

# Approach Community Homes Limited

## Fullwood 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 caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Fullwood House is a residential care home providing accommodation for nursing or personal care for people with mental health conditions. At the time of inspection, they were also providing a service to people with a learning disability although they had not updated CQC about this. At the time of our inspection the service supported ten adults in one adapted building.

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

The systems in place to assess, monitor and manage risks to people's health, safety and welfare were unsafe.

People were at risk of harm because government guidance for infection prevention and control processes were not being followed.

Risk assessments were not always in place for specific risks to people. People were not always involved in the process to assess, develop and review risks and their support plans.

People received their medicines as prescribed. However, 'as and when required' medicine, PRN administration guidance for staff lacked in person centred detail and medicines were not always stored where the temperature was being monitored.

People's communication needs were not always identified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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.

The service was not able to demonstrate how they were the underpinning principles of Right support, right care, right culture.

People told us they wanted to move on from the service but had not been given the support to do so. This demonstrated that people are not provided with the support they need and want to maximise their choice, control and independence.

Care plans did not demonstrate person-centred care. This means people are not involved in all decisions about their lives. Care was not always person-centred.

People were cared for, but they weren't empowered to lead confident inclusive lives.

The management of the service did not always have oversight of the risks identified above. This put people at risk of harm.

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

The last rating for this service was good (published 19 July 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

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

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

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

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

#### Enforcement

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

We identified breaches in relation to safe care and treatment, person-centred care and governance at this inspection. The provider told us they have taken action to mitigate some of the risks. For example, face coverings are now being worn by all staff, window restrictors have been put in place and risk assessments for self-harm have been put in place. Where improvements had been made these needed to become fully embedded.

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 work with 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.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Fullwood 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 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 first day of inspection was carried out by two inspectors. The second day was carried out by one inspector

#### Service and service type

Fullwood House 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 on both days of inspection.

#### What we did before the 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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with eight people who use the service and three relatives about their experience of care provided. We spoke with four care staff, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visited the service.



# 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 good. At this inspection this key question has now deteriorated to requires improvement. This means 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.

### Preventing and controlling infection

- Long sleeves were being worn by staff at the service. This meant that thorough hand washing processes could not be followed. As a result of this we could not be assured that people were safe from COVID-19 transmission. The nominated individual has advised that they will now all be wearing appropriate PPE in line with government guidance and will be bare below the elbow unless they are wearing forearm protectors.
- We were not assured about the infection prevention and control processes at the service. The service was not thoroughly cleaned. Skirting boards and windowsills were dusty, and carpets were in places heavily stained. There was a lack of hand sanitiser throughout the service.
- We were not assured that the provider was keeping people safe from COVID-19 transmission. Government guidance is for staff was to wear face masks. We saw staff were not wearing this personal protective equipment (PPE) and were told staff have not been wearing masks throughout the pandemic. Masks were being worn when we returned for the second day of inspection.

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

- People's mental ill health, put them at risk of harming themselves. The provider has not risk assessed areas of the home where people could harm themselves. They completed this after our inspection, but not all environmental risk areas had been identified. This put people at ongoing risk of harm.
- Personal emergency evacuation plans lacked detail. For example, one person's relevant health condition had not been recorded on their evacuation plan. This meant in the event of an emergency evacuation the staff and fire service would not have suitable information to evacuate the person safely.
- Window restrictors were not being used throughout the service. There were no risk assessments in place for this. This meant that people could intentionally or unintentionally pass through a window or external intruders could potentially access the property. Window restrictors have been introduced following the inspection and a risk assessment was put in place where window restrictors have not been installed.
- The fire safety risk assessment had not been reviewed since October 2018. This left people at risk of harm as potential fire risks may have not been identified. This was updated following day one of the inspection.

### Staffing and recruitment

- The provider's policy and procedure for the recruitment of staff had not been implemented in full, or consistently. For example, a staff member had commenced work without photographic identification having been provided. Disclosure and Barring Service checks were not repeated in line with the time frame provided by the registered manager. The impact of this is staff may not be working with full checks in place, potentially putting people at risk of harm.

- Safe staffing numbers were not assessed using a staffing tool. Staff told us there was a shortage of staffing at the service. This was evident on the day we inspected when one member of staff supported ten people at the service as well as completed medicines. This means people may not be supported in the timeframe they require. We have been told that care hours have since increased.

#### Using medicines safely

- Staff competency was not monitored for safe administration of medicines, this put people at risk of harm.
- Allergies were not always identified from discharge letters from the hospital. This puts people at risk of adverse allergic reactions.
- Medicine which could be given 'as and when required' was not always safely managed. Staff did not have enough guidance on when to administer these medicines. For example, it was noted in care records that one person was given a medicine when their mood was low. This medicine had not been prescribed for low mood. This placed people at risk of harm of receiving their medicine at the wrong time.
- Medication administration record (MAR) charts were not consistently completed correctly. Staff did not correctly record why medicines had not been given. This put people at risk of receiving medicine in error.
- Temperature checks were not completed in the secured cupboard where stock medication is kept. The registered manager told us this was not completed because they felt the room was cool enough. We could not be assured that medicines had been stored at the correct temperature and therefore remained effective.
- Medicine to be disposed of was not stored in a safe way. Medicine was put in a box until enough was gathered to dispose of at the pharmacy. There was no record of what medicine was kept and some medicine expired in 2017 but had not yet been taken to the pharmacy for safe disposal.

Staff were not following government guidance for PPE usage, staff did not have enough guidance on how to keep people safe, medicines were poorly managed and recruitment processes were not complete. These concerns were a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was accessing testing for people using the service and staff.

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

- Staff spoken with were knowledgeable about how to raise a safeguarding concern, which included informing the management team and outside agencies, such as the Care Quality Commission (CQC) and the local authority.
- Staff had received training in safeguarding.



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

Supporting people to live healthier lives, access healthcare services and support

- Care records did not describe all physical health needs. For example, one person who had a long-standing health condition had no mention of this in their care records. This means that staff are not supported to understand all the needs of this person putting the person at risk of harm.

Staff support: induction, training, skills and experience

- After the initial competency checks at induction, ongoing staff medicine competency checks were not completed. Due to concerns seen with medicine management (see safe section), we were not assured that staff were suitably skilled to support safe medicine administration.
- Training was not up to date and completed by all staff. This included gaps in epilepsy training, end of life care, person-centred care, mental health and learning disability awareness. These gaps may mean staff are not equipped to support all people at the service.
- Training did not cover all the needs of the people they support. Staff told us they felt they would benefit from dementia training due to the nature of illnesses the people have, who they support.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Mental capacity had not been considered with respect to people self-medicating. This meant that some people may have been able to self-medicate but were not doing so.
- No-one at the service currently resides under a DoLS.

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

- People's needs were not always identified as up to date guidance and best practice were not always followed. One person who was on a food chart as identified as at risk of malnutrition, did not have a malnutrition screening tool completed as per guidance.

- Support plans were not always in place. For example, one person with diabetes, had no support plan in place for this condition. This put the person at risk of harm from the condition and its complications as they may not be detected swiftly without guidance in place for staff.

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

- Renovation work has been started at the service. The lounge and dining room had recently been renovated. Other communal spaces such as the bathrooms and hallways need further renovation. We were told that further renovation works were planned.
- There was accessible private outdoor space at the service.
- We viewed four bedrooms. The rooms were individually decorated and had photos up on the wall or displayed on bedroom furniture of people who are important to the room owner. They had personal toiletries as well.

Staff working with other agencies to provide consistent, effective, timely care

- We were told by a visiting professional that care requests from them were timely, and the staff made contact with them if they have any concerns.

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

- People told us the food was really good.
- Records are kept for the intake of food and fluids when there were concerns over a person's intake.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not fully involved in the care planning process. The registered manager assured us they would address this going forward and people will be included in writing their care plans.
- Where people wished to have people involved, we received mixed feedback about the involvement of relatives in care planning and meetings. One felt they are always invited to participate whilst another said they have not been included.
- People were involved with day to day decisions. For example, we were told by people they helped to decide what is on the menu.

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

- People's equality and diversity issues had not been explored. There was a lack of personal information in the personal profile. This meant information about a person's protected characteristics may have been missed.
- We observed people were well treated. People told us that staff were kind.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us how they promoted dignity, respect, privacy and independence for the people they supported.
- We saw that staff were respectful of people's privacy, and always offered sensitive conversations in a private space away from other people who live at the service.
- We observed staff respect people's dignity, for example they knocked on people's door before entering.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- Individual needs and personal preferences were not sufficiently detailed in the care plan. Three people's full care plans were reviewed at the inspection. All sections of the care plans were the same except for the detail on who the person can go to for help. This lack of detail in care plans meant that staff were not aware how to care for people in a way that meets their specific needs.
- 'As and when required' (PRN) medicine protocols contained no guidance for when the person might require the medicine. The reason for giving all PRN medicine for mental health need is 'to help the symptoms of his mental health'. This lack of detail puts people at risk of not receiving medicine for their individual mental health symptoms.

Meeting people's communication needs

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

- People's communication needs were not recognised. One person's communication need was not identified by the registered manager when we asked them to identify anyone with a communication difficulty. There was also no care plan specifically for their communication. This means that staff may not understand how to effectively communicate with the person.

People's documentation suggested people were not treated in a person-centred way. These concerns were a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- Every resident had the opportunity for an easy read end of life care plan. People had their end of life wishes documented in this plan. This is appropriate if all people are assessed as requiring this method of communication, however not all residents may require easy read and other methods may benefit different people. The method that people preferred to communicate had not been assessed.
- There were no residents at the end of their lives at the time of inspection.

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

- Relatives told us that they were not allowed to visit people inside the building. Government guidance was

that visitors can enter the service if infection control processes are in place. By not following government guidance, people's social interactions were impacted. The registered manager has advised they have since changed this visiting policy.

- We heard from people who use the service and their relatives that they would benefit from more activities at the service. During our inspection we saw no evidence of any regular person-centred activity taking place.
- Residents have all recently been given the opportunity to attend a holiday. Several of the residents participated in this and reported they had a great time.

Improving care quality in response to complaints or concerns

- Complaints had not been made at the service.
- People and their relatives told us they knew what to do and who to go to if they had a concern or complaint.

# 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 Good. At this inspection this key question has now deteriorated 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.

### Continuous learning and improving care

- Systems and processes were not in place for medicine management. Medicine storage logs were calculated wrongly, stocks of old medicine had not been disposed of at the pharmacy in a timely way and 'as and when required' medication had been given for the incorrect reason. Additionally, had competency checks been completed for medicine administration, practice may have been improved and errors identified.
- Quality assurance processes did not identify all issues noted on inspection. For example, personal protective equipment (PPE) was not correctly worn in accordance with government guidance and care plans did not always contain all relevant information. The poor oversight meant concerns were not identified and rectified.
- Systems and processes were not in place to identify more staff were required. Following the inspection, staffing levels were increased.
- The provider did not have processes to identify gaps in the training records for staff. When we reviewed training records, we were identified gaps in training.
- Systems and processes for health and safety were not robust. Whilst water temperature checks were recorded regularly, the provider had failed to act when temperatures fell outside their own protocols. Drinking water signs were not displayed as per their own protocols. The lack of robust action and effective internal maintenance checks of health and safety put service users at potential risk of harm.
- There were no systems in place to identify gaps in recruitment files or where Disclosure and Barring Service (DBS) checks had not been repeated according to the service's own processes. This meant people were at risk of receiving care from staff of poor character. The previous inspection had identified that policies needed improving but they were not in place when we inspected on this occasion.

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

- Care plans did not give person centred advice to staff. Care plan reviews had occurred but not recognised that improvements were needed. This put people at ongoing risk of poor-quality care.
- People's diverse needs were not fully recorded. For example, people's religious beliefs were briefly recorded but there was no guidance on how this would guide care.

Systems and processes were not in place to keep people safe which included lack of oversight of risks to people. These concerns were a breach of regulation 17 (Good Governance) of the Health and Social Care Act

The Statement of Purpose does not reflect the current service provided. We will report on our findings once our investigation is complete.

- Staff felt supported. One staff member reported "(registered manager) will be the first to thank you and praise you and they will tell you if you do something wrong too. They are brilliant."

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

- Staff appear clear on their roles.
- Staff received regular supervision with their line manager.
- The manager submitted notifications to the Care Quality Commission in a timely way.

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

- The provider stated they understood the duty of candour, but there have been no incidents for this to be demonstrated. However, since the inspection the registered manager and nominated individual were keen to implement change and address the concerns identified during the inspection.
- We heard mixed feedback about the communication from the service to relatives. One relative told us they had not been updated when their family member came out of hospital which had caused them anxiety. Another relative said "I have every confidence in them".
- Staff felt listened to. The registered manager encouraged staff to share their views. One staff member said they feel confident to "air any problems, we do try to get them changed. It is very rare we run across any problems. We seem to work amongst ourselves and get it sorted"
- People could share their views and regular residents' meetings took place.

Working in partnership with others

- The service worked well in partnership with others. Referrals were made to external health care professional for guidance and support in meeting people's health care needs.

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  The provider failed to support people in a person-centred way, this put people at increased risk of harm

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to effectively assess and mitigate risk to ensure people received safe care and treatment, this put people at increased risk of harm.

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service, this put people at increased risk of harm.

### The enforcement action we took:

Warning notice