

Aitch Care Homes (London) Limited

Maldon House

Inspection report

26 Belgrave Road
Seaford
East Sussex
BN25 2EG

Tel: 01323491102
Website: www.achievetogether.co.uk

Date of inspection visit:
21 November 2019
22 November 2019

Date of publication:
17 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Maldon House is a residential care home providing accommodation and personal care. People living at Maldon House had learning disabilities. Some had specialist needs related to Autism and behaviours that challenged. Others had needs related to down syndrome and epilepsy. People had different communication needs. Some people had limited verbal communication, and other people used gestures and body language to make their needs known.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Maldon House was a large house, bigger than most domestic style properties. It was registered for the support of up to 10 people. Nine people were using the service. This is larger than current best practice guidance. However, the size of the house having a negative impact on people was mitigated by the building design fitting into the residential area. Staff wore casual clothing and did not wear anything that suggested they were care staff when coming and going with people. There were several communal spaces to enable people to choose where to spend their time.

Since our last inspection there had been a change of management. Following a recent safeguarding investigation, a number of concerns were substantiated. Concerns related to people assessed as at risk of choking, some people whose behaviours challenged and one person at risk of leaving the property unescorted who had been assessed as unsafe to do so. Learning as a result of these incidents had been put into place but it was still too early to determine if they were fully embedded into everyday practise.

There had been a high level of sickness and this had an impact on the running of the service. In July 2019 the organisation carried out a full audit of the service and identified a number of shortfalls. A new manager was appointed and started in post in August 2019. She was registered with CQC in October 2019. Support systems were put in place to assist the registered manager in making improvements to the service. High levels of sickness continued to be a problem but at the time of inspection some improvement had been noted in this area.

Extensive work had been carried out to make improvements to the service and at the time of inspection the impact of the work carried out was significant. However, the improvements made, needed more time to be sustained, maintained and fully embedded into the culture of the service. We will not be able to confirm if enough action has been taken until we next inspect the service.

People received support from staff who knew them well as individuals. Where agency staff were used these were mainly staff who had worked at the service regularly and knew people well. People's care and support needs were assessed and reviewed regularly. This meant people received care that was person-centred and reflected their needs and choices.

People were supported to maintain their own interests and friendships. Staff supported people to take part in activities of their choice to meet their individual needs and wishes. This included shopping trips, horse riding, swimming, trips to theatre and pubs, and trips to places of interest.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. The home was clean and tidy throughout. There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.

Extensive work had been carried out to ensure staff understood the risks associated with the people they supported. Risk assessments provided further guidance for staff about individual and environmental risks. People were supported to receive their medicines safely.

Staff received training that helped them to deliver the care and support people needed. This included specialist training in autism and positive behavioural support to meet people's complex needs. Staff attended regular supervision meetings and told us they were very well supported by the registered manager. A staff member told us, "Supervisions are very helpful if you have a problem. We are given support to resolve issues and ideas to try."

People's health and well-being needs were met. Where appropriate, staff supported people to attend health appointments, such as the GP, dentist or appointments for specialist advice and support. People's nutritional needs were assessed. They were supported to eat a wide range of healthy, freshly cooked meals, drinks and healthy snacks each day.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There was a detailed complaint procedure, and an easy read version to ensure anyone wanting to raise a concern could do so.

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

Rating at last inspection

The last rating for this service was good. Published 17/01/2017)

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Maldon House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector.

Service and service type

Maldon House 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day of inspection and the second day was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. This information helps support our inspections.

During the inspection

We spoke with everyone, but most people were not able to share their views of the service, due to complex communication and support needs. Therefore, we observed their experiences living at Maldon House and staff interactions with them. We spoke with two relatives, the registered manager, regional manager, deputy

manager and three care staff. We also spoke with three visiting professionals. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway tracked three people. This is where we check that the records for people match the care and support they receive from staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training, minutes of meetings and quality assurance records. We emailed three professionals who regularly visit the service and received two responses.

Is the service safe?

Our findings

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

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

This 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.

Systems and processes to safeguard people from the risk of abuse

- In August 2019 an investigation was set up to look at a number of safeguardings that had been raised over the previous months and how they had been addressed. At the time of inspection, the safeguarding investigation was about to be concluded and concerns raised substantiated. Concerns included the management of medicines and guidelines for people not being followed and leaving them at risk. These included people assessed as at risk of choking, some people whose behaviours challenged and one person at risk of leaving the property unescorted who had been assessed as unsafe to do so. Most of the staff involved in the safeguarding were no longer working at the service.
- Staff knew how to make sure people were protected from harm or abuse. Extensive work had since been carried out with all staff to ensure they were clear about their roles and responsibilities in relation to safeguarding people. The local authority monitored the service until they were satisfied with the outcome and at the time of inspection they were satisfied that all matters had been addressed. Although improvements had been made, we assessed that more time was needed for them to be sustained and fully embedded into the culture of the service.
- Staff had a good understanding of how to make sure people were protected from harm or abuse and appropriate referrals were made as needed.
- Although people were unable to tell us they felt safe, we observed people to be relaxed and content in their surroundings. We asked a relative if they felt their relative was safe. They said, "Absolutely, I can tell by his facial expressions if he was unhappy. I would know."
- All staff had received training and knew how to recognise signs of abuse. A staff member was clear about the procedure and said, "We document what we have seen, report to the manager and go higher if the manager is not around. We can go direct to the safeguarding team. I can send a staff member home if I think they shouldn't be on shift as long as I document why."

Assessing risk, safety monitoring and management

- Where risks had been identified, there were appropriate assessments and management plans to reduce the risk as much as possible. There were clear guidelines in relation to the management of behaviours that challenged and where appropriate, there were positive behavioural support plans. These included advice on how to support them giving advice about positive strategies to divert and distract from behaviours, early interventions that could be taken, how to deal with a crisis situation and how to support the person to recover from situations. Staff signed to demonstrate they had read and understood guidelines. The registered manager monitored through observations and incident reports they had been followed.

- Risks had been assessed in relation to people at risk of choking, guidelines were in place and as far as possible, risks had been mitigated.
- Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan that described the support they needed in an emergency.
- Fire drills were held regularly. Each drill was evaluated to ensure staff were clear about the procedure. A staff member was clearly able to describe the actions taken when the alarms sounded.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks and checks on electrical appliance safety. A legionella risk assessment had been carried out to ensure the ongoing safety of water.
- A maintenance tracker was kept that showed when work was needed and when it had been addressed. This showed that maintenance tasks were addressed in a timely manner.

Staffing and recruitment

- There were enough staff to meet people's needs. There had been some staff turnover over recent months. Two new people had recently started in post. There were still two staff vacancies, but these had been recruited to and appointments had been made subject to the home's recruitment checks. Vacant hours were clearly shown on the rota and were covered through the use of overtime and regular agency staff. The shift handovers and daily records showed the hours people were funded to receive one to one support and who provided these.
- There had been a high level of sickness over recent months. Agency staff had been used to cover any shortfalls. The registered manager had looked at support systems and worked with the organisation's HR team to address this issue. Some improvement had been noted and there was no staff sickness the week before our inspection. At the time of inspection, it was too soon to assess if the improvements made would be sustained.
- There were on call procedures for staff to gain advice and support if needed outside of office hours and at weekends. Staff told us this system worked well and there was always someone available to speak with in an emergency.
- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history.
- Disclosure and Barring Service (DBS) checks had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.

Using medicines safely

- There were safe procedures to ensure medicines were correctly ordered, stored, given and recorded appropriately. People's medicines were reviewed regularly by healthcare professionals.
- Due to changes made by the home's pharmacy supplier, the home had recently moved from using a monitored dosage system to using boxed medicines. A stock control sheet was in use to count medicines to help identify any possible resulting safety issues.
- As a result of the safeguarding referred to above, a new system had been introduced whereby two staff worked together to give medicines. A third staff member then checked the medicine administration records an hour or so after medicines had been given.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were protocols in use for one person that clearly described when to give these medicines to them.
- People's records clearly stated how they preferred to receive their prescribed medicines.
- Staff had received both online and face to face training in the management of medicines. In addition, they had to be assessed in terms of competency before they were signed off to give medicines.

Preventing and controlling infection

- All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed regularly.
- Audits were carried out regularly to ensure tasks had been completed. Aprons and disposable gloves were available for staff use.
- At the time of inspection there was an ongoing programme to repaint all the communal areas including the woodwork. A staff member told us, "The house is cleaner now and we have cleaning schedules to keep on top of things."

Learning lessons when things go wrong

- There were systems to ensure that records were kept of accidents and incidents along with the actions to be taken to reduce the likelihood of an event reoccurring.
- One person had got hold of a staff fob and used it to exit the building unaccompanied. They were returned to the building safely. As a result of this incident the use of fobs had been reviewed and changed. The person had an alarm fitted to their bedroom door so that staff knew when they were out of their room and could monitor their location. No further incidents had been noted and staff confirmed that lessons had been learnt from the incident.
- Following every incident there was a debrief for the staff involved. This gave staff the opportunity to share what happened and to reflect with a senior or manager on what went well and what could have been done better. It also gave management an opportunity to assess how staff coped and to see if they needed any additional support in relation to the management of behaviours that challenged and to set this up if needed.
- The home's quality assurance system also ensured that any instances were reviewed in relation to actions taken and risk reduction measures in place.

Is the service effective?

Our findings

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

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Most people had lived at the service a long time. Their needs and wishes were regularly assessed and reviewed to ensure they received appropriate care and support. These included various aspects of people's care needs such as how they communicated their preferences, and information on how they liked to spend their time. Staff told us the recent update of the care plans were helpful and they reflected people's needs and wishes. We saw that people's wishes were followed. For example, one person changed their mind about the activity they wanted to do, and this was respected by staff.
- There was one vacancy at the service.

Staff support: induction, training, skills and experience

- Staff received appropriate training to support them in their roles. The training programme confirmed that staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety and infection control.
- Specialist training was also provided that reflected the complex needs of people who lived at Maldon House. This included training on autism, positive behavioural support (PBS), dealing with behaviours that challenged and epilepsy. Training on dysphagia (difficulty swallowing) had been booked to be carried out in December 2019. Each person had a care plan that described the support they needed in relation to any diagnosed condition.
- A staff member told us about recent training that had supported them in their role. They said, "The training on autism helped me understand the need for routine and agitation that is linked when routines are not followed. It helped me to understand the condition more." Another staff member said, "[Person] doesn't like negative words, so we don't use 'no' or 'bad.' Some like routine but some if you give them time to process information will cope well with routine."
- Staff told us their views were listened to and they felt supported through regular supervisions. Records confirmed this. A staff member told us, "It's really nice to get positive feedback about how I'm doing." Another staff member told us, "Supervisions are very helpful if you have a problem. We are given support to resolve issues and ideas to try." They also told us they had shared with the registered manager they had trouble reading documentation. The registered manager gave them coloured overlay sheets to place on top of documents and this had made it much easier.
- New staff completed the provider's induction process. This included completing an inhouse induction booklet and working supernumerary for two to three weeks to get to know people and understand policies and procedures. A staff member told us they felt well supported throughout their induction. They said, "We

have a buddy system, so we work regularly with our buddy at the start. I had two to three weeks shadowing experienced staff until I felt confident to work alone." They also said, "It's the best move I ever made, it's like a family here."

- All staff that were new to care completed the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. Following on from the Care Certificate, there was an expectation that all staff would complete a health qualification at a level appropriate to their role in the home. Records confirmed staff had been nominated and were studying for this qualification.

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

- People had enough to eat and drink.
- People were offered and received a choice of drinks throughout the day.
- People were supported using pictorial prompts where appropriate, to take turns in choosing the main meal each day. We observed one person preparing a sandwich for themselves with prompts from staff when needed.
- All staff had received training on nutrition and hydration. Some people had been assessed as at risk of choking. Professional advice had been sought from the local speech and language therapist (SaLT). It was noted the guidelines had been signed by all staff and copies of the guidance were placed throughout the home for easy access. The updated procedures meant that one staff member prepared food and a second staff member checked the food before it was served. We observed staff supporting two people who had different needs. In each case the support provided was in line with the guidance provided.
- One person had recently joined a group to help them lose weight. Advice had been sought from the person's GP and a referral made to a dietician for support. In the interim the organisation's PBS specialist had assisted staff in introducing healthy snack boxes twice a day that the person helped to prepare. These were working well and along with the increased opportunities for exercise the person had lost weight. The person demonstrated their delight in telling us about this.

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

- People arranged their bedrooms as they wanted them with personalised objects, photographs and individual furniture. Wherever an area of the home was due to be redecorated, people had a say in the choice of décor. For example, people had chosen the colour scheme for the recent painting of the communal areas.
- People chose where to spend their time. There was a lounge, a quiet lounge which also was used as a cinema room with a projector to show films. In addition, there was a conservatory and a dining room. We saw people liked to spend time with staff in the kitchen area when food was being prepared.
- One person's relative told us they had raised concerns in the past that another person had entered their relative's bedroom on a number of occasions and caused damage to their personal possessions. This was monitored regularly and there had been no recent incidents. They told us the registered manager was looking into having a lock on the door that could be accessed by the person using their thumb print. Staff would also have access using a similar process, so they could gain access in an emergency. The registered manager confirmed a meeting was arranged to be held the week after the inspection to discuss this system. A similar system was in use in another home run by the organisation and this had proved to be effective.
- Five people had monitors in their bedrooms that were used to monitor for seizure activity. Two had alarms on their bedroom doors so staff could get to them quickly at night if they needed assistance. There were alarms on all entrances and exits in line with people's needs. Four people had electronic tablets and we saw staff provided support to use these as and when needed.
- One person chose not to have curtains on their bedroom window. As they were facing on to the main road, a privacy film was applied to the glass to ensure the person could see out of the window but there was no visibility from outside. A staff member told us blinds had also been ordered to see if this would be

acceptable to the person.

- There was a sensory cabin and a sunken trampoline in the garden that people liked to use. The deputy manager told us the height of the fencing around the rear garden had been increased as people had been repeatedly throwing objects into the neighbour's garden. Three people used wheelchairs outside of the home. There was a lift to enable easy access to the first floor.

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

- Referrals had been made for specialist advice and support when needed. Records were kept of visits to see professionals and any changes in support and care were discussed with the staff team and recorded in daily handover sheets.
- The registered manager was aware of the need to ensure people had good oral health; appointments with dentists were arranged as required. Staff told us people were prompted and where appropriate supported to look after their teeth.

Arrangements had been made for the organisation's health team to visit the service to complete oral health sessions with staff to make sure staff were consistent in their approach.

- The registered manager told us staff had worked intensively to support one person with their oral hygiene. At the dentist's recommendation a double-sided toothbrush was bought, and a special toothpaste was prescribed. To encourage the person to brush their teeth a goal was identified that if improvements were noted by the next dental appointment a trip to a pub would be arranged to play pool and darts. The registered manager told us the recent visit had been very successful and the outing was being arranged.
- A health professional told us, "I don't have any concerns about the service. If staff have a concern about anyone, they always contact me in a timely way."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments had been completed when needed. Records and pictures were kept of how staff had tried to help people make informed decisions. Where appropriate, best interest meetings had been held to ensure an agreed outcome was reached on the approach to be used.
- The registered manager was working with one person's GP as the person required medical tests to assess their current health and they had been reluctant to participate. Easy read documentation was being used to encourage the person to visit the GP to start this process and help the person to make an informed choice.
- Applications for DoLS authorisations had been sent to the local authority for processing, some had been granted and the home were awaiting final decisions for others. Applications included detailed information about why some restrictions were needed. For example, monitors used at night time to detect any seizure activity had been agreed with relatives and professionals in people's best interests.

Is the service caring?

Our findings

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

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were committed to providing a good standard of care. New and agency staff were given time to read support plans and took a genuine interest in people and knew them well.
- A health professional told us, "Staff are respectful to people."
- We asked a staff member about their training on equality and diversity. They told us it very good and said, "We treat everyone equally. Most people have one to one time, so we can meet their individual needs and wishes quite easily but we make sure no one is left out."
- A staff member told us, "[Person] knows his own mind and prefers to have male staff providing personal care. If he doesn't want to do something he will tell you or go quiet and you know there is something wrong."
- A relative told us, "I see core staff as extended family. When my relative was in hospital and I couldn't be there, there was always a staff member there who knew him well, the staff were really good." Another relative said, "My son's keyworker and all the seniors are marvellous, I can't fault them. They know him inside out."
- We observed one person who deliberately bumped into the registered manager and laughed. The registered manager told us this was a game they liked to play. The person did not communicate using speech, so this was a warm and engaging interaction between both.

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

- People and families were involved in agreeing how care should be provided.
- Relatives told us they were invited to reviews. They said staff kept them up to date with all changes and if there were decisions to be made they were part of that process.
- People were supported to maintain relationships that were important to them and relatives said they could visit at any time. A relative told us, "I still like to do [person's] laundry. I like to think I can still do my bit. I pop in whenever I can, and I'm always made welcome."
- House meetings were held once a month. Records of the October 2019 meeting showed staff met with three people as a group and with the remaining people on a one to one basis to hear their views. Topics discussed included activities. Records stated some people were shown pictures of activities to try to assess their interest. People clearly responded better to some pictures than others, so it was seen as a good tool to encourage decision making. Within the group meeting there had also been discussion about food and colour schemes in bedrooms and people had been able to share their views.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We saw staff knock on doors and wait for a response before entering. People's rooms and accommodation was seen as their private areas that staff visited.
- A staff member told us, "If I took a person to the toilet I would always make sure to close the door. When giving personal care I would make sure the curtains are closed. I make sure people are given time to respond to requests. I don't rush and give respect."
- Another staff member told us, "[Person] has one to one support but sometimes they just want some time alone. They will use their hand to push you away. When this happens, I wait outside the bedroom room until they need support. We have to respect their wish and need for private time."
- The service promoted people's independence. Care plans clearly described the tasks people could do independently and the areas they needed support. A staff member told us, "Everyone can make a drink with varying degrees of support." We saw a staff member supporting a person who wanted to make a sandwich. The person was pleased with the result and staff took a photograph to celebrate their success.
- Private information was kept confidential. Records were held securely in the office area. Staff had been provided with training and guidance about the importance of managing confidential information in the right way.

Is the service responsive?

Our findings

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

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

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had care plans that identified and recorded their needs. Care plans were reviewed regularly, and when people's needs changed, and were up to date. For example, following a dental appointment, new guidelines were written for one person to ensure their oral hygiene was carried out appropriately.
- Staff knew people well, and knew their likes, dislikes and background. Adhering to agreed routines was important to some people and gave them security and structure to their day. It was noted care plans clearly described people's morning and evening routines to ensure consistency in staff approach.
- We observed staff supporting people in a person-centred way; they adapted their approach from person to person.

Meeting people's communication needs

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

- Staff knew people well and how they communicated. Each person had their communication needs assessed and recorded. For example, one person regularly asked staff their name. If staff signed the first letter of their name, the person was then able to identify who they were. We saw this used regularly throughout the inspection. This person had an electronic tablet and records showed that if staff found the website they wanted on this the person was then able to use it independently.
- People used a variety of communication methods and tools and staff were skilled in understanding these. For people who did not communicate verbally there was information on the sounds, or behaviours a person could display and what this could mean. For example, certain noises indicated a person was happy and others, along with pacing, might mean the person was unhappy.
- Some people used some Makaton (a form of sign language). They used a limited number of signs, but staff were able to use these to communicate with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us that since taking on the post, staff had contacted local colleges to enquire about courses that might be of benefit to people. The colleges advised that applications would be considered for the next term. In the interim, work had been ongoing to increase the activities and

opportunities available to people.

- Four people had joined a friendship group run locally and set up by a person with a learning disability. The registered manager told us one person particularly enjoyed the group as it was an opportunity to meet up with a close friend.
- Some people went horse riding, enjoyed bowling, cinema, a drama class and swimming sessions. One person had not been swimming for a long time. The registered manager told us this was something the person had enjoyed so they were going to look to mitigate any risks and reinstate this activity. One person like to go to the gym. Staff told us people enjoyed the sensory area and opportunities to cook in the kitchen with support.
- Some people enjoyed attending clubs locally in the evenings and everyone was offered aromatherapy on a monthly basis. A relative told us, "He likes music theatre and going on train and bus rides. He likes to watch things. They (staff) know his ways."
- A staff member said, "Now we have more staff we can do more with people both inside and outside of the house. Two people are going to the theatre in a couple of weeks and we have booked pantomimes for Christmas. There are more arts and craft activities. In the past we had to wait for these but (manager) sorts things quickly." Another staff member said, "We try to get people out every day. There is a real buzz here, it's a busy home and people's relatives visit a lot."
- Seasonal parties were held for a summer BBQ, Easter egg hunt, Halloween and Christmas. We were told people could invite relatives to these parties if they wanted. Birthdays were also celebrated with family invitations too. A party for all the organisation's home's in the Southeast had been arranged and was due to be held in December.

Improving care quality in response to complaints or concerns

- Two complaints had been recorded, both had been received before the registered manager started in post. Both were from relatives and related to dental appointments and one included a concern about weight management. Records for one clearly demonstrated it had been investigated thoroughly and where appropriate, changes had been made. In relation to the second complaint, there was a record of the actions taken but no record of the details of the actual complaint. This is discussed further in the well led section.
- There was an easy read complaint procedure for people. Staff told us that whilst most would be able to say if they were unhappy, in most cases people would demonstrate through behaviour if they were unhappy with a situation.
- Staff told us they found all the management team approachable and would have no hesitation approaching them if they had any concerns.

End of life care and support

- The registered manager told us that if anyone needed end of life care in the future, this would be fully assessed at the relevant time.
- Each person's relatives had been asked to complete a booklet to provide their views on end of life care for their relative. These had been completed in people's best interests. The registered manager told us that where relatives did not have power of attorney for health and welfare or finances any decisions would be checked out further in a best interest meeting at the appropriate time. The home's action plan included a plan to assess people's views about death and dying. It was recognised that due to people's complex needs this would be a long-term project.

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

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

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

- Due to changes in management and high levels of staff sickness over the past few months there had been a period of instability. The extent and impact of this had been identified during the summer months and management and governance systems had been strengthened. Although significant improvements had been made they were not yet fully established and embedded into everyday practice. For example, although extensive work had been carried out to improve record keeping, some records were not complete.
- Some of one person's medicines were given half an hour before their other medicine as per their prescription. However, records showed all the medicine given at the same time. Staff were clear that the medicines were given in line with the prescription, so this was just a recording issue and had no impact for the person.
- There were two different sets of guidelines for the flushing through of one person's PEG. We queried which was the appropriate guideline and this was clarified with the home's health team during the inspection and one of the guidelines was removed from the support plan.
- Daily records did not clearly describe the one to one hour's people were funded to receive and how this was provided. For example, one person was funded to receive 10 hours one to one support daily. Records showed the person liked to spend long periods in their bedroom. Whilst they had regular outings it was not evident they were offered a range of activities throughout the day. Another person's daily records stated on one occasion there was not enough staff to support them to go out. The registered manager stated this would never be the case. The format for this person's daily records allowed for more detailed records to be kept of activities offered and declined. However, records did not demonstrate this.
- A satisfaction survey was completed in July 2019, but the responses had not been analysed and it was not clear if any feedback had been given to people. It was noted that some comments from people had been negative. For example, when one person was asked, 'Is your home warm?' the response was 'No,' but a happy face was ticked. In relation to a question, 'Are staff respectful towards you?' The response was 'No' and 'We not friends.' Again, this response had either not been explored or the context had not been explained. The registered manager was not sure if the person would have understood the questions. The registered manager said they would look at the surveys in detail.
- In respect of the relative's survey it was evident that a response had been given to some relatives in relation to their surveys and any queries or concerns they had. One relative had given a lengthy response with both positive and negative comments. This had not been responded to. However, it was noted that

some of the issues raised were matters that had been raised with us during the inspection. For example, A relative told us, "I would like it if (relative's) clothes were ironed." We noted this issue had been raised in the August and September staff meeting minutes as an area that needed to improve.

- It was not clear when the last staff survey had been carried out as the records could not be located. The registered manger said they would arrange for a survey to be carried out.
- There were two complaints made to the home. Records showed brief details and the actions taken. In relation to one, there were further records detailing the actual complaint, investigation and outcome. In relation to the second complaint the details of the actual complaint were not on file and although there were brief records of the actions taken, there were no records of the investigation.
- The organisation had carried out a full audit of the service and there was a detailed action plan. Although improvements had been made to address staffing, address the actions of safeguardings, and to ensure care plans provided detailed advice and guidance, more time was needed to ensure improvements were sustained, maintained and fully embedded into the culture of the service. We will not be able to confirm if enough action has been taken until we next inspect the service.
- Over the past few months, levels of staff sickness were high. The registered manager had worked with the staff to determine the cause. A well-being approach was used and where possible, reasonable adjustments were put in place. For example, one staff member told us due to their specific needs they were only working evening shifts. They said they were grateful for the support provided and said the approach used had, "changed morale completely."
- A relative told us, "Things went awry. Staff walked out, and bank staff had to be used. Since (manager) came, things are very good. She is bringing it all together. There are more staff now and they know what they are doing." Another relative said, "Communication between us and the home has improved and vice versa. We email or phone regularly between visits. The manager is friendly, approachable and professional. She doesn't take any prisoners, if staff are not adhering, she pulls them up."
- A staff member told us, "We have more support now. (Manager) is sorting out the staff sickness and we have new staff. (Manager) has drawn a line over the past, morale was low and there was an atmosphere here. Now we work as a team and morale is completely different."

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

- Since our last inspection there had been a number of management changes. A new manager was appointed in August 2019 and they have recently been registered with CQC.
- Following a full audit of the service during the summer months it was recognised that support was required to assist the registered manager to make improvements to the service. The organisation responded by providing additional support systems. A manager from the organisation's quality team visited three times a week to assist with reviewing and updating support plans. A registered manager from a sister home came twice a week to oversee medicines. A team leader from another service was working in the home to act as a role model to the staff team and promote good working practices. Area management support was also provided to ensure support in turning the service around. A PBS practitioner was also working with staff to review how the PBS plans were working and to give guidance and support.
- A health professional raised concerns with us that staff had not followed their recommended guidance in relation to meeting some people's assessed needs. They were continuing to work with the service to provide additional training. We looked at the work carried out since the health professional had visited and were satisfied with the actions taken by the registered manager to address them. This included risk assessment documentation and observations to determine staff competency.
- Extensive work had been carried out to ensure staff were aware of the extent of their role and responsibilities. For example, in relation to people assessed at risk of choking, all staff had recently signed risk assessments that detailed the approach to be taken and the consequences of not following guidelines.

Guidelines were placed throughout the service, so staff always had easy access. The registered manager had also carried out staff observations to make sure the guidance was followed.

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 registered manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.
- The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required.
- The registered manager understood their role and responsibilities to notify CQC about certain events and incidents. Notifications were submitted to the CQC, as required. The previous CQC rating was prominently displayed in the home and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- One person was responsible for the recycling and they took pride in making sure the recycling was put in the appropriate bins each day. The registered manager wanted people to feel fully involved and have a role in the running of their home. They told us they would look to ensuring everyone could have a role they were equally proud of.
- A staff member told us, "We have staff meetings, they are really good, everyone talking and sharing ideas. I wasn't expecting that. In my previous work it was not like that, staff found it hard to share their views, so this was really positive. Seniors and managers always say thank you for the day, I really like that."
- Records demonstrated that monthly staff meetings had been held to ensure all staff were clear about the running of the service. Meetings gave staff the opportunity to share their views.
- The organisation carried out a full audit of the service in July 2019. Following this, an action plan was drawn up and support systems put in place to address all the shortfalls identified. Progress in addressing the action plans was monitored by the regional manager monthly and the support systems were reviewed and adapted as necessary.
- The registered manager was clear about the areas still to be completed and had a plan to address in a timely way. She told us staff sickness had affected the ability to address the plan more quickly as she had worked on shift when there was unexpected sickness. However, now that sickness had improved, this had freed her up to focus on the management of the home.
- As a result of a recent organisational safeguarding the local authority market support team had visited the home regularly over the past few months to provide guidance and support and to monitor progress made. The registered manager valued the support provided. Following the inspection, the registered manager confirmed staff training had been booked in dysphagia (difficulty swallowing), dealing with behaviours that challenged and recording of daily notes.

Working in partnership with others

- The registered manager and staff worked closely with health care professionals, including GPs, dentists, epilepsy specialist nurse and the community learning disability team.

A social care professional told us, "A lot of improvements have been made. (Manager) is very driven and positive to turn this service around and has the right skill set to do so. People from the organisation are providing hands on support which has been paramount to work fast and effective."

- The registered manager told us they attended the registered manager's network. They said this was a valuable resource and an opportunity to meet with other managers to hear and share problems but also to discuss and share ideas of innovative practices. A recent discussion had been held around having

champions for various areas, so they had looked to introduce champions for medicines, infection control and health and safety. These roles were very new, so the affect had yet to have an impact. The registered manager confirmed the expectation that delegated staff would receive additional training in these areas.

- There were opportunities for the registered manager to attend the organisation's monthly manager's meetings.