

Carmel Care & Support Limited

Carmel Care & Support Limited Camborne

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Carmel Care & Support Limited Camborne is a supported living service which supports people with learning disabilities and autistic people. The service supports people living in 3 different settings in Camborne. Two settings were shared houses where people had their own bedrooms with shared cooking, lounge and bathroom facilities. The other setting consisted of bedsit style flats where each person's accommodation was self-contained.

At the time of our inspection 19 people were living in these settings, 16 of whom received support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Right Support

The model of care did not maximise people's choice, control and independence. 2 of the 3 settings inspected were operating as if they were care homes as opposed to supported living settings. Rolling staff rotas had been developed which improved staff wellbeing but restricted people freedoms and choices. There was limited evidence people were supported to do as much as possible for themselves and in one setting a communal weekly menu was in use. This indicated people's choices in relation to meals was limited.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff and managers did not fully understand their role in assessing people's capacity to make specific decisions. Where people lacked capacity and there were restrictive care practices in place these practices had not been reported to the local authority.

People were supported to participate in work placements and encouraged to access the community independently where possible.

The service appropriately supported people to raise concerns about their rooms with the accommodation provider.

Right Care

The provider had not safely supported people with their medicines. Medicine administration records had

not been accurately completed and staff had not been provided with clear guidance on the use of 'as required' and emergency medicines.

Staff cared for the people they supported and understood their role in ensuring people were protected from all forms of abuse and discrimination. People's decisions and choices were respected.

Staffing levels had recently improved and, with support from agency staff, the service had been able to consistently provide the level of support people required. Recruitment practices were safe.

The providers infection prevention and control procedures were appropriate, and staff used PPE in accordance with current guidance.

Right Culture:

The service did not have a registered manager and there had been significant management changes in recent months. A new acting manager had been appointed two weeks prior to the inspection. Staff and relatives were complimentary of the new managers approach.

There were appropriate staff induction procedures in place and staff training had been regularly updated to ensure staff had the skills necessary to meet people's needs. Staff told us they were well supported by the new manager.

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 the service was Good published on (20 July 2021). At this inspection the services rating has changed to Requires Improvement.

Why we inspected

This inspection was prompted by information we had received which indicated there had been issue in relation to management turnover at the service.

As a result, we undertook a focused inspection of Carmel Care & Support Limited Camborne to review the key questions of Safe, Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carmel Care & Support Limited Camborne on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the management of risks and the assessments of people's capacity to make specific decisions at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have also recommended the provider seeks advice on how to ensure the service provides support in line with current best practice.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Carmel Care & Support Limited Camborne

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.

Inspection team

The inspection was carried out by an adult social care inspector.

Service and service type

This service provides care and support to people living in 3 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

There was no registered manager in post at the time of the inspection. A new manager had been appointed two weeks prior to the inspection.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we intended to visit each setting and needed to gain consent before visiting.

Inspection activity started on 16 November 2022 and ended on 24 November 2022. We visited the location on 16 and 21 November 2022.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection as part of the planning process. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We met and spoke with 7 people who the service supported, 8 staff and the new manager. We also spoke by telephone with 4 people's relatives and the providers nominated individual.

We looked at records relating to people's care and the management of the service. This included 4 care plans and associated risk assessments, medicine administration records (MARs) and staff recruitment and training records.

We also asked the service to send us records relating to the day to day management of the service and quality assurance audits. This information was reviewed in detail after the site visit.

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 changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks in relation to people's support needs during periods of anxiety or distress were not fully documented. Staff who knew people well, were able to describe specific events or situations that were likely to cause people anxiety. This information was not documented in people's care records. This meant agency staff or new members of staff did not have access to relevant information to help ensure people's safety.
- People's care plans were incomplete and missing information on how to manage risks, including in relation to mobility needs and specific medical conditions.
- Risk assessments in relation to the environment in which people lived were also inaccurate. For example, one person's care plan including information about risks associated with having a bath and how to support the person in the bath. However, they did not have access to a bath in their accommodation.
- In one setting a person's personal emergency evacuation plans (PEEP) did not accurately reflect their current needs or the environment in which they lived.

The provider had failed to manage risks in relation to people's care needs. This had exposed people to risk of harm and contributed to a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person's risk assessment documentation had been reviewed and updated recently in response to an incident that had occurred. These risk assessments now gave all staff sufficiently detailed guidance to enable them to meet the person's specific support needs.
- In one setting staff told us they had been fearful while working alone at night because of the actions of visitors. This issue was raised with the new manager and provider's Nominated Individual during feedback. The provider was aware of these concerns and staff had been provided with guidance on how to respond should similar events reoccur.
- In all 3 settings, firefighting equipment had been regularly checked to ensure it was operational.

Using medicines safely

- Staff were provided with limited guidance on how and when 'as required' medications should be used. One person had a medicine prescribed to be given as needed for use when they were anxious or distressed. Staff had observed that this medication was making the person drowsy and had asked for this medication to be reviewed by the prescriber. However, they had failed to recognise that the amount of medicine to be given was variable and had instead been routinely giving the maximum prescribed dosage.
- The service did not have effective systems in place to ensure all staff understood current guidance on

when and how medicines for use in emergencies should be used. One person's care records included contradictory information about these medications and staff were not able to quickly explain and evidence how much medication should be given to the person in an emergency.

- Medication Administration Records (MARs) had not been fully completed. We found multiple examples in all 3 settings where there were unexplained gaps in MAR charts. In addition, handwritten amendments and changes to MAR had not been countersigned to ensure the accuracy of the information transcribed.
- In 2 of the 3 settings medicines were stored in a central medicine's cupboard rather than in people's individual rooms. This practice is similar to systems used in care homes and does not afford privacy or promote independence.

The provider systems had not ensured people's medicines were safely managed. This contributed to the breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's quality assurance system had identified, prior to the inspection, that there were issues with the quality of support people received with their medicines. Additional training and support for the staff team was being planned but had not yet been provided.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable in their homes and the staff team in all settings were dedicated, caring and kind. Relatives were complimentary of the staff team and their comments included, "I am very confident [my relative] is safe and they are looking after [them] well" and "I don't have any concerns about the care. I am pleased with how [My relative] is getting on".
- Staff and managers understood local safeguarding procedures and their responsibilities in relation to people's safety. Staff were confident any safety concerns they reported would be addressed and told us, "People are safe here, they all seem pretty happy" and "People are very safe".

Staffing and recruitment

- The service had experienced challenges in relation to staffing levels. However, additional staff had been recruited and 2 of the 3 settings were now fully staffed.
- In the third setting, staffing remained stretched with agency staff being used regularly to ensure people's safety.
- Staff recognised there had been improvements in staffing levels and rotas showed safe staffing levels had been constantly achieved. Staff told us, "There are enough staff", "We are fully staffed now" and "Staffing is not too bad at the moment. We do have quite a few new staff now and we have rotas well in advance which helps".
- During our visits to all 3 settings, staff responded promptly to people's requests. Support was offered with compassion and staff were focused on ensuring people's needs were met.
- Relatives told us the turnover of staff was challenging for people and had made communication with relatives more difficult, as established relationships with staff had been lost. Their comments included, "A lot of the staff are strangers to me now, there have been a lot of changes" and "There have been quite a lot of staff changes recently. I don't know all the staff down there".
- The service had safe recruitment practices. All required checks, including Disclosure and Barring service checks had been completed to ensure prospective staff were suitable for employment in the care sector.

Learning lessons when things go wrong

- Accidents and incidents were accurately documented and had been reviewed by managers. Any learning or areas of possible improvement identified had been shared appropriately with staff to minimise the risk of

similar events occurring.

Preventing and controlling infection

- We were assured that the provider had systems in place protect people from infection control risks. PPE was used in accordance with current guidance and staff understood how to manage infection control risks during the COVID-19 Pandemic.

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service did not have robust systems in place to ensure compliance with the requirements of the MCA. Staff and managers did not fully understand their roles in assessing people's capacity to make specific decisions.
- Where people lacked capacity in relation to decisions about where they lived and restrictions to people's freedoms were in place to ensure their safety, this information had not been appropriately reported to the local authority. This meant necessary referrals, to the court of protection for the authorisation of these restrictive practices, had not been made.

We recommend the provider seeks support from reputable sources on how to ensure people's capacity to make specific decisions is assessed and documented.

- Following feedback at the end of the first day of the inspection the acting manager began taking action to ensure people's capacity in relation to specific decisions was assessed.
- The provider had recognised there were issues with how people's capacity was assessed following an incident that had occurred in one setting. In response to this incident, one person's capacity in relation to specific decisions had been appropriately assessed and best interest decisions made with appropriate involvement of the relatives, professionals and staff. However, specific details of associated restrictive practices had not been shared appropriately with the local authority.
- One person had recently moved bedrooms within a setting which had positively impacted on their wellbeing and quality of life. Staff had provided effective support and presented information in multiple

ways, which had enabled the person to meaningfully participate in this decision-making process.

- Staff offered support and sought people's consent before providing assistance. In all 3 settings, people were involved in decision making in relation to how and when care was provided. Staff respected people's choices and provided support with compassion.

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

- There were systems available to assess and identify people's needs before the service agreed to provide support. When possible, as part of the assessment process, staff would visit people in their previous homes, to gain a better understanding of the person's specific needs and expectations.

Staff support: induction, training, skills and experience

- People received care and support from staff with the skills necessary to meet their needs. Staff records showed training had been regularly refreshed and updated. Staff told us, "All my training is up to date. They are quite hot on training actually, face to face or online" and "The training is a mixture of online and face to face. Mine is more or less up to date".
- There were induction training procedures in place to ensure new members of staff had the skills needed to support people. The acting manager said, "The first week staff have an induction, normally [in a specific setting]. They do 5 shadow shifts. Staff do their online training prior to their start date and are paid for this work".
- One new member of staff was completing a shadowing shift on the day of inspection and staff told us they had felt sufficiently confident before they were asked to provide support independently. Records showed staff new to the sector were supported to complete the care certificate. This training is designed to provide new staff with a good understanding of current best practice.
- Staff told us that the quality of support they received had recently improved and their comments included, "I have had supervisions" and "[The new manager] has done supervisions, I had not had one before". Plans had been developed to ensure staff regularly received supervision from their manager in future and annual appraisals were being reintroduced.

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

- The provider had acted on the recommendation made following our last inspection and an additional cooker has been provided in one of the settings. This meant 2 people in this setting were now simultaneously able to participate in meal preparation.
- Staff had been provided with guidance from professionals on the management of identified choking risks to 1 person. We noted staff prepared this person's meals in accordance with this guidance and provide effective support during mealtimes.
- The level of participation and support provided with meal preparation varied between settings. In 1 setting people were encouraged to cook for themselves and staff told us, "We give some guidance, but people can do their own cooking" and "People cook their own meals, people come up with lists and do their own shopping". In another setting staff normally prepared the meals with people choosing 1 meal for inclusion on the menu each week.
- People were supported to make hot or cold drinks when they wished.

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

- Staff worked with health care professionals to ensure people's needs were met. People had been supported to access health care services when needed and there were plans in place to support people in the event that a hospital admission was necessary.
- One person raised a concern with us about an area of damp in their bedroom. The acting manager was

aware of this issue and was in the process of supporting the person to meet with the landlord. Following the inspection this meeting occurred and a plan was developed to take action to resolve the situation.

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 changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- All 3 settings that form this service had previously been registered as care homes by other providers. 2 settings continued to operate as if they were care homes and did not provide individualised care in line with the principles of supported living. Some of the practices in place were not in line with statutory guidance laid out in Right support, right care, right culture.
- Offices were present in these 2 settings which detracted from the sense of the buildings being people's homes. Most people's medicines were stored in a shared medicines cupboard rather than in the person's own room. Rolling staffing rotas had been developed which provided staff with consistent working routines but could restrict people's freedoms and choices. A weekly menu plan showed people's individual preferences and choices were not always at the forefront.

We recommend the provider establishes and embeds systems and processes to ensure the service operates in accordance with best practice in supported living settings and in line with Right support, right care, right culture.

- The provider's nominated individual had a good understanding of what was required to provide effective supported living care. Plans were being developed to make changes to the service's systems to enable more individualised support to be provided.
- In each setting there was a positive and supportive culture. People were happy in their homes and told us, "It is nice here" and "The staff look after me".
- Staff were dedicated and committed to meeting people's needs. They recognised some improvements were needed and were keen to make changes that would impact positively on people's wellbeing. Staff comments included, "I adore the place, with the correct support we will get there" and "I love [person's name], they are part of my family".
- People were encouraged to prepare drinks for themselves and to take responsibility for some household tasks and chores.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service is required to have a registered manager but there was no registered manager in post at the time of this inspection. There had been significant management turnover in recent months and staff told us,

"We've had an insane high management turnover", "Management has been a mess" and "There has been a lot of management change, I think I am on my 4th or 5th manager".

- A new manager had been appointed 2 weeks prior to this inspection. The new manager knew the service well and had a good understanding of people's support needs. They said, "I have known the guys for many years and I just want to make things better". Staff were complimentary of the new managers' approach and told us, "[Manager] is lovely, we all absolutely adore [them]", "[The new manager] is lovely, very supportive" and "We have lacked a bit of leadership but it is improving".
- Relatives recognised that the inconsistency of management had impacted on performance. However, those who knew the new manager were confident positive changes would now be made. Relatives comments included, "I don't really know what is happening or who is in charge at the moment" and "The new manager I knew [them] before is really lovely, [they] listen and takes things on board".
- The provider had recognised these difficulties and had given the service additional leadership support prior to the new managers appointment. Temporary and interim management arrangements had been used to ensure the staff in each setting were appropriately supported during the period of disruption.
- The providers quality assurance systems had identified a number of failings and concern in relation to the service's performance prior to this inspection. An action plan had been developed with time scales by when improvements in performance were required. In addition, changes were being made to the providers structures with the aim of ensuring additional support was provided to supported living services in future.
- The new manager was being appropriately supported in their new role by the provider. The provider had allocated significant additional regional management resources to support the new manager. A quality assurance manager had been present in the service on the day prior to our inspection and the new manager was supported by a regional manager during the first day of the inspection.

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

- There were appropriate systems in place to gather feedback from people and their relatives. Complaints received had been investigated and resolved.
- Staff acted to ensure people were protected from all forms of discrimination and supported people to participate in a variety of community groups and work placements.
- The provider had responded proactively to staff requests for reasonable adjustments to working practices and staff were complimentary of the support they had received.

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

- Staff and the new manager recognised the importance of open communication with people's relatives and understood the requirements of the duty of candour. Relatives told us communication was effective and one relative said, "If anything happens, they do let me know what has happened."
- Notifications had been submitted to the commission when required.
- The new manager and staff team were open and honest throughout the inspection process, provided information promptly when requested and following feedback made changes to systems to drive improvements in the service's performance.

Working in partnership with others

- The service worked collaboratively with health care professionals to ensure people's needs were met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to manage risks in relation to people's care needs and had not ensure people were safely supported with their medicines. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.