Diamond Care (2000) Limited

Carisbrooke

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?	**Inadequate**

Summary of findings

Overall summary

About the service
Carisbrooke is a residential care home providing personal care and accommodation for up to 12 people who may be living with a learning disability and autistic people. Accommodation is provided over 3 floors. At the time of the inspection 10 people were using the service.

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

Right Support
People were not supported to have maximum choice and control of their lives, staff did not support them in the least restrictive way possible and in their best interests; policies and systems in the service did not support this practice. Staff did not always follow the Mental Capacity Act key principles when making best interest decisions.

Medicines were not always managed safely. The provider did not give people care and support in a safe, clean, well equipped, well-furnished and well maintained environment that met their sensory and physical needs. Some areas of the home were visibly dirty.

Right Care
The provider did not ensure they always had enough appropriately skilled staff to meet people's needs and keep them safe. People could not always take part in activities and pursue interests that were tailored to them. The provider did not give people opportunities to try new activities that enhanced and enriched their lives.

Staff did not always receive training to enable them to meet the needs of people and keep them safe. However, we observed kind and caring interactions between people and staff during inspection.

Right Culture
There was a lack of effective monitoring in place and this had resulted in poor outcomes for people using the service. Ineffective quality monitoring systems had failed to pick up and address the failings we identified during our inspection. There was a lack of oversight and leadership within the home.

People were not involved in developing the service. We have recommended the provider seeks advice and guidance to meet people's sensory and emotional well-being needs. The culture of the service did not always enable staff to continuously learn and improve. For example, lessons learned from incidents were

not always analysed and shared with staff.

The service was not able to demonstrate they were meeting the underpinning principles of right support, right care, right culture. Staff were not aware of the right support, right care, right culture guidance.

The manager was open and responsive to concerns raised during the inspection.

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

Rating at last inspection
The last rating for this service was good (published 7 August 2019).

Why we inspected
We received concerns in relation to health and safety, risk management, infection control and good governance. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

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

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

Enforcement and Recommendations
We have identified breaches in relation to medicine management, risk management, consent, infection control and good governance at this inspection. We have also made a recommendation in relation to training, design and decoration to meet people's needs.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

Carisbrooke

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
The inspection was completed by 3 inspectors.

Service and service type
Carisbrooke is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Carisbrooke is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. 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. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spoke with 5 people who used the service and 1 relative about their experience of the care provided. We spoke with 4 members of staff including the manager, and care workers.

We reviewed a range of records. This included 5 people's care records and 10 medication administration records. We inspected 3 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

We inspected the environment and spent time observing interactions between people and staff, and infection prevention and control practices.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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; Learning lessons when things go wrong

- Not all risks for people were identified and recorded in relation to their care and support needs to ensure their safety and wellbeing. For example, risk relating to sepsis and having diabetes were not identified or detailed to mitigate the risk or potential harm for people using the service.
- Where people had been identified as high risks of falls, there was no clear guidance in place for staff to follow on how to keep people safe and reduce the risk of reoccurrence.
- There was some guidance for staff in people's support plans for how to support people if they became upset, anxious and distressed. However, this did not always contain enough detail to ensure staff supported people safely.
- Environmental risks had not been consistently managed. For example, window restrictors, used to prevent people from falling from windows, were unlocked in 1 room. A large number of used cigarette ends had built up on the ground in the garden which people regularly accessed.
- There was no evidence to show lessons had been learned from accidents, incidents or falls which had occurred at the service.

The provider had failed to assess the risks to the health and safety of people or do all that is reasonably practicable to mitigate risks. This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Systems and processes were not in place to ensure the safe management of medicines.
- There were no protocols in place to guide staff in how to administer medicines prescribed 'as required'.
- There was no recording system in place for staff to record when they had used prescribed thickening agents to thicken fluids for people with difficulty swallowing.
- There was no system in place to record medicines related incidents or errors.
- Instructions for medicines which should be given at specific times were not available.
- Medication audits had not been used effectively to identify and address these concerns.

We found no evidence people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

● We were not assured that the provider was meeting shielding and social distancing rules. There were no risk assessments in place for the use of communal spaces or individual assessments for those who were clinically vulnerable.

● We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home required refurbishment to enable more effective cleaning and cleaning schedules were not always consistently completed.

● We were not assured the provider was making sure infection outbreaks can be effectively prevented or managed. The provider had failed to act on previous infection control audits to reduce the risk of transmission.

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● We were not assured the provider's infection prevention and control policy was up to date. No infection control audits had been completed to identify the concerns we found on inspection.

● We were somewhat assured the provider was using PPE effectively and safely.

● We were somewhat assured the provider was responding effectively to risks and signs of infection.

● We were assured the provider was preventing visitors from catching and spreading infections.

● We were assured the provider was supporting people living at the service to minimise the spread of infection.

● We were assured the provider was admitting people safely to the service.

The provider had failed to ensure effective infection prevention and control measures were in place. This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

People were supported to receive visits from friends and family. We saw people enjoying visits from friends and family throughout the inspection.

Systems and processes to safeguard people from the risk of abuse

● Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns. The manager worked with the local safeguarding team to address concerns when they were raised. People we spoke with told us they felt safe at the service. Comments included "I am happy, staff are nice to me and I feel safe."

● The manager worked with the local safeguarding team to address concerns when they were raised.

Staffing and recruitment

●The provider recruited staff safely. This included carrying out relevant checks prior to staff starting employment. This was to ensure staff were suitable to work with people using the service.

● Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs and wishes.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not following the principles of the MCA. There was a lack of information in records to show mental capacity assessments and best interest meeting records had been completed.
- Assessment of people's capacity to make decisions where restrictions had been applied were not always completed. For example, bed rails and administration of medicines. Records showed that the decision for the restrictions had not been discussed and recorded as in their best interest and as the least restrictive option for people.

The Mental Capacity Act (2005) had not been followed to ensure that people could make decisions about their care. This was a breach of Regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience
- Staff were not supported to keep up to date with best practice. Supervisions and appraisals were not consistent and did not meet the needs of the staff.
- Staff told us they received training as part of their induction when they first joined the service. However they were not given the opportunity to do other training to support their development. Records showed staff

training was not kept up to date.
● There were mixed comments from staff regarding supervision and support systems; all mentioned staff morale was low and needed to improve.

We recommend the provider seek guidance and support to improve staff training and supervision systems in the service in order to improve skills, and morale.

Adapting service, design, decoration to meet people's needs
● The design, layout and furnishings in the service did not always support people's needs. The environment was not adapted to promote accessibility or support people with their sensory and mobility needs.
● Décor did not support a person-centred approach and furnishings were plain and looked old and tired.

We recommend the provider reviews the design and layout of the premises in line with best practice guidance to ensure the environment is designed, adapted and decorated to meet people's physical and sensory needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet
● Systems were not always in place to ensure there were appropriate care plans for people's assessed needs. This meant people were at risk of receiving inappropriate care and support.

● It was unclear whether people were receiving a nutritious and balanced diet. The daily notes did not consistently detail what people had to eat throughout the day. The home manager was aware the daily record keeping needed to be improved.
● The core staff team knew the people they supported well and were able to tell us about people's specific needs and how these could be met. Staff told us, "We know people well, as a result people are settled and progressed well".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The service had referred people to specialist services and professionals to ensure their care and treatment was effective.
● Relatives told us they felt confident any health issues were dealt with promptly. One relative said, " The staff ring me and keep me informed about any changes or concerns, they coordinate everything, they are always polite and helpful."

Inadequate

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider's governance arrangements did not effectively ensure the quality and safety of people's care.
- Where improvements to the service had been identified through quality auditing, action was not always taken in a timely way. For example, actions plans did not include the action required, expected date for completion and who was responsible for completion.
- The provider did not have a robust system in place to support staff to analyse information about risks in relation to people's care. This was particularly in relation to people's diagnosis' and changing needs. The provider did not have a clear overview of risks. This meant opportunities to improve the quality of care for people were missed.
- Themes and trends were not identified through systems currently in place. For example, there was no analysis of incidents, falls or accidents to reduce the risk of reoccurrence and improve care provided to people.
- Handover records were not completed to contain relevant information to support staff with people's changing needs.
- Staff were not always provided with sufficient support to enable people to live the way they preferred, and which safely met their needs.
- The provider had not identified or acted to ensure person centred arrangements and adaptations for people's care and their environment in accordance with their needs. People were not effectively involved or consulted to inform their care and related decision making in relation to the development of the service.
- The provider could not assure us they were consistently meeting CQC's Right Support, right care, right culture (RSRCRC) guidance. For example, care plans were not always person centred and did not detail peoples' goals and aspirations.
- The provider did not have a registered manager in place at the time of the inspection.

The service was not effectively managed or led. The systems and processes to assess, monitor and improve the quality and safety of the service were not established or operated effectively. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 responsibilities under the duty of candour and had an understanding of their role and responsibility in notifying the Commission of reportable incidents where appropriate.
● A relative told us they were informed of incidents or accidents. They said, "They [service] do keep me updated, they ring me if there are any concerns."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider did not have systems in place to fully ensure people's feedback was listened to and acted upon.
● The home manager had carried out a staff meeting in the short time of them being in post. The home manager was committed to keeping staff up to date with the changes and their future plans for the service. This included discussing areas they felt needed improvements. The home manager told us they gave staff the opportunity to feedback what they felt the senior management team could improve on.
● People and relatives were happy with the care received. One person told us, "I like it here, the staff are nice to me". A relative said, " I am very pleased with the standard of care, they [staff] are always kind and patient."

Working in partnership with others
● Staff worked with external agencies involved in people's care when needed, this included GP's and speech and language therapists. People were supported by a range of health professionals.
● The provider was receptive to the concerns we raised during the inspection and took some action to address the immediate concerns raised with them.

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
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure capacity assessments and best interest decisions had been carried out in line with the Mental Capacity Act 2005 and associated code of practice. 11 (1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines. 12(2) (f)(g) The providers had failed to do all that is reasonably practicable to mitigate risks to people. 12(1)(2) (a)(b)(d)(g) The provider had failed to ensure effective IPC measures were in place. 12(1)(2) (h)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. 17 (1) (2) (a)(b)(c)(f)

The enforcement action we took:

Warning notice