

# Accomplish Group Support Limited

## Kemble House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Kemble House is a care home that provides accommodation and care services for a maximum of 15 people with autistic spectrum conditions and complex needs.

At the time of the inspection, the service accommodated 15 people. However, the service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. For example, the building is located near community facilities and people were supported to be part of the local community.

The last inspection was carried out in September 2016. The overall rating of the service was Good. However, in 2018 we received notifications highlighting concerns with fire safety, medicines management, health and safety, and infection control. At this inspection we saw that improvements had been made to meet the relevant requirements.

People's experience of using this service:

We have made a recommendation about LGBT+ inclusive practices ((LGBT+ describes the lesbian, gay, bisexual, and transgender community).

At this inspection, we saw that methods of monitoring the quality of the service had been improved. Regular checks and improvements had been carried out in relevant areas. Whilst we were reassured with the current progress, the improvements had come about because of the combined input from the host local authority. Therefore, whilst we have judged the service to be 'good' overall, the provider will need monitoring to demonstrate a continuous track record of sustaining improvement without support from external agencies.

People were protected from abuse and avoidable harm. Staff understood different types of abuse, which meant they could spot the signs of abuse and report accurately to relevant authorities. The service had also made improvements in several areas, including fire safety, medicines management and infection control. There were also effective systems and processes in place to minimise risks to people. Each person's care plan had several risk assessments and measures to reduce risk.

People's care, treatment and support promoted a good quality of life. They were supported by trained and skilled staff. People's assessments had taken account of their choices. Staff understood these choices. Staff supported people to access the healthcare services they needed. There were arrangements to ensure that people's nutritional needs were met. People's dietary requirements, likes and dislikes were assessed and known to staff.

People were supported and treated with dignity and respect. They were involved as partners in their care. People confirmed that staff were kind and caring. People told us they had been fully consulted about their care. They were supported to maintain their independence. Their care records contained information about their choices and independence.

The service planned personalised care that met people's needs, preferences and interests. People's records set out their preferences and addressed their individual needs and risks. There was a programme of activities organised by the service. People attended a variety of activities and outings, which they enjoyed. Each person's preferred method of communication was highlighted in their care plans, which showed people's communication needs had been considered.

Rating at last inspection:

At our last inspection, the service was rated "Good". Our last report was published on 23 August 2016.

Why we inspected:

This was a scheduled inspection based on the previous rating. The inspection was also prompted in part by notifications of serious concerns regarding the quality of care at the home.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# Kemble House

## Detailed findings

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notifications of serious concerns regarding the quality of care at the home. The information shared with CQC, indicated potential concerns about the management medicines, and fire safety.

Inspection team:

The inspection team consisted of one inspector and an expert-by-experience. 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:

The service did not have a manager registered with the Care Quality Commission.

Notice of inspection:

This was a comprehensive inspection, which took place on 30 April 2019 and was unannounced.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities. We checked records held by Companies House and the Information Commissioner's Office (ICO).

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well

and improvements they plan to make.

We spoke with six people who used the service and a relative of one person using the service. We spoke with the manager who had recently moved to manage a sister service, the interim manager, social care professional, and six staff members. Following the visit, we received feedback from an independent advocate, quality care advisor from the local authority and two healthcare professionals.

We reviewed seven people's care records, seven staff personnel files, audits and other records about the management of the service. We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management:

- Kemble House had been subject to a provider concern process (PCP) from the host local authority since July 2018. A PCP is a process by which serious concerns about poor quality of care by a provider are managed.
- Several concerns had triggered the PCP, including gaps in fire safety, medicines management and monitoring systems. At this inspection we saw that improvements had been made. These had been acknowledged by the host local authority and the service was no longer subject to a PCP.
- In June 2018, the London Fire Brigade served the service with an enforcement order. The fire safety arrangements had been found not to be meeting standards. In September 2018, the London Fire Brigade revisited the premises and found that the enforcement order had been complied with.
- At this inspection we saw that improvements in fire safety had been maintained. Rooms within the home had been refurbished with new fire doors, additional wooden frames had been fitted to support the fire doors where people were prone to slamming the doors. Smoke detectors had been fitted and electrical meters had all been changed.
- Fire equipment within the home had been serviced and maintained on a regular basis. A fire risk assessment was in place and regular in-house fire safety checks had been carried out to ensure that the fire alarm and fire extinguishers were in good working order.
- Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the home. PEEPS give staff, or the emergency services detailed instructions about the level of support a person would require in an emergency such as a fire evacuation.
- A range of maintenance and safety checks had been carried out to ensure people lived in a safe environment. These included checks of the portable electrical appliances and electrical installations.
- There were effective systems and processes in place to minimise risks to people. Each person's care plan had several risk assessments and measures to reduce risk. The assessments covered a range of areas including, medical and mental health needs, the environment, nutrition and specific behaviours.
- Staff were mindful of the triggers to specific behaviours that may challenge the service and were aware of the best and least restrictive way to make certain people were safe.
- Risk assessments were kept under review with the involvement of the person, or in some examples, their representative. This ensured that risks to people's safety and wellbeing were monitored and managed properly.

Using medicines safely:

- The service had acted to improve medicines management. A few medicines concerns had been raised prior to this inspection. At this inspection we saw that medicines were being managed safely. □

- Medicines were stored securely. The temperatures of the storage areas were recorded regularly. Medicines rooms had been renovated to ensure standards were met.
- A policy for medicines management was in place and available for staff to refer to. All staff had undergone the relevant training for medicines administration as per the service's policy.
- Each person had their own medicine administration records (MARs) which contained information to correctly identify the person and to assist staff to administer medicines safely. Staff signed the MAR after administration or recorded to show that medicines were not given. This provided us with a level of reassurances that medicines were given as prescribed.
- There was additional guidance to administer medicines prescribed to be given when required (PRN). This assured us that staff could make an informed judgement to appropriately administer these medicines.

Systems and processes to safeguard people from the risk of abuse:

- People felt safe in the care they received from staff. We received consistently positive feedback including, "My support workers are very supportive" and "If anything was to ever happen to me, staff would support me." This view was also shared by a relative of one person, who told us people received a safe and reliable service.
- The service had relevant policies in place, including safeguarding and whistleblowing, which were readily accessible to staff. Staff had received safeguarding training. They understood different types of abuse, which meant they could spot the signs of abuse and report accurately to relevant authorities. They were aware of how to raise concerns through the relevant policies and were confident any concerns raised would be dealt with effectively to make sure people were protected. They were aware they could notify other agencies such as the local authority, the Commission and the police when needed.

Staffing and recruitment:

- Care staff had been recruited carefully. They underwent appropriate recruitment checks before they commenced working at the service. All pre-employment checks had been carried out. Checks included, at least two references, proof of identity and Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
- Overall, there were enough staff deployed to keep people safe. There were no delays in people being attended to throughout the course of this inspection.
- The rota was planned around people's needs and preferences where possible, including appointments and activities of people.
- People confirmed there were enough staff. They told us, "There is enough available during the day and during the night."
- There was an on-call system to make sure staff were supported outside the office hours. There was a pool of bank care workers who could be used for additional support when needed.

Preventing and controlling infection:

- The service had processes in place to reduce the risk of infection and cross contamination.
- Arrangements were in place for managing waste to keep people safe. The home was clean and well presented.
- Staff wore personal protective equipment (PPE) such as gloves and aprons. They told us this was readily available to them.

Learning lessons when things go wrong:



- Accidents and incidents were monitored. There were adequate systems for reviewing and investigating when things went wrong. Staff understood their duty to raise concerns and report incidents and near misses.
- The service had identified themes and acted to improve safety. For example, we saw that improvements had been made following a recent PCP.

# 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

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:

- People's needs had been assessed before they started to use the service. Assessments covered different aspects of people's lives, including emotional, psychological and physical care needs. People's support plans included guidance about meeting these needs.
- People's assessments had taken account of their choices. Staff knew each person's ability to undertake tasks related to their daily living. People gave us consistently positive feedback about how the service was meeting their needs, including, "Staff know exactly how to support me. They know what I am good and not so good at. Therefore, they are able to support me where needed."

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

- Staff understood the main principles of the Mental Capacity Act 2005 (MCA). The MCA 2005 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 people lack mental capacity to make particular decisions, any made on the person's behalf must be in their best interests and as least restrictive as possible.
- We observed staff obtaining consent from people before they could proceed with any task at hand. People confirmed their consent was always sought. One person told us, "Staff do ask for my permission before they could offer support to me."
- Where people were unable to express views there was a system in place to seek support from advocates. An advocate told us how she had been involved in strategy meetings to support people to understand the implications of their choices, so they could make informed decisions.
- Care records documented whether people had capacity to make decisions about their care. People, or their legal representative, signed to give their consent to the care and support provided.
- The requirements of Deprivation of Liberty (DoLS) were being followed. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation procedures for this in care homes and hospitals are called DoLS.
- We observed that people had free access of the all areas of the building, including going out whenever they wished. This showed that people had independence and the freedom to move around with undue restriction on their liberty.
- The acting manager told us three people at the home were subject to a DoLS for their safety, which we confirmed.

Staff working with other agencies and supporting people to access healthcare services and support:

- People were supported to access healthcare services they needed. We saw evidence of recent appointments with healthcare professionals such as people's psychologists, psychiatrists and GPs. Guidance obtained from healthcare professionals was included in people's care plans. This meant staff had current and relevant information to follow in meeting people's health needs.
- A healthcare professional told us, the service delivered high quality care, stating, "They make timely referrals to the G.P or myself to address any physical or mental health issues."
- Additionally, the service had supported people to receive their annual health checks. This was consistent with good practice. An annual health check can improve people's health by spotting problems earlier.
- People had Health Action Plans (HAP) in place. A HAP is a personal plan about what a person with learning disabilities can do to be healthy. Each HAP listed details of people's needs and professionals involved.

Staff support: induction, training, skills and experience:

- Staff were trained, skilled and experienced in their role. New staff had completed an induction programme according to the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. As part of the induction, new staff shadowed experienced members of staff until they felt confident to provide care on their own.
- There was evidence of on-going essential training, including infection control, equality and diversity, moving and handling, safeguarding and medicines handling. Records confirmed care workers were up to date with their training.
- Staff spoke positively about their line management. They felt able to approach their line managers at any time for support. We evidenced that care workers were supported through supervision and yearly appraisal of their performance.

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

- There were arrangements to ensure that people's nutritional needs were met. People's dietary requirements, likes and dislikes were assessed and known to staff. People told us, "I do like what I eat here" and "I have regular drinks throughout the day."
- The service provided a variety of healthy foods and home-cooked meals for people to choose from. People told us, "I do get a choice on what I like to eat. I have a menu to choose from." Records showed that pictures of food and meals were available to support people with choosing meals.

## 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's religious and cultural needs were highlighted in their care plans. Generally, people were supported with their religious observances, including visits to church, mosque and temple.
- The service had failed to fully support one person with their sexual orientation or gender identity. Although the service had supported the person to access a gender clinic, the service had not followed up with the treatment. Therefore, LGBT+ inclusive practices had not been followed (LGBT+ describes the lesbian, gay, bisexual, and transgender community).
- Following the inspection, the service wrote to inform us that they had taken action to support the person to access support. However, it had taken this inspection for this to be addressed.

We recommend the provider seeks advice from a reputable source regarding LGBT+ inclusive practices.

Respecting and promoting people's privacy, dignity and independence:

- People confirmed that staff were kind and caring. One person told us, "Staff are kind and caring. They speak with me in a respectful way. I can go to places without restrictions and I can exercise my choice." This was a common view from all the people we spoke with.
- Relatives were as complimentary. A relative told us, "Staff respect my relative's privacy and dignity. The manager is wonderful. She is empathetic and accessible."
- The service recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and, electronically.
- Confidentiality policies had been updated to comply with the new General Data Protection Regulation (GDPR) law.

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

- People told us they had been fully consulted about their care. They were supported to maintain their independence. Their care records contained information about their choices and independence.
- An advocate told us the service gave time and attention to giving people choice and control, citing people's involvement in review meetings, strategy meetings and 1:1 time with staff. The advocate told us, 'People are given the option to fill out their daily care notes with staff, which gives them an opportunity to air their views and feelings about anything to do with life at Kemble House. [People have access to my services once a fortnight if they needed my view].'
- Staff were knowledgeable about people's preferences. People's care records contained their profiles,

which recorded key information about their care. This included their likes and dislikes, gender, interests, culture and language

- During lunch we observed people being given a choice of what to eat. They were able to go into the kitchen and collect their lunch and bring it into the dining room or their rooms. Staff were always present, coming in and out of the dining room asking people what they would like to drink. Other people arrived for lunch at different times, having arrived back from outings or from their rooms.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's support plans gave an account of their needs and actions required to support them. Their likes, dislikes and their preferences for care and support were highlighted. All the information that staff would need to know about people's care was available in an easy to read step by step format.
- People confirmed that they received care that met their needs. They told us that they were involved in their care planning, which we evidenced from their records. One person told us, "I receive good support. Staff know my needs and how to support me."
- People were offered a variety of activities and outings both in groups and as individuals. There was a programme of activities organised by the service. One person told us, "I got out a lot to different locations. I enjoy having a restful day, watching T.V, cooking, cleaning my room, washing and drying my own clothes." Another person said, "I go to college twice a week and I work at a charity shop three times a week. I also go for walks, and lunch out."
- People's support plans were regularly reviewed by staff. This helped to monitor whether support plans were up to date and reflected their current needs. In that way any necessary changes could be identified and acted on at an early stage.
- A health care professional told us that staff understood people's changing needs and would make contact immediately if they observed a deterioration in people's mental state or behaviour.

Communication:

- We checked whether the service was meeting people's needs. All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
- The service complied with the requirements of AIS. Each person's preferred method of communication was highlighted in their care plans, which showed people's communication needs had been considered. There was plenty of wall mounted information which included pictures of staff members with their names, information clearly displaying 'say no to abuse' and how to make a complaint. The information was presented in different ways to enable people to communicate to the best of their abilities.

Improving care quality in response to complaints or concerns:

- The service had a complaints procedure which people and their relatives were aware of. The procedure

explained the process for reporting a complaint.

- People confirmed they were given information about how to make a complaint. One person told us, "I feel comfortable to make a complaint. I would speak to staff." Another person said, "I know how to make a complaint. I would go to the manager. A relative told us that their suggestions had been received and responded to positively."

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a clear leadership structure and staff felt supported by management. The service was being managed by an interim manager who was supported by an operations manager and two deputy managers.
- We found the interim manager to be well-informed about the issues at the service. She was familiar with important operational aspects of the home including the recently implemented improvement plan.
- We asked people receiving care what they thought of the management of the home. People told us, "The care and service that is provided is quite good", "I like the place very much", "The service is good" and "I like living here"
- One relative and three care professionals were positive about the services provided with one care professional stating, "The service at Kemble is caring, effective, safe and well led. The manager is well organised and efficient and has a very good rapport with all the people receiving care."
- Staff told us there was an open culture within the service and they could raise any issues at team meetings and felt confident and supported in doing so.

Continuous learning and improving care:

- There was an ongoing effort to improve the service. Regular checks and audits had been carried out in areas related to maintenance of the premises, health and safety, medicines management, infection control and management of accidents and incidents.
- Whilst we were reassured with the current progress, it had taken outside agencies to identify the gaps in the quality of the service. Additionally, the improvements had come about because of the combined input from the host local authority. Therefore, whilst we have judged the service to be 'good' in 'well-led', the provider will need monitoring to demonstrate a continuous track record of sustaining improvement without support from external agencies.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The service planned and promoted person-centred care for people. We saw evidence care was planned to meet people's needs, preferences and interests. People told us that they had choice and control over their care.
- The service's autism advisor shared the organisation's autism strategy with us. One of the objectives was



'To strengthen support for families and carers and ensure the wishes of those people with autism are taken account of'. We saw evidence, this was being delivered.

- The service was aware of and complied with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- There was an open and transparent approach to safety and a system was in place for reporting and recording significant events. We had been notified of significant events.

Working in partnership with others:

- The service worked with a range of other agencies. For example, there was a strong community focus. The service worked with local colleges and employment agencies.
- The service had worked effectively with the local authority and the London Fire Brigade to make improvements.