

Freeways

# Susan Hampshire House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Susan Hampshire House accommodates 15 people who have a learning disability and/or autistic people. At the time of the inspection there were 14 people living at Susan Hampshire House. The service is located in a large house in close proximity to Yate shopping centre and other leisure facilities.

Despite being a large service, it was operated in line with some of the values that underpin the Right support, right care, right culture guidance and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autistic people using the service can live as ordinary a life as any citizen.

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

#### Right Support:

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.

People were supported to do the things they liked to do. People, staff and professionals were involved with decision making where appropriate.

There were enough staff that were skilled to meet people's needs safely. This was kept under review as people's needs changed. Staff recruitment and induction training processes promoted safety.

#### Right Care:

Care was planned with people to ensure their goals and aspirations were being met. Staff supported people to keep in contact with relatives and friends.

Staff understood how to protect people from poor care and abuse. Risks to people had been identified and clear plans of care were in place to keep people safe.

#### Right Culture:

Improvements were needed to ensure the governance arrangements identified shortfalls found during our inspection. We found improvements were needed in respect of the safe domain relating to the premises, food hygiene practices and infection control. Action was taken during our inspection to address these shortfalls. However, these had not been identified in the provider's quality checks that had been completed.

There was an open culture, where people, relatives and professionals worked together to achieve good outcomes for people. People's views were sought to make improvements to the service and to ensure care

was person centred. People were at the heart of the service.

Some areas of the home would benefit from a refurbishment, including soft furnishings in both the lounges and conservatory. The registered manager had requested an additional budget to make improvements and was waiting for the provider to approve.

The registered manager and staff understood their role in making sure people were at the centre of the care they received. They provided care that was person centred and protected and promoted their human rights.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good (published 25 July 2018).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We inspected the domains of safe and well led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

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

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Susan Hampshire House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified a breach as the provider's governance arrangements was not robust and had not identified the shortfalls in the safe domain found at this inspection.

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

#### 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Susan Hampshire 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Susan Hampshire House 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. Susan Hampshire House 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced. The second day we gave 24 hours notice to ensure the registered manager was available.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with three people who used the service about their experience of the care provided and spent time with others observing interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three members of staff, the registered manager, the deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with three relatives and contacted three health and social care professionals about their experience of the service of which we had one response .

We reviewed a range of records. This included two people's care records, daily records and medication records. We looked at the records relating to Deprivation of Liberty for people that had this in place. A variety of records relating to the management of the service, including training data, duty rotas and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were potentially put at risk due to staff not following good practice in respect of food hygiene. There was a lack of records demonstrating that foods had been cooked to the correct temperature. There were gaps in the recording of fridge and freezer temperatures, which ensured food was stored correctly. The registered manager was reintroducing these systems.
- The service received a visit from the local authority food hygiene agency the day before our second day of the inspection and awarded the service a 4\* Rating. This is an improvement from the last rating.
- There were systems to monitor and review risks to people, staff and visitors. Care plans included information on how to keep people safe.
- On the first day of the inspection one person's risk assessments who had recently moved to the home were not available. The risk assessments were from their previous home. The updated risk assessments were on the registered manager's computer. This was addressed by day two of the inspection and were available in the person's care file.
- Checks were completed on equipment such as moving and handling equipment, fire equipment, electrical and gas appliances. Staff participated in annual fire training.
- People had personal emergency evacuation plans in place. This meant staff and emergency services knew what support people needed in the event of an emergency.
- The registered manager had proactively contacted the fire safety officer to review their night evacuation procedures. A new evacuation chair had been purchased. Training was planned for staff on the safe use of this equipment to enable people that needed assistance to mobilise to safely evacuate the home.
- The registered manager told us the fire safety officer recommended some structural work was needed on the roof to enable a horizontal fire evacuation. In addition, they were replacing some fire doors to provide additional time to provide further protection in the event of a fire. This was because some people were unable to leave the building of their own accord in the event of a fire.
- A plan was in place to complete these works. A night fire risk assessment had been implemented and shared with staff to keep people safe, which provided clear guidance to night staff on what they had to do.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. This was because some of the lounge furniture in the lounge and conservatory was ripped and one seat had no cover. This meant they would be difficult to clean.
- Some areas of concern had been addressed by day two of the inspection such as ensuring all bins had lids and were pedal action. The replacement of three heavily stained mattresses and the white lime scale

staining found in bathrooms and toilets. The registered manager told us the staining had been difficult to clean. A new cleaning product had been purchased and improvements were noted on the second day of the inspection in this area.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The registered manager demonstrated they had followed the government guidance on visiting arrangements. Friends and family were able to visit the home with no restrictions. This allowed people to stay in contact with their relatives during the COVID-19 pandemic.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Some people were unable to tell us if they were safe. However, during the inspection we observed people were relaxed and comfortable when staff were supporting them. People were actively seeking out staff and spending time with each other.
- Staff had completed training in safeguarding adults and there were policies and procedures in place. Contacts for the local authority safeguarding team were visible on the office notice board.
- Relatives said people were safe. A relative said, "They have done a fantastic job in keeping people safe. I have no concerns". Another relative told us, "(Name of person) is very happy. He tells us he is with his friends and all the carers are very kind and Susan Hampshire is his home".

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- There had been a delay in one person's authorisation as this was sent to the local authority rather than the placing authority. This person had moved into the home in May 2022 and the documentation was sent to the correct authority in September 2022. The registered manager was open and honest about the error.

#### Staffing and recruitment



- People were cared for by suitable numbers of staff. Staff confirmed there was enough staff and that there were regular agency staff working in the home. Although a member of staff said when there were only three staff it was very busy, but people were safe. They continued by saying this rarely happened and there were usually four staff working during the day.
- Relatives said there was always enough staff. A relative said, "There have been a few new staff over the last couple of months, but I have no concerns". Another relative said, "(Name of person) is always out doing something or doing activities in the home". This indicated there were sufficient staff to support people to do the things they liked to do.
- Staff completed a thorough induction and training in relation to their roles. There was a period of probation for new staff to ensure they were suited to the role and to complete their induction.
- Safe recruitment systems were in place. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

#### Using medicines safely

- People received their medicines safely. Medicines were ordered, stored, administered and disposed of safely.
- People received support from staff to make their own decisions about medicines wherever possible. Information was available on how people liked to take their medicines. Where people were assessed as confident they were supported to take responsibility for their own medicines.
- Medication audits were completed along with weekly stock checks to ensure people received their medicines when needed.
- People were assisted by staff that had been assessed as competent to administer medicines to people. This was checked annually or when errors had occurred.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

#### Learning lessons when things go wrong

- Safeguarding concerns, complaints, accidents and incidents were reviewed and analysed to ensure themes were identified, and appropriate action had been taken, including looking at ways of preventing a reoccurrence. Any learning was shared with the team during handovers and team meetings.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems were not in place to drive improvement and mitigate risks to people. On the first day of the inspection some documentation in respect of quality audits were not within the home's audit file. This included environmental, medicine, care and infection control audits. The file we were shown had no recent audits for 2021/2022. For example, the infection control audit had been completed in 2019 with no evidence of any further reviews. Improvements were needed to ensure information was available to the staff team and the senior management team.
- On the second day of the inspection the registered manager located a number of audits that had been completed such as infection control audits that had been completed in August and December 2022, weekly medicine checks, and a care plan audit completed in March 2022.
- The provider's quality assurance audits had failed to identify concerns such as soiled mattresses, bins with no lids in bathrooms and toilets, or that some of the furniture in the lounge was ripped/missing covers or the curtains were missing in the small lounge area. There was no audit that reviewed food hygiene practices within the home and the shortfalls we found in records. Some of these areas had been addressed by day two of the inspection in response to our findings.
- Records were either not up to date or were not available. This included the training matrix for staff which had not been updated since 2020. In response the assistant manager requested training information from head office. They then updated the training matrix, which showed that staff were completing training that was required.
- People's documentation in respect of Deprivation of Liberty were not within their care files, which meant staff did not have up to date and current information. This had been rectified by day two of the inspection with people's applications and authorisations having been downloaded and placed in their files.

The provider had failed to ensure effective systems were in place to monitor the quality and safety of the service. This a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider completed audits on an annual basis in respect of safeguarding and medicines. This provided a breakdown for each service and learning across all locations operated by the provider.
- The provider's representative visited the service bi-monthly to complete an audit, meet with staff and people. This looked at the key areas of safe, effective, caring, responsive and well led. They commended the service by stating, "I am always super impressed with how service users are at the centre of everything and

how motivated and enthusiastic the team are to ensure people are well looked after".

- Staff confirmed they were supported by the management team. The registered manager was supported by a deputy manager and two team leaders. The deputy manager was on a secondment. Their hours had been reduced in the service from five to two days per week.
- The deputy manager told us, they were involved in a project to introduce a new electronic system to help with care planning and monitoring the service. They were passionate and felt this would have a positive impact for the company. They told us this was being rolled out in the Spring of 2023.

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

- There was a positive culture in the home, where people were supported to make decisions on how they wanted to be supported and their views were sought. It was evident people viewed Susan Hampshire as their home. One person told us, "They liked living at Susan Hampshire because their friends were there".
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. A relative said, "All the staff are caring not just to (name of person), they also take an interest in how I am doing".
- Staff knew and understood the provider's vision and values and how to apply them in their work and to the people they supported. A member of staff told us, "The manager is lovely and very supportive. We work as a team to ensure people get the right support". Another member of staff said, "We encourage and support people to do what they want to do".
- The registered manager and the staff evidently advocated strongly for people and supported them to lead the life they wanted and to receive appropriate health care without discrimination because of their learning disability or age. This ensured people had good outcomes.
- Relatives spoke positively about the care and support in place for people. Comments included, "Amazing service", "Staff are really caring and kind" and "Best place, it is (name of person's) home. If we had to choose again without a doubt it would be Susan Hampshire House". They commended the staff on the way they supported people with activities and keeping people occupied. A relative said, "They are always busy, celebrating birthdays and going out and about".

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 provider understood their responsibilities of duty of candour and was open and honest with people when things went wrong.
- The registered manager was aware where concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.

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

- Relatives confirmed their views were sought via a survey on an annual basis. They confirmed there was regular contact with them and they were made to feel welcome when visiting their relatives.
- People's surveys were in pictorial format to making them easier to understand. Feedback was sought regularly from people in respect of activities and things that made them happy or sad. Staff knew people well and used their skills by interpreting positive or negative body language to provide feedback about the service. Suggestions made were acted upon.
- There were regular staff meetings and house meetings to enable people and staff to share their views and make improvements to the service.

Continuous learning and improving care

- The registered manager told us the service was changing as people were ageing. Some people were living with dementia. In response bespoke training had been arranged for the staff team. The registered manager was passionate about getting this right for people to ensure the service was safe and effective.
- Some environmental changes had happened such as signage on bedroom doors and toilets. Bright toilet seats had been purchased to help with orientation.
- The registered manager was aware that some soft furnishings required replacement. They told us they were planning to replace the sofas and dining tables but needed authorisation from the senior management team. This would improve the homely appearance of Susan Hampshire House. A relative commented, "The lounge was a mix match of sofas and they were looking tired".

#### Working in partnership with others

- The service worked in partnership with other health and social care organisations. These included the local GP practice, opticians, dentists, advocacy and social care professionals. This joint working helped improve people's wellbeing.
- Relatives confirmed they were involved in annual reviews which involved social workers. A relative said this had been difficult during COVID. They went onto tell us that one was being planned over the next few weeks. They told us their relative was very much involved and staff listened to what he wanted.

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 17 HSCA RA Regulations 2014 Good governance  How the regulation was not being met:  The provider failed to establish and operate governance systems to identify shortfalls in the quality of care provision and safety in respect of our findings at this inspection.