

# 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?

Requires Improvement ●

Is the service caring?

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 13 people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

People's experience of using this service:

People told us they liked living at the service and most people said they felt safe there. Two people mentioned that had they felt uncomfortable about the occasional behaviour of people who had recently moved out.

Most people told us staff were kind and caring and people, families and health and social care professionals confirmed this.

The service was not always meeting the underpinning principles of Right support, right care, right culture due to issues highlighted in the Right support section below.

Right support: Despite the service being larger than best practice guidelines, the service provided care that was personalised, and the service was working to maximise people's choices. People were involved in a range of community activities of their choice, but people told us they would like the opportunity to go out to additional community activities.

Long-standing staff understood people's needs. New staff were in the process of getting to understand the needs of the individual people living at the house. But we were made aware from some relatives and health professionals that the service was not always able to understand the challenges of supporting people with dual mental health needs and a learning disability or autism. The registered manager was working with the staff team to develop their skills, knowledge and experience.

Right care: Care documentation was up to date, person-centred and promoted people's dignity, privacy and human rights. Care documents outlined people's needs, preferences and routines. Risk assessments were in place to address known risks. The management team were working with family members and health professionals, to understand how best to support people living at the home, and showed commitment to further improve this partnership working. Appropriate documentation was in place where people's liberty was restricted.

Right culture: The registered manager promoted good quality care, and was supporting staff to further develop and improve their skills through supervision, training and effective team communication. People and relatives told us that the registered manager communicated with them when issues arose. Following the inspection, the service introduced regular meetings with family members, had asked for their views through a survey, and was planning to undertake a survey of the views of health professionals.

Safe recruitment took place at the service, and people were safeguarded against the risks of abuse and harm by the systems and by the staff. There were enough staff to meet people's needs.

Medicines were managed safely, and there were infection control processes in place.

The provider and registered manager had systems in place to monitor the quality of the service through audits and checks. However, we became aware of some issues through feedback with relatives and health professionals, as part of the inspection that the registered manager and provider should have known.

The building utilities and fire equipment were safely maintained, but we saw that there was outstanding maintenance to the building required. At the time of writing this report we were shown a plan to address these building improvements.

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:

The last inspection at which a rating for the service was given, was good (published 20 June 2019).

Why we inspected:

This was a planned inspection based on the previous rating. This report only covers our findings in relation to the Key Questions Safe, Effective, Caring and Well-Led.

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.

Follow up:

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Kemble 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. 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 2008.

#### Inspection team:

The inspection was carried out by 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:

Kemble 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection:

The inspection was unannounced.

Inspection activity started on 10 August 2022 and ended on 20 September 2022. We visited the location's service on 10 August 2022.

#### What we did before the inspection:

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they

plan to make. However, we used our own intelligence gathered over the last 18 months to inform the inspection visit.

During the inspection:

We spoke with five people who lived there, a member of the care staff, the newly employed deputy manager and the registered manager.

We reviewed a range of records. This included three people's care records, three staff recruitment files and building maintenance documentation, including fire-fighting equipment and fire drills. We reviewed how accidents and incidents were recorded and acted on. We checked stocks against records for medicines, and reviewed 'as needed' PRN medicine protocols.

We sought clarification from the management team, including two virtual meetings with the registered manager and the regional manager. We reviewed additional documentation including training, provider compliance audits and supervision records. We also received confirmation of planned works to the building.

We also received feedback from four family members and four health and social care professionals.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes to safeguard people from the risk of abuse. Most people told us they were safe. Two people mentioned they felt safer with the current group of people living at the service, than previously. Comments included "Reasonably easy here and my room is safe", and "Safe now but not before with previous resident."
- Staff were trained in safeguarding adults and the service had a safeguarding policy. Referrals had been made appropriately to CQC and the local authority when there were concerns.

Assessing risk, safety monitoring and management

- Risks assessments were up to date and comprehensive, covering a broad range of risks including financial management, personal care, mental health and going out safely in the community.
- Staff supported people to access community activities and participate in hobbies and interests safely.
- Safety checks of the building and equipment took place regularly. Fire drills were regularly held.
- The building was in need of repair and maintenance in a number of areas. For example, the air conditioning did not work in the living room, which meant it was very hot in there on the day of the inspection, despite a fan operating. There were plans to address the more substantial building works required.

Staffing and recruitment

- Staff were recruited safely, and there were enough staff to meet people's needs. All the necessary checks including ID checks, full employment history and Disclosure and Barring Service (DBS) background checks took place prior to staff starting work.
- In the event of an emergency, either bank staff, or staff from the provider's other services covered gaps in the rotas. Regular agency staff were also used to plug gaps in the rota. The service allocated some money for supporting people with activities and commissioners paid for additional staff where required to ensure people were safe taking part in community activities.

Using medicines safely; Preventing and controlling infection

- People medicines were safely managed. There were daily checks of stocks. We discussed when to give 'as needed' PRN medicines, as although documents were in place, they lacked some detail in guidance for staff as to when to give them. Following the inspection, the registered manager reviewed the PRN protocols and included further detail.
- Staff received training in the giving of medicines and had their competency assessed following training. Yearly checks were not always taking place, but following the inspection, the registered manager undertook

these, and committed to continue these, in line with best practice.

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.
- People could have visitors to the service as they wished. Visiting relatives, friends and professionals were asked questions regarding COVID-19 on entry to the service and were required to follow suitable protocols to minimise the spread of the virus.

#### Learning lessons when things go wrong

- The service had systems and processes in place to learn lessons when things went wrong. The registered manager input all incidents and accidents onto the provider database. Actions taken, and learning shared was recorded on this database.
- Staff took appropriate action where further medical advice or support was needed after an accident or incident.



# 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 changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- Whilst the service supported people to access health care, we were aware that the staff team were not always entirely effective in supporting people with a dual diagnosis of mental health needs and autism or a learning disability.
- We received mixed views from family and health professionals regarding the staff ability to manage people's mental health needs successfully. Whilst some people and their families told us they were happy with the support they received regarding their health and well-being, other family members and some health professionals highlighted areas where improvements could be made.
- One relative told us, "I saw how they managed a very upset resident and monitored them for any potential risk to others" and another said "I do feel confident that they will deal with things for my [relative's] benefit and are really efficient about addressing his medical and wellbeing needs."
- However, other family members highlighted areas where they felt the service had not supported their relatives effectively when they were in crisis. The variety of comments was echoed by health and social care professionals. Whilst two professionals praised the service and the staff ability to manage people's behaviours and health, two others raised some areas which required improvement. For example, one health professional was not confident that the behaviour plan agreed was being adopted by all staff, and another highlighted the limited role of the psychiatry support the service could access.
- We discussed this with the registered manager and regional manager who told us they were reviewing the way the provider psychiatry support was offered, and were expecting the psychiatrist to meet all the people they were reviewing in person, (as opposed to over digital screens), periodically. Also, some people living at the service, with the most complex needs were now receiving care from the local mental health teams, including psychiatry and psychology.
- The provider was also reviewing the overall direction of the service and who they were planning to support going forward. This is discussed in more detail in the Well-led section of the report.
- For those who required support with their mental health, the service was working with mental health professionals to adopt a positive behaviour support model (PBS) of care into the service. PBS is an enabling model of working and positive risk-taking with people with a learning disability.
- Care records highlighted people's health conditions, and provided detail for staff on how to manage them. People had health action plans and hospital passports.
- Care records showed people's health appointments took place with people supported for regular blood tests and other periodic visits to the local hospital, GP or dentist.

Staff support: induction, training, skills and experience

- Staff received support and training to do their role. There were, however, a number of new staff, and new admissions to the service of people with a dual diagnosis of complex mental health needs and a learning disability/autism. Lack of experience in working with people with these needs posed challenges for the staff team, that the management team were working to address. However, they acknowledged this was a transitional process at the time of the inspection visit.
- Although we asked people if they thought staff had the right skills to care for them, most people simply listed the things staff helped them with. For example, "My key worker is not on site today but we have enough staff, I clean my room weekly and staff do the corridors" and "They give me my tablets and helped me to clean up today."
- We received mixed views from family members and professionals on the skills of the staff to deal with people with more complex needs.
  - Whilst some family members praised the skills, and made comments such as "The core group of more senior staff have remained there throughout this time so they know our [relative] very well and understand his needs" and "Kemble have given [name] the best care they possibly can, fantastic."
  - Not all family members were of the same view. One family member said, "I do not think that all staff have the skills to deal with such complex care needs," and another said "Sometimes the staff do not work well to support our [relative's] health and well-being according to their needs."
  - There were mixed views of health and social care professionals regarding the skills of staff. Whilst they acknowledged the registered manager contacted them for advice and worked in partnership with them, one health and social care professional was of the view that the service was not always innovative in their dealing with people with complex needs. Another told us that there was a skills gap in dealing with people with a dual diagnosis of mental health needs and a learning disability.
  - We discussed these comments with the registered manager and the regional manager who told us they were reviewing the direction and capacity of the service. They were aware of the challenges presented more recently by supporting people with significant mental health needs. There were discussions taking place at a provider level about how best to take the service forward to ensure the needs of all the people they supported could be addressed most effectively. This is further discussed in the Well-led section of the report.
- New staff received an induction, shadowed staff and completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Records showed that staff received regular supervision, and comprehensive training, including working with people with mental health needs and behaviours that challenge, was available and undertaken by staff.

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

- The service had a pre-admission assessment and procedure to the service, which on paper, addressed people's needs. However, the challenges of people's specific needs, were on occasion, underestimated by the service despite transitioning into the service over a long period of time. Documentation set out people's needs and choices and these were assessed in line with current standards, best practice guidance and the Equality Act.

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

- People were supported to eat and drink enough to maintain a balanced diet. People were given a budget for their food shopping and activities by the service. Where people needed help, they were supported to the shops and with cooking.
- In the fridge, food was stored hygienically; covered and labelled, and one person told us "Yes I like the

food."

- People told us "Staff help me to cook pasta or make something from the freezer like nuggets and chips, pizza or sausages." Another person said "I go out and eat in cafes. I get my pension so can afford it."

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. We found appropriate legal authorisations were in place when needed to deprive a person of their liberty, and any conditions relating to those authorisations were being met.

- The service worked within the principles of the MCA. There was a system to prompt renewals.
- People without restriction were able to leave the service freely, and the staff understood the importance of seeking consent from people before providing care and support.
- Staff had completed training in the MCA.

# 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 requires improvement. At this inspection the rating has changed to good. 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

- At the last inspection we made a recommendation that provider seeks advice from a reputable source regarding LGBT+ inclusive practices.

At this inspection we found that the provider had addressed this issue by providing training for staff, and care records reflected people's cultural, sexual and religious needs.

- Staff treated people with dignity and respected their diversity. People and their relatives spoke very positively about the staff.
- One person told us "Staff are usually kind and caring." Relatives said, "All staff are very polite and respectful" and another confirmed "All are caring and kind."

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

- People were supported to express their views and were involved in decisions about their care. People, their relatives and advocates were involved in care planning, reviews and decision making.

Respecting and promoting people's privacy, dignity and independence

- The management team and care workers respected and promoted people's privacy, dignity and independence.
- A health and social care professional told us "The staff approach I observed towards the resident I support, is always friendly and respectful." Another said, "Managers do seem to really care about the welfare of the service users."
- People were supported to do as much as they could for themselves. Staff worked with people to support them with cooking and cleaning, as well as supporting them in the community, but were aware of the importance of promoting people's independence.
- One relative told us "They give him the support he needs to attend medical appointments and for social activities when he starts something for the first time. They encourage him to do things that would benefit his health needs, like daily walks and taking him to the gym to help him to deal with people there and to use the machines."

# 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 as good. At this inspection this key question has remained the same. This meant 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Since the last inspection there was a new registered manager in place. Although they had now been in post for approximately two years there had been a turnover of care staff, and the COVID-19 pandemic, which had posed challenges for the service.
- We could see the registered manager carried out supervision and training of staff, and staff told us they felt supported in their role, and involved in the management of the service.
- Care plans were up to date, and risk assessments were in place. However, the challenges of meeting the needs of a specific client group, people with a learning disability and mental health needs, were at times posing a challenge to the staff team, to deal with their needs.
- The registered manager was working with the staff team to develop their skills, knowledge and experience, but this took time, as there had been staff turnover within the last 12 months.
- Audits took place in key areas at both service and provider level, and this went some way to addressing issues. Following the inspection, the area manager told us the provider was reviewing the direction and capacity of the service at Kemble House. They welcomed discussions as part of the inspection, regarding the challenges their current cohort of people living at the service together with the staffing challenges posed. This showed an openness to review their psychiatry support, admission criteria and the number of people and their combination of needs, admitted to the service.
- However, the views of relatives and other stakeholders had not been sought in a structured way for some time. Following the inspection, regular relatives' meetings were set up and the provider sent out a survey to relatives to gain their views. The provider intended to send out a survey to professionals working with the service in the coming months.
- Relatives told us the registered manager was responsive when issues were raised, and "In my experience the service appears very well led and managed."
- Staff told us the management team were always available to provide support 24 hours a day.

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

- We had no concerns regarding the transparency of the service as staff were open with relatives and health professionals if any issues occurred. They also notified CQC and the local authority of concerns appropriately.

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

outcomes for people;

- The registered manager and staff team were praised by staff and relatives for their kind and caring approach. People's wishes were respected, and care was arranged around people's preferences and requirements. People were involved in a range of activities. The service was working to improve service-based activities, to complement the activities outside of the service.
- Family members were welcomed at the service, and visits to their family homes were facilitated by staff, so relatives were very integrated into people's lives. Despite the lack of formal meetings with relatives, we were told by one relative "There is good partnership working between the whole staff team and ourselves as parents."
- Regular resident's and staff meetings took place, so people and staff were able to contribute to the way the service ran, and their views were valued.

Working in partnership with others; Continuous learning and improving care

- Records showed involvement of other health and social care professionals.
- Despite the shortcomings highlighted in the report, the service was working in partnership with the local authority, and with health and social care professionals to promote good health outcomes and to live active lives. Restrictive practices and use of medicines to manage behaviours were minimised as a result of team working.
- As part of a larger organisation, learning was shared across services, and the provider reviewed significant health and safety matters to aid learning across the organisation. There had been changes at provider level recently, and as a result, all services were being reviewed and their strategic direction evaluated.
- We found the management team immediately addressed any issues raised at this inspection.