

Bondcare Willington Limited

Portland Domiciliary Service

Inspection report

Willington Care Village
Willington
Crook
County Durham
DL15 0PW

Tel: 01388745051

Website: www.bondcare.co.uk/portland/

Date of inspection visit:

29 November 2023

05 December 2023

08 December 2023

Date of publication:

25 January 2024

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Portland Domiciliary service is a supported living service which was supporting 11 people at the time of the inspection. The service can support up to 12 people. The service comprises of 12 purpose-built bungalows.

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.

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

Right Support

The service didn't always make reasonable adjustments for people so they could be fully in discussions about how they received support, including what staff they had to support them. The provider had enough staff to keep people safe. However, there was a high use of agency staff and agency staff members were not always consistent.

Staff supported people to make decisions following best practice in decision-making. However, some aspects of people's support plans, regarding positive behaviour support plans to help people when they were anxious, were not always followed.

The provider didn't always support people to have the maximum possible choice and control to be independent over their own lives. People were encouraged to set targets and in some areas of life for example, gaining more independence. However, this wasn't consistent and steps to achieve goals were not clear for staff to follow.

We have made a recommendation regarding outcomes for people.

Medicines were managed and administered safely. However, records and systems to monitor medicines, needed to be improved. Staffs' competency to administer medicines was checked. People were supported with their medicines in a way that promoted their independence and achieved the best possible health outcome.

The provider supported people to be safe in their own homes, with fire safety checks and people had personal evacuation plans. The provider gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People's bungalows were personalised.

Right care

People had enough staff to meet their needs and keep them safe. However, inductions and checks on agency staff were not always in place. People were not always supported by person centred practices. Failure to induct agency staff properly, meant they didn't have the right information to support people in a personalised way. People did not always receive consistent care from a staff team who knew them well.

People were encouraged to take positive risks. Risk assessments were in place for people. The provider acted to protect people from abuse. Staff knew how to report any concerns to the appropriate places. Staff had training on how to recognise and report abuse.

Right culture

People and those important to them, were not always involved in planning their support. The provider didn't always enable people where appropriate to work with staff to develop the service. The service was treated as a whole at times and not as individuals living in their own bungalows.

We have made a recommendation regarding engaging people in planning the service.

People didn't always lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People were not always supported by staff who understood best practice in relation to the wide range of strengths or sensitivities people with a learning disability and/or autistic people may have. Staff teams were not always consistent therefore didn't always know people well enough to be supporting their aspirations.

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

Rating at the last inspection and update

The last rating for the service was good, published on 12 July 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service and due to the length of time since the previous inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Portland Domiciliary service on our website at www.cqc.org.uk

Enforcement

We have identified breaches in relation to managing accidents and incidents, records, staffing, and manager oversight at this inspection.

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 well-led?

The service was not always Well-led

Details are in our well-Led findings below

Requires Improvement ●

Portland Domiciliary Service

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Two inspectors, a medicines inspector and 1 Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Portland Domiciliary service provides care and support to people living in 11 '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.

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. The service had a manager registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced on day 1 and 2. Announced on day 3.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We visited people at home in their bungalows and spoke with 6 people who used the service who were able to speak with us and 7 relatives about their experience of the care provided. We also spoke with 6 support workers and 4 members of management staff including the registered manager and operations manager.

We reviewed a range of records. This included 3 people's care and medication records. We looked at 3 new starters staff files in relation to recruitment. A variety of records relating to the management of the service, including risk assessments, incident reports, action plans and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also looked at quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating 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.

Staffing and recruitment

- Staffing issues were not addressed effectively.
- People were supported by a high percentage of agency workers at the time of our inspection due to ongoing recruitment and staffing issues.
- There were enough staff to support people to keep people safe; however, induction and records to support safety checks on agency staff were not in place.
- Person centred inductions were not always carried out with new agency staff. Agency staff were not always provided with adequate time to get to know people and their communication and person-centred needs. One person told us, "I've asked for no more agency staff. I didn't like how they spoke to me., like a baby." And one relative told us, "Our relative doesn't like a certain word and will react very strongly. Some agency staff were not made aware of this."

Failure to provide agency staff following safe recruitment procedures or with an effective induction was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safe recruitment processes had been followed for staff employed direct by the provider. Feedback regarding employed care staff was positive, one relative told us, "I feel my son is safe, I know the staff and have faith in them."

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Records of incidents and accidents were not effective, and any outcomes or lessons learnt from them were not always recorded or shared with staff and the appropriate bodies.
- Records of incidents did not always reflect that peoples care plans were followed or demonstrate how risks were minimised or how repeat incidents could be avoided.

Failure to maintain accurate, complete, and contemporaneous records and effective governance systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew how to recognise and report abuse and they knew how to handle any allegation of abuse appropriately and were able to report them.

Using medicines safely

- Medicines were not always managed safely.

- Guidance and records were not always in place to support the safe administration of topical medicines. Guidance was not clear to show how often creams should be applied and some records were missing.
 - Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Guidance for how these medicines should be administered was missing for some people.
 - Records for 'when required' medicines were not always recorded to review effectiveness. This meant there was a risk people did not receive their medicines consistently.
- Failure to maintain accurate, complete, and contemporaneous records and effective governance systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both).
- The provider was working in partnership with other healthcare professionals and supporting people with STOMP during their reviews to follow best practice.

Preventing and controlling infection

- The provider used infection, prevention, and control measures to keep people safe.
- People were supported with their personal care and personal protective equipment (PPE) was provided to staff.
- Staff received training and checks on their use of PPE by the manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Management and staff were aware of their obligations of working within the principles of the MCA .
- Consent to care was recorded in people's support plans. Not all people had the capacity to make decisions about their care and make their wishes known to staff.
- People were seen to make their own choices which staff supported. Staff respected the rights of the people to refuse support.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating 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.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care and working in partnership with others.

- Safe recruitment procedures were not followed when hiring agency workers and there was no oversight, records or management of the use of agency workers.
- Accidents and incidents were not always followed up with lessons learned or debriefs for staff.
- People's positive behaviour support plans were not always being followed and records of incidents did not include any evidence of them being followed.
- Some records kept in people's bungalows used by staff to communicate with each other were not appropriate or fit for purpose and were not monitored by the manager.
- Audits were carried out by the manager. However, these did not always identify and address issues effectively.

Failure to maintain accurate, complete, and contemporaneous records and effective governance systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The culture at the service did not always support person centred practices
- The service was managed and viewed as 'a whole' rather than individual tenants in their own homes.
- People had support plans in place that included outcomes. However, how meaningful these were to people was not consistent and how people could achieve these outcomes was not always clear.

We recommend the provider review all support plans regarding personalised outcomes.

- Staff felt able to raise concerns with the management and told us they were supported by the manager.

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

- Peoples' views and feedback on the service were not always collected and there was no evidence of this.
- Relatives we spoke with felt they and their relatives that use the service had not been asked for their feedback on the service or given an opportunity to attend any engagement meetings. The manager told us they had plans for engagement to take place.

- People and their relatives shared their feedback on the service, and we passed this onto the manager. One person told us, "I like my place it's homely. I don't know who is coming though (staff), I would like to know." And "Sometimes I get frustrated with the agency staff." And another person told us, "I liked my cooked breakfast and my friend (permanent staff member) he comes in to help me."

We recommend that a plan to collect people and their relatives' views is implemented.

- Staff meetings were held which gave staff the opportunity for them to raise any concerns and for the management team to communicate with staff.
- Relatives told us they could contact the manager if they have any concerns. Feedback was mixed from relatives regarding the communication with the manager and that the regular members of care staff communicated well with them.
- The provider carried out quality assurance visits and had an action plan for the service that highlighted areas for improvement.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their responsibility under the duty of candour regulations.
- There had been no recent incidents that required a response under the duty of candour.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Appropriate governance was not always in place to ensure safe recruitment of agency staff. Oversight of the service was not always effective to ensure issues were addressed and records were robust in relation to accidents, incidents and medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Agency staff were not always inducted to meet people's needs or to provide person-centred support. Appropriate checks were not always in place for agency workers.</p>