadership had impacted on staffing and operational delivery which contributed to a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that some improvements had been made, however further improvements were still required.

- Relatives told us they did not think there were consistently enough staff at the service. Comments included, "We haven't really noticed an improvement in staffing", "No, there are not enough staff there," "We haven't really noticed an improvement in staffing overall" and "Weekends are when staff shortages are very evident."
- The manager told us they were confident the rota had enough staff each day however, there was an ongoing reliance on agency staff to manage this. On the day of the inspection, half of the staff members supporting people were agency staff.
- The limited number of permanent staff available had impacted on the quality of care provided to people. Some errors identified during the inspection were due to either agency staff not following correct procedures or permanent staff members trying to fulfil more than one responsibility at a time. A relative told us a staff member had been allocated to administer people's medicines, whilst also allocated to provide one to one support to their family member. This had meant the person did not receive the support they required.
- A relative told us, "We have concerns that [person] is left in their room and there is not as much 1 to 1 support being provided as they should be having."

This contributed to an ongoing breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us there was an ongoing drive to recruit more staff. Following the inspection, the provider told us they had implemented new recruitment and retention strategies in order to attract and retain permanent staff.
- Recruitment documentation for new staff showed they had been recruited safely.

Assessing risk, safety monitoring and management

- People did not consistently receive safe care and support. Some relatives raised concerns about the safety of their family members. One relative commented, "I feel [person] is safer now than they were last summer, but I am not sure they are there yet."
- One person required 1 to 1 support when eating and drinking to make sure they did not choke. A relative told us they had recently video-called the person and seen they had a drink within reach and no staff with them.
- Another relative told us they had recently reminded staff of the need to ensure their family member had one to one support when out, to keep them safe. A staff member had not followed this guidance and the person had an accident which caused cuts and a bump on their head.
- Staff did not all have up to date training and skills required to keep people safe. Systems to ensure there were always staff available with the correct training and skills to keep people safe, had not been used effectively. In addition, the manager told us they did not have access to the training of all the agency staff working at the service. This placed people at risk.
- One person required staff to use vagus nerve stimulation (VNS) to help them stay safe during a seizure. There were times on the rota when no permanent staff member with up to date training was working at the service. At other times, there was only one staff member available whose training was up to date. This would place the people at risk if that staff member needed to go out or was sick. An agency staff member regularly provided one to one support to the person. We requested their training record. This showed they had not completed the training.
- Staff did not all have up to date fire training. A record of a recent practice evacuation showed staff were not competent in ensuring people were evacuated safely.
- The fire service had recently placed a requirement on the service to have more staff available at night. However, an audit of the service in November 2022 showed night staff had not taken part in a night-time fire

drill. This was still the case at January 2023 and placed people at ongoing risk.

- Some people had an evacuation mattress so staff could help them evacuate quickly in the case of an emergency. Staff told us they had not received training in how to use these safely.
- Some people had risks relating to their health needs. These were not always detailed in their care plans and risk assessments.

This contributed to the continued breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the manager told us they had advised staff to always seek a replacement if they had to leave whilst providing 1 to 1 support.
- Following the inspection, the provider told us permanent staff and 2 agency staff had now completed VNS training and that training to use evacuation mattresses was planned.
- Emergency plans and individual fire evacuation plans were in place detailing the support people needed in the event of a fire or other emergency.

Systems and processes to safeguard people from the risk of abuse

- Staff did not always follow procedures in place to protect people from abuse. During the inspection, money was found that had been taken out of the person's finances 4 days earlier but not returned when it was not used. This had not been identified by any finance checks in the service.
- Most staff were up to date with their safeguarding training; however, they had not raised concerns they had in a timely manner or reported new behaviour that may have been an indicator of abuse. This may have placed people at risk.
- A relative raised concerns that staff had not completed accurate records about their family member, that this had not been identified in the service and that this had left the person at risk.

This contributed to the continued breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they were keen for the whole team to understand any safeguarding concerns raised and to learn from the process. They shared details with the staff team and discussed changes that were implemented as a result.
- Occasionally people became upset, anxious or emotional. The manager was working with others in the organisation to help ensure staff had the right guidance to support people at these times.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately, but learning was not always put in place or changes followed. This increased the risk of similar incidents happening in the future.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service appeared clean and relatives confirmed the cleanliness of the service

had improved. However, cleaners and day staff did not record the cleaning they had done. This meant the service could not evidence good infection control practice was being followed at all times.

- 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.
- The service was supporting visits from families and friends.

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 requires improvement. The rating for this key question has remained 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

At the last inspection we found arrangements for ensuring staff had received the right training, support and supervision were not effective. We were told an action plan had been implemented to address this. At this inspection we found the action plan had not been met and there were ongoing gaps in staff skills and training.

- The manager told us they were monitoring staff training; however, there were still gaps. This meant at times, people were at risk of harm, as detailed in the safe section of the report.
- Staff were prompted at each handover to check there were enough staff on each shift with the correct skills and knowledge; however not all required training was listed. This meant there was no effective daily oversight of the skills available in the service.
- Insufficient action had been taken to ensure training updates were provided promptly so staff had the correct training to keep people safe. An audit of the service in November 2022 stated not all staff had completed all epilepsy training modules, including where applicable VNS and Buccal Midazolam administration (also for treating epilepsy). It also stated there were not trained team members available each day. In January 2023, the same response was recorded.
- There was no evidence of staff competence at certain skills. Two people needed staff to support them with a Percutaneous Endoscopic Gastrostomy (PEG), a flexible feeding tube through the abdominal wall and into the stomach. No formal assessment of staffs' competency to carry out the procedure had been completed.
- Staff told us they had completed their manual handling training via a webinar but there were no checks of their competence. This meant the provider could not be assured the staff could move people safely.
- A relative told us, "I do hear that staff training is poor. Maybe the problems we have had wouldn't have occurred if they had more training."

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider told us permanent staff and 2 agency staff had now completed VNS and Buccal Midazolam training. They also told us some staff had received practical manual handling training and a further session was booked.

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

- The service did not always meet best practice. It did not meet the principles of Right support, right care,

right culture.

- Care and support plans were not all personalised, holistic or strengths based and did not clearly reflect or include information related to people's protected characteristics.
- People's care plans did not contain clear pathways to future goals and aspirations or include skills teaching. This limited the quality of outcomes people experienced.

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

- Staff had received oral health care training; however, people's oral health care plans did not all provide specific detail of the support they required.
- A healthcare professional raised concerns about the availability of some information regarding people's care, and the accuracy of records staff completed.
- Relatives told us they did not always feel confident trusting the service to ensure people attended medical appointments. Comments included, "I don't think they have the infrastructure to make it happen" and "I have to keep an eye on things and remind them." Another relative added they did not feel confident enough in staff reliability to ensure visits were attended in a timely manner, so felt they had to do it themselves.
- People had health actions plans which enabled health and social care services to understand their health needs.
- People's records described how staff could identify if they might be in pain. This helped ensure people received the correct treatment for their needs.

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

- One person needed the amount they drank monitoring. The manager told us the amount the person needed to drink was not recorded but shared with us the amount a staff member had said the person needed. The person rarely drank this amount but there was no evidence any action had been taken. This may have placed the person at risk.

This contributed to the continued breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were given choices about what they ate and drank. Some people were involved in planning their own meals and shopping. Relatives told us dietary needs and plans were catered for.
- When people needed a modified diet, 2 staff checked the meal before the person ate it to help ensure it was safe for the person.
- The manager told us they were working with the staff team to improve the quality of meals cooked and provide people with balanced diets.

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

- Some improvements had been made to the environment since the last inspection, but relatives told us further improvements were still required.
- The provider's system for improving and updating the environment was not effective. Some maintenance tasks that had been requested 6 months ago, such as repairing a crack in someone's ceiling and replacing a rotten door frame and cracked window had still not been completed. A relative confirmed, "[The environment] is very poor overall. The place is not maintained well. [Person]'s window frame has been falling apart for some time now and needs repairing."
- People's rooms were personalised according to their individual tastes. A relative told us, "[Person] moved into a new room before Christmas and adores it."

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.

- DoLS applications had been made on behalf of people and these were awaiting review by the local authority designated officer. The manager was in the process of reviewing people's care needs and the restrictions placed on them. They told us they would then update the existing DoLS applications.
- Assessments of people's capacity to consent to these restrictions had not always been assessed.
- Staff were aware of people's capacity to make decisions through verbal or non-verbal means.

Is the service caring?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has changed to 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

- People did not always receive care and support from staff who had got to know them well. The manager told us that when agency staff were used, where possible, the same ones were used so they got to know people and understand their needs. However, a healthcare professional told us they had found a lack of consistency with the staff available when they visited.
- The relationships between staff and people receiving support did not demonstrate dignity and respect at all times. During the inspection we overheard 2 staff members, who were in a lounge with 3 people, talking to each other about death. This was not an appropriate conversation to be holding.
- A relative told us staff were caring.

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

- The decisions people made were sometimes limited by the number of staff or vehicles available. A relative told us, "Sometimes there is no driver, so [person] can't go out." Two people's records showed they had not been able to go out when they wanted to because a vehicle was not available.
- One person did not need staff support all the time. They had a two-way radio so they could contact staff when they needed support. However, their relative told us, "Attention to detail is lacking. [The two-way radio] was on a different frequency to staffs', so [person] couldn't speak to them." This had limited the person's control over their care and support.
- People's care plans recorded how people communicated.

Respecting and promoting people's privacy, dignity and independence

- People's care plans did not consistently promote strategies to enhance independence.
- People's relatives raised concerns about staff not looking after people's belongings well. Comments included, "We do all [person's name]'s washing as we are particular how their clothes are looked after" and "Clothes disappear. Staff show a lack of respect for property and taking care of clothes and belongings."
- People were supported in the privacy of their own rooms when appropriate.
- A relative told us, "[Person]'s personal care is good. They do amazingly well and [person] is always well dressed."

Is the service responsive?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has changed to 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

- Support did not focus on people's quality of life outcomes. People did not receive personalised, proactive and co-ordinated support to identify or reach any goals or aspirations they had.
- Information about how people liked to spend their time was available but did not consistently result in people being meaningfully occupied. A relative told us, "The occupational therapist gave staff a list of things they could do with [person] but there is no sign of them being done."
- There was no culture of staff delivering effective skills teaching to people.
- Key information about people's health needs was not included in all relevant documentation. For example, some health needs were not described in people's care plans or risk assessments and some information was included in related protocols in separate files. This meant staff would not have known the person had these needs by reading their care plan or risk assessments.
- People were not as involved as possible in planning their own care. The service's quality assurance report stated, "There is no evidence that feedback has been sought from the people to get their views and feelings around care, support, team members, choices, activities and progression."

This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 were not consistently supported to spend their time in a way that they chose and met their preferences. Relatives confirmed the manager was trying to improve this aspect of the service but told us staff needed to be more proactive. They said they felt some staff were not interested in doing extra things with people. Comments included, "There is not enough to do generally", "I think they show a lack of imagination and creativity" and "Activities are hit and miss. [Person] spends too much time in bed and watching television."
- Staff meetings were used to discuss ideas to engage people in new opportunities and interests. Staff had been asked in one meeting to offer engagement to a specific person when they were in the lounge and get them, "involved where possible with activities." However, this did not happen on the day of the inspection.
- On the day of the inspection, 3 people sat in the lounge for most of the afternoon with 3 staff. The people were positioned in their wheelchairs facing away from the staff members. Apart from listening to music, staff rarely engaged the people in conversation, or in any of their preferred interests or pastimes.
- People's records did not all show they led meaningful lives. One person's daily notes showed over 7 days they did not go out but sat in the service's lounge each day. There was little evidence of them being engaged in interests or pastimes. Another person only went out once over the course of 6 days.

This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- There was limited information available in formats that were tailored to meet individuals' needs.
- Staff had not ensured communication tools that were tailored to people's needs were used to help them plan or understand what was happening each day.

Improving care quality in response to complaints or concerns

- Agreed actions were not always followed to ensure people received support that met their needs. Prior to the new manager working at the service, a relative had raised a concern about how their relative was supported. An agreed outcome had been to update the person's care plan to clarify guidance around their support. This had not been done and support continued to be given in a way that caused the relative concern.
- People's concerns and complaints were encouraged by the manager. They told us, "Relatives do discuss with me concerns/issues that they may have and we will go through how best to move forward or remove concerns/issues regarding care and staff to ensure the best results for the people we support and their families."

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 requires improvement. The rating for this key question is now 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.

At our last inspection we found the provider's leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the previous inspection, we had also found the provider was in breach of this regulation.

At this inspection, improvements were still required.

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

- The provider had not ensured the manager and staff received the required support to provide a safe, good quality service to people. The manager told us they were being supported by the provider's quality assessor. They told us they were finding the support useful and it helped prioritise actions required at the service. However, action plans created from a variety of information sources, showed many actions had not been progressed promptly. This suggested there was insufficient resource available in the service to ensure all actions were met.
- Relatives and a healthcare professional told us they thought the new manager was doing well but did not receive enough support to make the necessary improvements. They told us, "Senior management keep leaving. It is very poor."
- There had been several changes to the senior managers supporting the service which staff and relatives told us had resulted in inconsistency and periods of reduced support.
- Staff raised concerns about the lack of support they had received before the new manager started working at the service. Comments included, "The last 12 months have been horrendous as we have had no management or support. We did have a deputy who left, but we did not get support from the provider. It was really, really hard. We adore what we do but it has been very, very stressful" and "We were left to fend for ourselves. It is nice to be a support worker now and not to have to try to run everything as well. It feels strange as we had to do that for so long."
- A monthly audit completed by the manager did not always reflect what we found during the inspection. For example, it stated daily records were reflective of the choices people made during the day, people's finances were being checked each day and cleaning schedules were in place. This did not reflect information found during the inspection.
- During the inspection, a piece of equipment a district nurse needed to provide care to 1 person was not available. The person and the district nurse raised concerns about this.

This contributed to the ongoing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the manager shared a new monitoring system they were putting in place to help ensure the correct equipment was always available for people.
- Staff and relatives were positive about the new manager. Comments included, "[The manager] is pretty good we needed someone like them to come in and change things" and "The new manager seems to be speaking the right language. They have good ideas and listens to us."
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

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

- People were not consistently provided with the right level of support to achieve good outcomes. A healthcare professional told us the service still needed to be more person centred. Relatives commented, "I would say they meet [person's needs] 50%. They are not where they need to be", "They are just about meeting [person]'s needs" and "At the moment it is disappointing in some areas."
- Governance processes had not been used effectively to monitor people's outcomes. Records of people's days mostly focused on care tasks completed by staff. This meant it was difficult for the manager to assure themselves that people were provided with choice and control and had spent their time in a meaningful way.
- A monthly audit completed about the service stated that planned activities were being delivered, they were what people wanted to do with their time, and all people were supported to avoid boredom and social isolation. This did not reflect the evidence found during the inspection.
- The culture in the service was not always inclusive or empowering. People's care plans did not include clear strategies to enhance people's independence and did not evidence any future planning or consideration of the longer-term aspirations of each person.

This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 1 person we spoke to told us they were happy with the service.
- The manager took an active role within the service and was developing their knowledge of the staff and the people who lived there.

Continuous learning and improving care

- Our findings from the other key questions showed the provider's governance processes had failed to make the required improvements to the service. This was the third inspection where breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found.
- Following the last inspection, the provider shared several actions they intended to implement to embed safe medicines practice in the service and improve the governance and oversight of the service. Since the last inspection, various checks and audits of the service had been completed and action plans to make improvements created. However, these showed insufficient action had been taken to ensure the action plans were met.
- The outcome of a visit from the provider's quality assurance team in December 2022, showed the service scored 36% against the provider's quality requirements. This showed the service had not made sufficient improvement since the last inspection.
- The manager told us the oversight of the service was improving. They told us they regularly walked around

the service to monitor the environment and how staff were fulfilling their roles. The provider also told us more oversight, governance, reporting and monitoring of the service had been introduced. However, changes made to the systems and processes in the service had not been embedded and errors had still occurred. A healthcare professional confirmed improvements to the service were still required.

This contributed to the ongoing breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff and relatives recognised some improvements since the new manager had begun working at the service. Comments included, "It is a better atmosphere and it is nice to be here" and "I do think we are heading in the right direction now and everything is getting better."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service did not have a formal system for collecting the views of each person. The manager told us they planned to develop this in the future.
- The manager told us they were involving staff more in the development of the service. They had allocated some checks of the service to staff to help ensure the service improved on a daily basis. A staff member confirmed, "[The manager] very quickly introduced new procedures and systems. They have done it in a cooperative way with staff."
- The manager told us the wellbeing of the team was important to them. They told us they had nominated the staff team for an award to thank them for their hard work. A staff member confirmed, "At the end of the month we get fish and chips or a little treat so [the manager] is showing they appreciate us."
- Relatives told us communication with the service was improving. A relative told us, "[The manager] will communicate about anything."
- People's records showed that the staff team worked with external professionals where necessary to help ensure people were receiving the right support.

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 manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care was not consistently tailored to meet their individual needs. They were not empowered to have a meaningful life.

The enforcement action we took:

Positive conditions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive safe care and treatment.

The enforcement action we took:

Positive conditions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured people lived in a good quality, safe, well led service.

The enforcement action we took:

Positive conditions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not consistently support by staff who had the right skills and experience.

The enforcement action we took:

Positive conditions.