

Shamrock Villas Limited

# Connemara Lodge

## Inspection report

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Date of inspection visit:  
04 December 2018  
05 December 2018

Date of publication:  
28 January 2019

### 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

This inspection took place on 4 and 5 December 2018 and was unannounced.

Connemara Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 accommodates up to eight people who live with mental health needs in one adapted building. Nursing care is not provided at this service. At the time of this inspection, five people were living at Connemara Lodge.

Our previous inspection on 29 March and 4 April 2018 found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to, failure to have an holistic approach to ensure people's physical, mental and emotional needs were met. Despite the providers intentions for Connemara Lodge to be a rehabilitation service, there were no rehabilitation plans in place to demonstrate what skills people needed to develop in order to move to a more independent living. Risks to people's health and safety were not assessed, mitigated and reviewed appropriately. People's medicines were not managed effectively. Staff were not always effectively deployed to meet people's needs. Staff had not received adequate training to give them the knowledge they needed to keep people, and others safe. Staff did not recognise or understand the wider aspects of safeguarding people from risks. People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible. Systems to assess, monitor and improve the quality of care were not effective and failed to identify the issues stated above.

Immediately following the inspection, we formally notified the provider of our escalating and significant concerns and our decision under Section 31 of the Health and Social Care Act 2014, to impose conditions on their registration as a service provider in respect of the regulated activity with immediate effect to restrict further admissions to the service. Conditions to drive improvement were also imposed. We requested the provider tell us by the 13 April 2018 what actions they would take to mitigate the risks we identified at this inspection. The service was given an overall rating of inadequate and placed into special measures. Services in special measures are kept under review and inspected again within six months.

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.

This inspection was carried out to see if the provider had made the improvements, required within this timeframe. At this inspection we found, whilst some improvements had been made, specifically in relation to people's care planning, improvements were still needed to ensure people were supported to stay safe and have their needs met.

There was a registered manager in post who was also the provider and registered manager for their other service, Meadow View. A registered manager is a person who has registered with the Care Quality

Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The registered manager, was absent during the inspection. They had previously informed CQC they were stepping down from day to day management of the service and this role had been delegated to an acting manager. However, we found the acting manager had not been fully prepared, or trained to manage the service. They did not have a clear understanding of the fundamental standards of care and associated Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 or how these applied to the service to ensure people received high-quality care and support. Neither did they have access to the resources needed to achieve compliance.

The acting manager and staff understood what constituted abuse and the reporting process, however lacked understanding of when to raise a safeguarding alert. Concerns and complaints were listened and responded to, however where complaints had raised safeguarding matters there had been a failure to recognise the safeguarding element and make the necessary referrals. Whilst it is recognised there has been improvements made to manage risk, where incidents had occurred, not all incidents were recorded and investigated. Neither had risk management plans been reviewed following incidents to reduce the risk of such incidents happening again. Additionally, there were no systems in place to analyse safety incidents and safeguarding concerns to review what went wrong, look for trends and themes and learn from such incidents.

The staffing arrangements were not sufficient to meet people's needs. The acting manager and office administrator were recorded on the rota as part of the staffing numbers, however in reality this left one person to support up to five people, with challenging mental health needs, between the hours of 9-5. Staff had minimal capacity to support meaningful activities. It was evident from recent complaints that there was a need for additional one to one support for a person when accessing the community.

Staff recruitment practices had not been carried out robustly to ensure people were protected from staff unsuitable to work with vulnerable people. Convictions, and gaps in employment on staffs Disclosure and Barring Service (DBS) checks had not been explored or assessed to vouch for the character and fitness for the role.

Medicines management had improved since the last inspection; however, improvements were still needed to ensure accurate records were kept. Where changes to PRN medicines had been made by health professionals, changes had not always been amended on people's medication administration charts, which meant people may not receive their medicines as prescribed.

Staff confirmed, and records showed they had completed training designed to give them the skills and knowledge to carry out their roles. This had included breakaway training; to protect staff and people using the service at time of challenging behaviour. However, none of the staff had completed the care certificate when starting work at the service. The Care Certificate was developed jointly by the Skills for Care, Health Education England and Skills for Health. It applies across health and social care and sets a minimum standard that should be covered as part of induction training of new care workers. This was a particular issue with a member of staff with no previous experience of working in care and no recognised National Vocational Qualification (NVQ).

People could make a choice about what they wanted to eat and were supported to prepare and cook their own meals. People were supported to live healthier lives, and had access to healthcare services to meet

their health needs. People were supported to express their views and be involved in making decisions about their care, support and treatment. The service was operating in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Significant improvements had been made to people's care plans to ensure they were reflective of their needs and to ensure these were managed in a positive way. These reflected their care, treatment and support was being delivered in line with expert professional advice. Staff consistently referred to the service as a rehabilitation service, but this was not reflected in level of support provided. There was a lack of meaningful activity, occupation and engagement for people. We found no information in people's care plans to support them to develop the skills they need to move to independent living.

People using care services are expected to be supported at the end of their life to have a comfortable, dignified and pain-free death. We found there had been no consideration for people's wishes about their end of life care. We have made a recommendation about involving people in decisions about their end of life care.

Whilst it is recognised improvements have been made to the environment to make it safe and in particular people's bedrooms, further improvements were needed to ensure it is fit for purpose. The premises needed a complete overall inside and out and improvements were needed to ensure people's privacy was respected. Action had been taken to improve the cleanliness and hygiene in the service, to prevent the spread of infection, however further improvement was needed, as we continued to find areas of the service unclean. Not all staff were observed wearing protective aprons when entering the kitchen, or wearing gloves when preparing food. The premises had a designated, locked Control of Substances Hazardous to Health (COSHH) cupboard, however we found bleach and anti-bacterial spray bottles in un-locked cupboard under the kitchen sink on both days, that were a potential risk to people, if consumed.

The acting manager and office administrator had worked hard to make improvements to the service. Staff were complimentary about the acting manager. They felt they provided leadership, and supported them in their role. The provider and acting manager had worked well with other authorities to improve the service, but were failing to identify where improvements were needed, unless these were identified by other agencies. Although, the provider had a range of audits in place, it was difficult to see how these fed into the overall monitoring of the quality of the service and used to identify risks and drive improvements. Audits identified where things were wrong, but these were not always followed up to ensure improvements were made. For example, we found systems for the management of recruitment were poor and the lack of oversight failed to identify risks to people using the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found a breach of the Care Quality Commission (Registration) Regulations 2009. Following this inspection, the service will remain in special measures and will be kept under review. If we have not taken immediate action to propose to cancel the provider's registration of the service, it will be inspected again within six months. If not, enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not

enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their 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?

The service was not safe.

Staff understood what constituted abuse and the process to report concerns, however lacked understanding of when to raise a safeguarding alert. Systems in place to assess and respond to risk, were not consistently applied or managed to protect people from harm, or the risk of harm occurring.

There were insufficient support staff available to meet the specific needs of people using the service. Systems for recruiting new staff were not carried out safely to ensure potential employees were suitable to work at the service.

Medicines management had improved; however, improvements were still needed to ensure accurate records were kept. Systems in place for the prevention and control of infection to protect people using the service from the risk of infections had improved, however further improvements were needed, as we continued to find areas of the service unclean.

There were no systems in place to review and learn from concerns, safety incidents and safeguarding concerns to improve the service, or to prevent such incidents happening again.

**Inadequate** ●

### Is the service effective?

The service was not consistently effective.

Training was not sufficient to provide staff with the knowledge they needed to support people to keep them and others safe.

The facilities and premises do not meet people's needs. The premises needed a complete overall inside and out to ensure it is fit for purpose.

People were supported to eat and drink enough to maintain a balanced diet. People were supported to live healthier lives, received ongoing healthcare and had good access to healthcare professionals, where required.

Consent to care and treatment was managed and sought in line

**Requires Improvement** ●

with legislation and current guidance. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

### **Is the service caring?**

The service was not consistently caring

Improvements are needed to the environment to ensure people's privacy is respected and promoted.

People were treated with kindness. Staff showed concern for people's well-being in a caring way and responded to their needs.

People were supported to express their views and be actively involved in making decisions about their care, and treatment, where required.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not consistently responsive.

Significant improvements had been made to people's care plans to ensure they were reflective of their needs and to ensure these were managed in a positive way. However, despite the intentions of the provider for Connemara Lodge to be a rehabilitation service, there were no rehabilitation plans in place.

Systems were in place to ensure people's concerns and complaints were listened and responded to.

People's care plans did not contain information to show they had made advanced decisions about their wishes at their time of death, to ensure these would be respected.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well led.

The acting manager and staff understood what was needed to develop the service. They demonstrated a shared responsibility for improving the service and promoting people's wellbeing, safety and security. However, whilst working hard to put things right, the acting manager, had not been equipped with the relevant training and resources needed to make the necessary improvements.

**Inadequate** ●

Systems to ensure the quality of service was consistently assessed, monitored and improved, were not effective.

People, and staff spoke positively about the acting manager. They had work well in partnership with other agencies to improve the service.

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# Connemara Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 5 December 2018 and was unannounced. On both days the team consisted of three inspectors, one of whom was from CQC hospitals directorate, with a specialist knowledge of mental health.

Before the inspection we reviewed information available to us about this service. The provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We also reviewed previous inspection reports and the details of complaints, safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury.

We spoke with three people who were able to express their views, but not everyone chose to or were able to communicate with us. Therefore, we used the Short Observational Framework for Inspection (SOFI) which is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three support workers, the acting manager, and the administrator. We looked at five people's care records, recruitment records for three staff and one volunteer and reviewed records relating to the management of medicines. We also looked at records in relation to complaints, staff training, feedback in peoples, relatives and staff surveys, maintenance of the premises and equipment and how the registered persons monitored the quality of the service.

# Is the service safe?

## Our findings

At the last inspection in March / April 2018 this key question was rated as 'Inadequate'. At this inspection we have judged that the rating remains 'Inadequate'.

Our previous inspection found that staff did not recognise or understand the wider aspects of safeguarding people from risks. Staff told us they had received updated safeguarding training and were aware of different forms of abuse and their responsibility to report concerns, record safety incidents and near misses. They demonstrated a good awareness of procedures to follow and knew who to inform if they witnessed or had an allegation of abuse reported to them. However, we found both the acting manager and staff continued to lack understanding of when to raise a safeguarding alert. For example, records showed that a person had returned to the service under the influence of drugs, which had been given to them by a person who was a known drug dealer in the community. This person had also tried to enter the service, but had been stopped by staff, however this had not been reported as a safeguarding concern. We asked the acting manager to raise a safeguarding concern during the inspection. Following the inspection, we have received notification that this has been raised with the local authority safeguarding team. There had been no review of the incident, to establish what could be learnt and to prevent reoccurrence.

This was a continued breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The previous inspection identified staff had not received adequate training to give them the knowledge they needed to keep people, and others safe. Staff were aware of things that influenced changes in people's behaviour and how they were to support them where their behaviours were challenging to others. For example, one member of staff told us, "When person, starts developing a psychotic episode, they throw things and tries to hit you. We try to de-escalate their behaviour, for example, by blocking and pushing their hands away or stepping to the side to avoid contact. We also, use speech, using calm tones to deescalate behaviour, this helps them to calm down."

Staff told us they had received half a day breakaway training to respond to incidents where people's behaviour was challenging. This type of training, deals with teaching staff avoidance and deflection techniques. However, one member of staff told us, "I do not think the breakaway training we received is sufficient to protect staff from harm." They described an incident where they had been assaulted twice by a person using the service, where the breakaway training provided had not given them the protection they needed. The de-escalation techniques taught had not worked on this occasion. Although, the acting manager and member of staff had a debriefing session to discuss the incident, there had been no review of the incident, to establish what could be learnt and to prevent reoccurrence of a similar incident and if a different approach was needed to protect the individual and staff.

Our previous inspection identified risks to people using the service were not always anticipated and managed well. For example, the care records for one person described them as having suicidal thoughts and other psychotic experiences, however ligature points throughout the service that had not been risk

assessed. This person continues to live at the service. We reviewed the ligature risk assessment, however this only covered people's bedrooms and not all ligature points, within the service. No action had been taken to fit anti ligature fixture and fittings in communal areas. Additionally, there was no management plan included in the ligature risk assessment to state how the risks to people at risk of suicide would be mitigated.

Staff told us they were aware of risk management processes, and felt involved in assessing and identifying risks to people. One member of staff told us, "Since the last inspection, my eyes are a lot more open now and aware of risks to people, such as potential trip hazards." However, we found risks were still not being identified, for example, no assessment of the risks to a person accessing the internet and the vulnerability to themselves or others, had been assessed. Additionally, where a person had set the fire alarm off in their room due to smoking, this had not been assessed. The service had a no smoking policy indoors, but there were no management plans in place to check people's rooms for signs of smoking. The Control of Substances Hazardous to Health Regulations 2002 (COSHH) legislation requires the provider to assess the health risk to people using the service and staff, to decide on the action they need to take to prevent or control exposure to hazardous substances, and how they can cause harm. The providers risk assessment for Connemara Lodge, includes COSHH and refers to the potential risk of harm from products, and to ensure safe storage of all products. Although, the service had a locked cupboard for storing cleaning goods, bleach and anti-bacterial spray bottles were stored in an un-locked cupboard under kitchen sink on both days. People using the service had access to the kitchen, and the acting manager confirmed these items should be locked away and would instruct staff to do so immediately.

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

We reviewed staff recruitment files and found safe recruitment practices had not been followed to assess that staff volunteering or employed were of good character, and safe to be working with people who have mental health needs. For example, the application form for a volunteer was blank. Their file contained no start date as to when they started as a volunteer. Their DBS stated they had a range of convictions. The acting manager had carried out an interview, however there had been no responses to any of the questions asked, including their criminal record to assess their suitability to work at Connemara Lodge. The registered manager had sent a letter to the volunteer to confirm they had been successful in their application. Additionally, the previous employment section on a support workers application form was incomplete. There was no information available to show that gaps in previous work history had been explored at interview or since starting employment. The support worker had answered 'no' on their application form when asked to declare if they had any criminal convictions unspent or pending. The person had signed to confirm the information they had provided was true and if found otherwise would face possible dismissal. However, their DBS had been returned with two convictions. The registered manager had sent them a letter advising they had received all the necessary documents and confirming they had been successful in their application. Neither files had any evidence that an assessment had been carried out to determine the registered managers decision making process for employing either of these staff and the potential risks of working at the service. Following discussion with the acting manager about the risks, they took immediate action to suspend the member of staff, due to work that day.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us the normal staffing ratio was three during the day to support five people between 9 to 9pm. Previously when there were eight people in residence, staffing numbers had been five, plus the registered manager. There was one awake and one sleep in staff at night, however this had recently reduced from two

waking night due to reduced numbers of people living at the service. The acting manager and the administrator were included in the staffing numbers on both days of the inspection, between 9 to 5pm. This meant essentially, there was one member of staff supporting people, until another member of staff came on duty at 5pm. The support worker also doubled up as an activities person, although they said they did not have designated hours for activities, they fitted this in where they could. The member of staff told us, "One member of staff is okay when people are calm and in good moods. Today they are calm, but when not, it is difficult. We have asked for more staff, one more, but the registered manager has said not at the moment." There were no planned activities to support people to develop their life skills or to access the community to access the community. However, it was evident from recent complaints that there was a need for additional one to one support for one person when accessing the community. Staff discussions showed they were trying to obtain further funding to enable one to one support for this person when accessing activities in the community to protect theirs and others safety. The acting manager told us they were not aware how staffing numbers were assessed, and said, "The registered manager did this."

Our last inspection found serious shortfalls in the management of medicines. At this inspection we found improvements had been made, although some minor errors were identified. Random sampling of people's medicines against their records found one person had more medicines than they should have, however, this was because staff had recorded them as being administered, when this was not the case. Where a person's PRN (as and when required) had been changed by health professionals to regular medicines, this had not been amended on their MAR chart, which meant they may not receive their intended medicines. Additionally, where people were prescribed PRN medicines, there were no protocols in place to tell staff what the medication was for, and to guide staff on when the medicines were to be administered. An audit of medicines was being completed, however this checked cleanliness of the medicines trolley, temperature records, gaps in staff signatures on MAR charts and controlled drugs records. However, this did not include information to audit medicine stocks to ensure they tallied with the MAR chart. These audits had not identified the discrepancies we found. Without adequate systems to monitor stock levels of medicines people were at risk of not receiving their medicines as prescribed.

However, people's MAR charts did provide staff with clear information about their medicines and how they liked to be supported to take them. For example, one person, chose to 'go to the administration cupboard and sit on the chair provided'. Where assessed as competent to do so, people administered their own medicines. For example, one person self-administered their insulin. Their care plan described how staff supported them to manage this safely.

Treatment rooms contained fridges for medicines needed to be stored below certain temperatures. We saw room and fridge temperatures were checked daily to ensure medicines were stored in accordance with manufacturer guidelines so as not to lose their efficacy.

Our previous inspection found processes for managing the spread of infection were not well managed. At this inspection, whilst we saw some improvements had been made, we continued to find areas of the service could have been cleaner. For example, the microwave was dirty in the kitchen. The en-suite in room three, had a dirty toilet, no towel or paper towels for the person to dry their hands. The weighing scales in the wet room were stained and dirty. We also found a lack of paper towels in the upstairs bathroom toilet, and staff toilet. Not all staff were observed using the correct personal protective equipment such as gloves and aprons when handling food. Separate colour coded mops to denote where they were to be used, for example, the bathroom, kitchen or communal areas were now in use. There were now three washing machines in operation. Red bags, specifically designed to be used for soiled items to prevent the spread of infection were being used.

## Is the service effective?

### Our findings

At the last inspection in March / April 2018 this key question was rated as 'Inadequate'. At this we found some improvements had been made but further work needed. We have judged the rating for this domain as 'requires improvement'.

Our previous inspection identified people were not protected against environmental risks. This was because the environment and people's rooms were in a poor state of neglect, both for furniture, fixtures, and cleanliness. People were at risk of harm because broken wardrobes had not been attached to the wall. Restrictors had not been fitted to windows, some of which were on the first floor. Hot radiators and pipework had not been covered. High-risk ligature points had been identified throughout the service. The risks associated with all these issues had not been assessed and appropriate control measures had not been put in place to prevent the risk of harm.

At this inspection, the acting manager told us a lot of work had been carried to make the required improvements. We found restrictors had been fitted to windows. Radiator covers had been fitted, except for one person's room (the radiator was scolding hot to touch) and the relaxation room. Wardrobes had been secured except for bedroom three. Although, the wardrobe in this room was reinforced it would pull forward with force. The radiator cover in the main lounge had been broken and needed repairing. Hot pipework around the building had been lagged with unsightly grey polystyrene plumbers foam, rather than being boxed in.

People did not live in a well maintained environment. We continued to find that the facilities and premises were not being maintained to an appropriate standard. Although, there had been a programme of decoration including people's rooms, the window frame in one person's bedroom was rotting, and the curtain rail was broken. The window in another person's bedroom had been boarded up where the glass had been broken. There was also a crack in one of the panes of glass in the lounge window. Patio doors had been replaced, in the conservatory and new laminate flooring was being laid throughout the premises. However, the flooring between the conservatory and dining area, had a large crack along the threshold, presenting a tripping hazard.

The front entrance opens onto a long corridor with red quarry tiles on the floor and bland walls. The activities person had spent time with people creating two 'feature walls', however there were no pictures or homely effects. The plaster work needed repairing in the lounge, and there was considerable damage to the plaster work at the top of the wall, on the landing, at the top of the main stair case. The acting manager told us damp proofing works needed to be carried out and that the roof needed replacing. The carpet had been removed from the stairs, and was in the process of being stripped and painted. Staff told us the carpet was not being replaced, and had been creative in painting each stair rung a different colour, with a view to varnishing the steps. The garden contained rubbish and rubble, the grass overgrown and had not been maintained. The appearance of the service does not create a visually pleasing and comfortable environment for the people living there. The only communal room that had any character and warmth, was the activities room.

We found the temperature of the hot water in the kitchen was scolding hot, whereas the water in the bath and sink in the bathroom upstairs, next to the staff office, was barely warm on both days of the inspection. We were told two people used this bathroom. The temperature of the water would not provide a sufficiently warm bath. Monitoring of water temperatures remained an issue. Bath and shower temperatures in residential settings need to be checked to ensure they do not exceed recommended safe temperatures to protect people from scolding. The last recorded water temperatures were dated 11 July 2018. The water temperature testing policy stated that each bath and shower was fitted with thermostatic valves and these should be checked weekly and serviced regularly. However, there was no evidence of any thermostatic valves in situ and no record of servicing.

This is a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

Staff did not always have access to the training they needed to give them the skills and knowledge to carry out their roles. For example, Not all staff had completed specific training around mental health. The acting manager confirmed they had not completed National Vocational Qualification (NVQ) at managerial level to ensure they had the necessary qualifications and skills to manage the service. They had not been equipped by the registered manager to have a good understanding of the applicable legislation, such as recruitment and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These regulations lay down the fundamental standards below which care must not fall.

Staff told us training was provided via different learning styles, such as computer based training, known as eLearning and face to face, classroom based learning. One member of staff told us, "I prefer face to face training as I can ask questions that specifically relate to the people using the service." Training, had included safeguarding, medication, fire safety, risk assessments, breakaway and de-escalation, mental capacity and deprivation of liberty safeguards. Other training, to meet the specific needs of people using the service had included, a diabetes workshops. One member of staff told us, they had had completed training about borderline personality disorder, which had given them a better understanding about the condition, and increased their confidence. The acting manager and administrator told us they had completed 'supervising others' training, and were carrying out staff supervisions and staff medicines competency checks on staff to assess they are competent to administer people's medicines. However, there was minimal documentation in staff files to confirm this. Other training completed via eLearning had included food hygiene and infection control. One member of staff told us, "Completing the training has helped me to understand a lot more about food hygiene. I also went through the 'safer food, better business' book in the kitchen. This is a food safety management pack for residential care homes that help staff to prepare and cook food safely. They told us previously staff carried on the same they did at home, rather than following proper standards.

People confirmed they could choose where and what they wanted to eat. We saw one person had chosen to have cheese on toast for lunch, with curry powder, as they loved curry powder. They were later seen eating a jam sandwich which they had made themselves. One member of staff told us, "Four out of the five people currently living at the service, prepare and cook their own lunch. People are involved in the shopping for food, we go to the local shops. Everyone tends to have one main meal in evening, but everyone has a say, and tend to agree. One person likes cooking and often asks the others what they would like to eat and cooks it." People were encouraged to make healthier choices, and we saw specific diets were catered for according to peoples cultural and religious needs. We saw a member of staff had been looking through a cook book with one person to help make a choice of what they wanted to eat.

We saw staff worked well with other professionals to ensure people received effective care and treatment. All people using the service were receiving specialist care and treatment from the Psychosis Team, at Reunion

House, in Clacton-On-Sea to help them manage psychotic illness and aid recovery. The acting manager told us two people had been referred for a review due to increased psychotic episodes, but in the interim, were manage their behaviours they best they could, in line with current risk management plans. We also saw evidence to reflect people had access to health professionals, including using the GP and diabetic service.

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's care records contained evidence that staff had assessed their capacity and documented this appropriately. People's capacity on a decision had been assessed on a specific basis where they had concerns that a person did not have capacity to make the decision. Best interest decision meetings had been documented and reflected all those involved in people's care were invited.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

The acting manager and staff understood their responsibilities to ensure people were given choices about how they wished to live their lives. For example, the acting manager told us, "We try to support people to be as independent as possible, people don't have their own door key, but the back door is not locked so they can come and go as they please, during the day. The back door is locked at night, but waking night staff will unlock door if people want to go out to smoke. One person used to be in hospital and used to institutionalised setting, they are now able to come and go as they please, they have never had the sense of freedom, that they have now. This is what we are trying to achieve."

## Is the service caring?

### Our findings

At the last inspection in March / April 2018 this key question was rated as 'Inadequate'. At this we found some improvements had been made but further work needed. We have judged the rating for this domain as 'requires improvement'.

Our previous inspection identified the standard of fixtures, fittings and furnishings was poor and did not promote a culture that would demonstrate to people they were important, respected and cared for. At this inspection whilst we found some improvements had been made, we continued to find the poor quality of the environment compromised people's safety, and dignity.

When we spoke with the acting manager and staff we found they were intuitively caring and their intentions to provide good care were not in question. They demonstrated kindness towards people who used the service, however they did not always ensure people were treated with dignity and respect. There had been no recognition that the lack of appropriate window covering, such as curtains or blinds, did not protect people's dignity and maintain their privacy. For example, the upstairs bathroom next to the staff office, used by two people using the service, had no curtains or screening at window. There was no frosted glass to obscure the view. This window looked out on to the garden and a road where people could look in from the road and houses opposite.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

One member of staff told us, "I treat people here with kindness and respect. I have a good relationship with them. I try to spend quality time with them to best understand their needs. I treat them as I would want to be treated myself." However, they told us, they did not have the time to support people to manage their activities of daily living, develop their life skills or to access the community. The acting manager and staff consistently referred to the service being a rehabilitation service. Rehabilitation services provide specialist assessment, treatment and support to stabilise a person's symptoms and help them regain skills and confidence to live successfully in the community. We found there was no meaningful activity, occupation and engagement for people to achieve this. Our previous inspection identified people were not involved in planning their own care. At this inspection we saw people had active involvement and participation in the planning of their care. Support and risk management plans contained their views on their care and included a person's goals and expected outcomes. However, where their goal was to live independently, we found no information to support them to develop the skills they need to move to independent living. People were encouraged to sign their plans to say that they agreed with them. However, we found no information to reflect people's families were involved in the planning of their care.

People appeared to be happy and comfortable in the presence of staff. Discussion with people using the service, confirmed this. One person told us, "I like it here. I would want my brother to live here with me, he would like it here too." Another person told us, "Yes, I like it here, [staff] is good to me." Other comments included, "Staff are absolutely brilliant" and "Love living here. Staff are very good, especially [staff]. They know us, and we know them, they're my friends, especially [staff]." We saw positive interactions between

staff and the people they supported. Staff responded to people's requests for help and support in a calm manner. Where one person presented in an agitated and distressed state, staff responded appropriately, supporting them to express their concerns whilst remaining calm and used distraction techniques to help them to become calm again.

Staff were aware of people's diverse needs. One member of staff told us, "It's about people's individuality, we respect that and their human rights. Understanding people's individual needs helps me to provide personalised care." We saw evidence of this in one person's care records. Common words and phrases in Hindi, such as 'hello', 'please', and 'thank you' had been included. Staff told us, some of the staff had learnt some phrases in Hindi to ensure they were able to communicate with the person. This person's care records also contained an explanation of Hinduism and certain aspects of the religion such as fasting information and information on Diwali festival.

## Is the service responsive?

### Our findings

At the last inspection in March / April 2018 this key question was rated as 'Inadequate'. At this we found some improvements had been made but further work needed. We have judged the rating for this domain as 'requires improvement'.

Since the last inspection, the service has had support from the local authority to review and improve people's care records. We reviewed the care records of all five people in the service and found these had significantly improved. The revised care plans had been written with appropriate wording, using a positive approach as opposed to negative wording previously used. People had been involved and records showed they had had a say in their care, including their thoughts, feelings and wishes. Plans were personalised and provided a good overview of the support people needed and risk management plan's. They were very detailed and described various stages of a person's mental health. These provided guidance for staff about the support they needed at different stages of their mental health and how to manage any presenting risks. However, people using the service were, due to their mental health, at risk of self-harm, self-neglect, financial abuse, and aggressive behaviour, but only one person had a risk assessment in place to guide staff when their mental health deteriorated. Plans were being reviewed on a regular basis and the date for the next review was included at the end of the document.

Discussion with staff confirmed they were aware of how people's mental health affected their wellbeing and described how they responded to their needs, at times when this deteriorated. For example, one member of staff described where a person's psychotic episode had lasted for 24 hours, where they had refused their medication, food and drink and became generally unwell, so they took them to hospital. On another occasion where a person had returned to the service under the influence of alcohol, they had contacted the GP to seek advice about administering their medicines.

The acting manager told us one member of staff, with a particular interest in activities, had developed this role, but this was incorporated within their support worker role. There was no separate role to ensure people's needs in relation to their interests and hobbies were met. For example, one person's records showed they had a keen interest in physical activities, such as walking, running and swimming, however staff told us there were not always enough staff to facilitate this. Two complaints had been made about this person disturbing neighbours in the local area, and clearly reflected they needed support when out in the community.

The member of staff, involved in activities, told us, they tried to get people engaged in activities, of interest, but mostly they had to catch the right moment, and used activities, as a means of distraction to changes in people's behaviours. For example, one person hears voices, and music helps them to manage this. They had found out about a disco locally which happened every Monday, and was looking to get the person to attend. They told us, they were limited to what they could do, as they had no budget for activities.

Systems were in place to ensure people's concerns and complaints were listened to and responded to. The complaints file showed two complaints had been received which caused distress to nearby neighbours.

Although, these complaints had been responded to neither the registered manager or acting manager had recognised the necessity to raise a safeguarding alert to the local authority safeguarding team, or CQC to protect the people involved.

People using care services are expected to be supported at the end of their life to have a comfortable, dignified and pain-free death. However, we found this aspect of people's care had not been assessed. Apart from information in one person's care records, about their funeral arrangements in line with their religious beliefs, there had been no consideration for people's wishes about their end of life care. One member of staff told us, "This is a really difficult subject to discuss with the people due to their anxieties." Whilst this is recognised, we recommend that the provider seeks advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their end of life care, which meets recognised published guidance and guidelines including those published by the National Institute for Health and Care Excellence (NICE).

# Is the service well-led?

## Our findings

At our previous inspection in March / April 2018 we rated this domain, 'Inadequate' due to a lack of effective governance and oversight of the service. At this inspection we have judged that the rating remains 'Inadequate'.

The service has a registered manager who is also the provider and registered manager at their other service, Meadow View. The registered manager was absent and not in direct day to day management of the service. They had appointed an acting manager to manage the service on a day to day basis. They had been in post since 1 October 2018, but had 15 years of experience working between both services owned by the provider. The acting manager was being supported by the office administrator, who had also recently been recruited to the post. Both, had worked hard to make improvements to the service, and acknowledged there was still, things to be done. The acting manager told us, "We don't want to rush, we needed to ensure care plans were done first, as they were the priority. I didn't realise how much needed to be done. The registered manager didn't tell us. Until the last inspection, we [staff] were not aware of the problems, we were led to believe everything was fine."

Both the acting manager and office administrator, demonstrated a loyalty and commitment to the provider to make the required improvements, however we found they had not been fully prepared, and the acting manager had not been trained to manage the service. Neither did they have access to the resources needed to achieve compliance.

The leadership and governance of the service remains ineffective and unstable. Since our last inspection and in response to our concerns, support has been provided to the registered provider / registered manager from the local authority quality improvement team. This support included a review of and guidance to improve care plans and safety audits. Whilst systems to monitor the safety and quality of the service had improved, it was difficult to see how these fed into the overall monitoring of the quality of the service and used to identify risks and drive improvements.

There continued to be a lack of oversight of the service, by the provider which would have identified the continued shortfalls we found. For example, the health and safety audit completed 21 August 2018 refers to doorways, hall stairs, landings and bedside areas being well lit. However, we found numerous light bulbs, not working in many areas of the home. Doors and windows in all rooms especially bathrooms open and shut easily, however we found the bathroom window next to office upstairs did not open, neither did the window in the staff office. The audit did not refer to checks for ligature points or people smoking in their rooms. The infection control audit dated 10 October 2018 asks if the home is clean and well maintained, has adequate supplies of liquid soap, paper towels, alcohol rubs, foot operated waste bins, colour coded equipment for cleaning, and satisfactory systems for cleaning cutlery and if crockery and fixtures and fittings are in good condition. The person completing the audit has answered, 'No' to all. The audit has space for action and comments, but these were blank. The laundry audit, also identifies a lack of hand wash available and that the hand washing facilities were not clean.

We discussed with the office administrator what action was taken to address issues identified in audits of the service. They advised, 'action sheets' were completed, and should have been attached to the audits detailing a summary of the findings, and the actions to be taken. However, we found neither the infection control or laundry audit had an 'audit action sheet' attached. Whereas, the kitchen audit, did have an action sheet attached, with a summary of findings. For example, floor not in good state of repair, dishwasher not functioning, kitchen bins do not have lids that fit, no hand gel dispenser, no accident book available in the kitchen, no step ladder / stool available to reach thing at height, no trolley and no fly screen, however there was no action completed to address these.

Risks to people remained due to poor monitoring of the premises and incidents and accidents. For example, staff had not recorded all incidents that required reporting. The service used an accident reporting book and documented incidents within people's care records on an additional information sheet. Staff told us of incident's involving a person throwing a can of paint around their room and about a person who had used cocaine and came back intoxicated and staff had to call an ambulance. These were not recorded in the accident book as an incident, but had been documented in their care records. However, there had been no investigation into these incidents and no lessons learnt to prevent reoccurrence.

This demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although, it is recognised the registered manager took immediate action to install window restrictors, cover radiators and hot pipe work, and carry out some maintenance work, there has been minimal investment in the environment. The acting manager told us, "Over the last few months money has been tight. I have maintenance support two days a week, this is not as often as I would like, I really need them full time. I have discussed this with the registered manager, but they can't afford more than twice a week. It all comes down to finances. With the registered manager being away, they told us they had a petty cash up to £100 a week for additional items, such as topping up food, but no access to funds for maintenance. The building is 500 years old, and needs a lot of work but we do the best with what we have."

Providers of services must have financial resources needed to provide and continue to provide the service, as described in their statement of purpose, to the required standards. Therefore, to reassure ourselves the service is financially viable, we have written to the provider asking them to provide reassurance they have the resources to meet the financial demands of providing a safe service.

Staff described the culture in the service as 'like a family'. The acting manager told us, "We don't want the home to be institutionalised, the people know us well, we have a good relationship and rapport, it's an easy going home. Everyone has a role to play, and they need to play it. We are a close team. Staff are dedicated to 'doing the right thing' to improve the service and outcomes for the people using the service."

The acting manager presented in an open, non-defensive manner and clearly wanted to do all they could within the resources available to improve life for the people who used the service. They told us, "Following the last inspection staff were deflated, the inspection showed what we did not know, and felt we had let the people down. This prompted us as a team to say what we wanted to improve, we all feel the same, which has united us, and provides a sense of achievement when we get things right. We are a good staff team." This was confirmed in discussion with a member of staff who told us, "We are more confident now about what we are doing, we have confidence in the acting manager. They are supportive and approachable."

The minutes of the staff meetings showed the registered manager had been an open, honest and transparent with staff, about the failings that had occurred in the service and the actions they were taking to

save the business and ensure people received a good service. This included designating members of staff to take on additional responsibilities carrying out audits, such as infection control, and health and safety, without the necessary training to ensure they knew what to look for. Subsequent staff meetings held by the acting manager, showed staff were consulted on decisions about the service, and to discuss roles and responsibilities, so that they knew what was expected of them.

Systems were in place to obtain feedback about the service provided, from people, their relatives and health professionals. Satisfaction surveys had been sent to people and their relatives in July 2018, but no responses had been received. Four professionals visiting the service had completed survey's. Comments included, "Just right for this type of client group" and "Friendly, family environment, lovely environment for this client group" and "All staff polite, it is a beautiful warm place, lots to do, staff very well trained to a high level." However, these positive responses, were not consistent with our findings on both days of the inspection in relation to the environment.

The improvements that had been made in the service showed the registered manager had worked well in partnership with other agencies, including the local authority quality improvement team to improve the service.