

# Pathway Healthcare Ltd

# Henson Court

## Inspection report

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### 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Henson Court is a care home providing accommodation and personal care for up to six adults with learning disabilities and/or a variety of associated health and support needs. At the time of inspection, the service was supporting six people. People live in one large house.

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

#### Right Support

Relatives told us staff had not always communicated details of incidents with them, this included an incident of unexplained bruising. The provider's incident management processes had not always effectively managed the risks to people or evidenced learning as a result. People and their families were involved in their care plans, including how to reduce the likelihood of the person becoming distressed, for example by understanding their need to understand their plan for the day. Staff had ensured a variety of supports were available to people including a written checklist and 'now, then and next' tools. People were encouraged to learn new skills and do things that were meaningful and excited them. People experienced choice and control over their lives and staff encouraged them to achieve their own levels of maximum independence. People's diverse communication methods were understood, and staff were proactive in the way they actively involved people in all decisions about their support.

#### Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Some staff could communicate in a person's native language and people's diverse dietary needs were respected. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them. Staff communicated sensitively and used a variety of communication methods and observations of gestures and body language. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People had recently moved to this new service and the provider continued to work with people, relatives and professionals to manage the variety of new experiences open to people. Relatives told us how the initial transition process had started well, however, the level of communication had dipped for a while and they were consistently positive about how this had improved since the change of management at Henson Court.

### Right culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. The newly appointed manager was focussed on positive outcomes for people and development of the staff team. The atmosphere in the service was relaxed and friendly with lots of fun and laughter being shared. Positive relationships between people and staff had been developed that were based on trust and respect. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Relatives and professionals had spoken positively about the influence of the new manager and the impact they had on the quality of the service. People told us they were happy living at Henson Court and the staff knew how to support them when they were upset and were kind.

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

This service was registered with us on 18 June 2021 and this is the first inspection.

### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This was a planned first inspection following registration with the Care Quality Commission (CQC). 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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safeguarding people from abuse and governance 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 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 section below.

**Requires Improvement** ●

# Henson Court

## 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

Two Inspectors and an Expert by Experience carried out the inspection. 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

Henson Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 not a registered manager in post. There was an experienced manager at the service who was in the process of registering with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since registration with CQC. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. People who were unable to talk with us used different ways of communicating including Makaton, pictures, photos, symbols, objects and their body language. We spoke with six members of staff including the Head of Residential Care, the manager, a Positive Behaviour Support (PBS) assistant and three support workers.

We reviewed a range of records. This included three people's care records and three medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted five social care professionals who regularly worked with the service.



# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; Learning lessons when things go wrong

- People were not always kept safe from avoidable harm. A relative told us of one occasion their loved one had unexplained bruises which the service had not reported to them. They had requested further information and the former registered manager had not provided a response. We spoke with the head of residential care and the manager. Their records did not provide assurance this had been investigated or considered within the provider's incident management system or safeguarding policy at the time. Staff had recorded an incident; however, the provider had not identified this through their quality management process and as a result this had not been notified to safeguarding or CQC. The provider could not be assured they had safely managed a potential risk of harm to the person.
- Relatives provided mixed feedback about safety. People had moved into this newly registered service and relatives consistently told us initially communication was good. They told us there had been a period of time where standards appeared to slip and how they were more assured as communication had improved recently. One told us, "We feel safer now than before, feeling more positive, but more things can be done."
- Another relative shared their concerns with safety and the potential impact this had on their loved one and how this had been managed previously. They told us about two incidents where people were upset which resulted in their loved one being injured. We spoke with the head of care and the manager who were able to provide details of the internal investigation which had taken place at the time. These incidents had not been notified to the local authority in accordance with their safeguarding responsibility or to CQC.

The provider had not ensured systems and processes operated effectively to protect people from abuse and improper treatment. They were unable to demonstrate incidents were always investigated immediately on becoming aware or reported in line with safeguarding requirements and as a result this increased potential risk of harm to people. This is a breach of Regulation 13 Safeguarding service users from abuse and improper treatment. Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

During the inspection, the head of residential care and the manager provided assurance the incident of unexplained bruising would be investigated and subsequently raised this matter as a safeguarding alert with the local authority. The manager told us they planned to complete a review of incidents to ensure they were managed in line with the provider's procedures. In addition, they told us they would speak with relatives to ensure risks to people had been considered and minimised. Following the inspection, the provider has retrospectively notified CQC of the allegations of abuse we identified at the inspection.

- Staff we spoke with had training on how to recognise and report abuse and reported concerns to their line managers. Staff we spoke with confirmed their safeguarding knowledge. Their comments included,

"Safeguarding is about abuse which could be financial and physical towards residents. Staff need to flag this to the manager" and another told us "Safeguarding could be about a staff member doing something wrong- we report to the manager. If it's the manager, we escalate to the regional manager." Staff were able to describe how they responded to concerns and this included reporting this to their manager and keeping appropriate records.

- The service ensured safeguarding information was available to people in a variety of formats this included Widget – "A symbol-based language used predominantly for people with learning disabilities" and autistic people.
- The manager who was now supporting Henson Court had instigated a review of incidents to ensure staff were able to analyse events and consider alternative Positive Behaviour Support (PBS) strategies to support people when they experienced distress. They shared an example how learning from one incident had resulted in changes to how staff support a person with managing their laundry and how they continued to monitor this to ensure the person's anxiety levels were minimised.
- The service recorded use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them. Following our inspection, the provider completed an investigation to ensure lessons learned were shared. The area manager told us, "Our PBS practitioners are going to deliver incident reporting training with all the staff at Henson Court to ensure that all relevant paperwork is completed after incidents."

#### Staffing and recruitment

- Relatives and professionals provided mixed feedback about numbers and skills of staff. One social care professional told us, "There has been a mixture of staffing skills and initially some new members of staff did not seem to have appropriate skills in regard to supporting people with autism and behaviours that may challenge, however those staff have now left." Relatives consistently told us how staffing had impacted on their loved ones. Their comments included, "There had been such a lot of changes, staff turnover had been difficult and had impacted on [loved one]" and, "There has been a huge change over in staff." The provider was aware this was an area in need of improvement and had taken action to ensure managers and staff had the appropriate skills to support people safely.
- The manager had assessed staffing requirements in relation to ensuring these were maintained at safe levels. They told us of recruitment challenges they were working through and provided details of contingency measures which included the PBS team and manager providing direct support when needed along with staff from other locations providing support at times.
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. For example, we observed staff supported one person to go to the local shop when they chose. The manager shared another example of how they had adapted staffing hours to ensure another person could attend a weekly event in line with the person's interests and choices. Staff were deployed in accordance with people's support needs, records confirmed this.
- People were supported by staff who had been recruited and inducted safely. Staff knew how to take into account people's individual needs, wishes and goals. Observations of staff provided assurance of their knowledge and skills supporting people with their communication needs and using agreed techniques. For example, one person was observed being supported by staff using Makaton. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate (Makaton.org).

#### Assessing risk, safety monitoring and management

- Staff assessed people's individual needs and did their best to meet them. People had recently moved into Henson Court and relatives provided positive feedback about how staff had completed initial assessments to understand and meet people's needs. A relative described the assessment process, "The assessment involved a lot of pre-meetings. Pathway Healthcare asked lots of questions and the reports were shared we were also involved."

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Staff had completed detailed risk assessments with people. People received support from staff who understood risks identified in support and risk plans. We saw staff supporting a person who was distressed. Staff provided support sensitively, with choices being acknowledged in accordance with their assessment. This ensured the person received support to minimise risks in a manner which ensured choice and control was maintained.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. For example, some people had sensors above their bedroom doors which enabled staff to monitor people's movements at night ensuring staff were aware if a person needed support. This provided assurance risks to people were being assessed and managed effectively.

#### Using medicines safely

- 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. One social care professional spoke of how the service had supported a person to reduce their need to take PRN (as required) medicine when they were distressed. "In the community this person was administered [PRN] regularly and there were incidents which involved police response. Since moving into Henson Court there have been no police responses and very infrequent [PRN] use."
- Staff had ensured people's medicine were regularly reviewed with health practitioners and for several people this had resulted in a reduction in the medicines they were now taking. For example, the manager provided details of how they were working with health practitioners to review the need for some prescribed medicines and to consider further reduction in the use of other medicines. This demonstrated people were being supported to minimise the use of prescribed medicines safely.
- People were supported by staff who were trained and followed systems and processes to prescribe, administer, record and store medicines safely. The manager told us, they were, "A medication trainer and delivered face to face medication training. Before staff proceed to administer medication, they must be familiar with Medications Policies, they then shadow more experienced staff first and once they are competent only then they would start administration of medication themselves." Records relating to medicines confirmed the actions staff took to manage medicines safely.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had generally good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections and supported visits for people living in the home in line with current guidance.
- The service followed shielding and social distancing rules where practical to meet people's needs and admitted people safely to the service. Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.

- The service's infection prevention and control policy were up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

The service continued to support visiting arrangements in line with current government guidance

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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;  
Supporting people to live healthier lives, access healthcare services and support

- People had support plans which set out current needs and promoted strategies to enhance independence. Plans included detailed PBS plans which focused on strengths and provided details of strategies to support the person day to day. For example, plans included, "What a good day included" for the person. This ensured people received support effectively from staff who understood their individual needs.
- Staff understood and recognised people's needs and employed techniques in line with those outlined in assessments. One person told us, "It's OK staff help me when I'm upset." Staff worked with them in a sensitive manner, and we observed staff use gentle humour to support one person which resulted in their anxiety lessening. The PBS assistant told us how they supported people with PBS plans, "From observations we complete a checklist with the strategies written down. For example, an action may be to do a checklist each day." We observed people had access to individual support strategies to help manage what was happening next in their day.
- Relatives were consistently positive about the providers PBS assessment process and told us how this had impacted on people. One relative said, "Positive Behaviour people are really good". They told us how the manager had worked with their loved one to manage a potential trigger, "One of [persons] triggers is that everything they take out must come back. They noticed a possession had been left in the car, which was being used by another home and the new manager took them to pick it up." Social care professionals were consistently positive about the impact of PBS input, their comments included, "PBS workers monitor and adapt plans accordingly" and "The service have an extremely good P.B.S support team."
- There were clear pathways to future goals and aspirations, including skills teaching in people's support plans. A relative told us how it was essential for their loved one to develop confidence and trust in staff before they would actively engage, they told us, "A real challenge is cleaning nails and teeth. Staff are aware and are working on it with them. The service shared details of what they've tried and I am impressed with how staff took the initiative and had useful discussions with us along the way." Staff told us how they had supported several people to improve oral healthcare by using the strategies developed in peoples support plans.
- The service ensured that people were provided with joined-up support so they could travel, access health centres or employment opportunities and social events. For example, one person was supported to attend a dental appointment on the day we visited and several people went bowling.
- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed and were supported to access healthcare services. Records confirmed staff ensured people were supported to access healthcare appointments when required.

#### Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, and restrictive interventions. We saw staff using skills they had learnt, for example staff used Makaton to communicate with people.
- New staff received support in the form of induction, continual supervision and appraisal. Staff spoke about how they had been supported into their role which included regular meeting with the manager One said, "I've been shown around and have had training online regarding learning disability and autism." A social care professional told us, "Staff know the residents well although it is a new service and new team, but so far going well." Records confirmed staff received support in line with nationally recognised guidance. People received support from staff who received regular update training and support from their peers and managers.
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice. Records relating to staff meetings included consideration of incidents and a debrief with staff and PBS practitioners. This demonstrated how staff were continuing to develop their knowledge and skills which supported people in the least restrictive way.
- The service checked staff's competency to ensure they understood and applied training and best practice. The manager told us how staff medicine competency was assessed to develop staff skills. This provided assurance the service was supporting staff to develop their skills and maintain best practice.

#### 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 could exercise choice throughout the day and could access sufficient food and drink. Some people had individual dietary requirements. This included provision of culturally specific foods, one person told us how staff supported them with food which met their cultural preferences. We observed staff consistently offering people food in accordance with their individual needs.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating. A staff member told us how they supported a person with making food choices, "People have independence in the kitchen and get snacks for example bananas when they want."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. One person told us, "I help cook dinner I like baking especially chocolate." People told us they enjoyed the food. We saw people being supported to make individual choices on what they wanted to eat and observed staff actively supporting people to be involved in the mealtime experience. For example, we saw several people clear away their plates after they had finished their meal and wash them up.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. Henson Court had been completely refurbished and décor throughout was bright and clean. In addition to ensuite bedrooms, people could access a variety of shared living spaces which included a lounge and quiet room. A social care professional told us, "It's very spacious, well thought out space available for people."
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. Every room reflected people's tastes and interests.
- People had access to a garden where they were involved in activities. The garden was large and provided opportunity for people to use this space to help manage their sensory needs.

#### Staff working with other agencies to provide consistent, effective, timely care

- Staff provided joined up support so people could attend education opportunities. One person returned from college and told us, "They take care of me. I go to college and I do computers and typing." Staff had worked with people, families and professionals to consider further opportunities, and for one person this had resulted in them attending an outdoor garden group which they enjoyed regularly.

### 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.

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Records confirmed capacity assessments had been completed and people and those important to them were involved in best interest meetings.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. The provider had completed DoLS applications and whilst awaiting the formal authorisation were monitoring this regularly and tracking the progress.
- Where people had conditions on the authorisation of their DoLS, these were met. The providers systems ensured these were regularly reviewed. This meant people who were subject to DoLS were supported by least restrictive measures which were considered in their 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The service was in the process of supporting people to maintain their relationships with relatives whilst balancing the need to promote the young adult's privacy and independence. Henson Court was, in general, the first adult service people had lived in and the transition was ongoing. Some relatives had expressed concerns with how communication had been, however, they have consistently told us how this had improved since the manager joined the service. The provider and manager have told us how they were aware of the need to further develop trust with family members and spoke of their plans to improve the communication with families.
- Staff knew when people needed their space and privacy and respected this. We saw staff providing support to people directly when needed and discreetly observing people to ensure they remained available to people if they were needed. Staff demonstrated respect and sensitivity when offering support with personal care. People's care records provided assurance staff promoted dignity and privacy.
- People were encouraged to do as much for themselves as possible. For example, the PBS assistant told us, "We recently did some work on teeth cleaning programmes. I observed what the person could do for themselves, added that to the plan and then we looked at the support the person needed." People were actively engaged in household tasks with staff providing gentle encouragement when appropriate.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. When asked about staff people were consistently positive, one person said, "I like it here, I like the staff they help with my care. Staff are kind." We saw staff engaged in conversations with people in a relaxed and natural manner. Staff consistently demonstrated warmth and respect and described how they had developed connections with people.
- One person told us how some staff could speak their native language and we saw how they took great delight in sharing this with them. A staff member told us, "I have a good cultural link with [person] I'm from Zimbabwe, they love it when I greet them in their own language. We chat and ask basic questions about Zimbabwe."
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. Throughout the inspection we observed staff demonstrating an awareness of individual support needs and they offered gently support when this was needed.
- For example, staff were aware of potential triggers for people when making decisions about where to sit in the dining area. We saw how staff managed the risks by pre-empting people's choices this ensured people were sensitively supported to make decisions. Staff had the time, training and support to understand how to

manage triggers and this ensured they delivered support in a compassionate caring manner.

- People felt valued by staff who showed genuine interest in their well-being and quality of life. We observed staff taking time to talk with people and engage in their interests with real enthusiasm. The staff member was fully involved with the person talking about the day they had, they were smiling and making eye contact with each other.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff took the time to understand people's individual communication styles and ensured people had access to tools they needed to be involved in decision making. We observed staff supporting people to make decisions throughout the day areas included going to the shop, bowling and cinema and planning future events.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. The providers PBS team had completed detailed plans with people and support plans included further 'Independence increasing goals.' This included how tasks were broken down into manageable steps this meant the person was supported to work towards goals one step at a time. Staff used 'Active Support' techniques'. The Active Support Model is recognised model of care which was 'A way of supporting someone that is person-centred. It provides structures and routines that increase opportunities for people with learning disabilities to engage in age-appropriate activities that make up an 'ordinary life'.' (ARC.org.uk)
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. One social care professional told us, staff were, "An interactive and knowledgeable team who are responsive and demonstrate person centred care and support." Staff were supporting people with individual transition plans to support people to become more independent whilst ensuring family relationships were maintained.
- One social care professional spoke positively about the transition process for one person, "They have adapted to moving out of home well which has only been possible with dedicated staff support, they always appear happy (and states they are happy) when I have visited. They have developed some excellent relationships with staff and some staff know them really well."

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 offered choices tailored to individual people using a communication method appropriate to that person. We observed staff using different approaches with different people, all were relevant and reflected in support plans. For example, staff used Makaton sign with one person for them to be supported to understand their plan for the day.
- There were visual structures, including objects, photographs and use of gestures which helped people know what was likely to happen during the day and who would be supporting them. For example, plans identified a person's gestures and what they meant. We saw staff's understanding of these in practice. There was a white board in the dining area which had a variety of Makaton signs to support people's communication needs.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. During the inspection people and staff were engaged in various activities for example, playing music, going to the shop and a cinema trip. Each person's communication preferences were met which meant that people with a range of needs were supported to participate in activities.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. One staff member spoke of how they were teaching staff their native language to increase the number of staff who could communicate with an individual in their native language.

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. Some activities were structured into weekly plans. This ensured people with complex needs had the opportunity to plan and prepare for the activity. One person told us they wanted to join the gym. The manager also told us this was something the staff were looking at with the person. Records of staff meetings evidenced the service's focus on supporting people to follow interests and activities of their choosing.
- People were supported to maintain contact and spend time with their families. Some people chose to have regular stays with relatives and others were supported to meet relatives at agreed locations. One relative told us, "We really appreciate how they bring [person] to our friends, really appreciate that. They do as much as they can to make things work for us."
- Staff enabled people to broaden their horizons and develop new interests and friends. People were in the process of getting to know each other and staff were supporting them with this. Staff also recognised when people might need space alone and for one person this meant they were supported to walk in the woods near to Henson Court. The manager told us staff needed to enjoy physical activity as this person liked to walk for a couple of hours sometimes. Further examples included, attending regular dance sessions, and the 'Green Gym' - a voluntary gardening project. We saw people had been supported to follow individual interests which promoted opportunities to make friends along with developing their links with the community.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The provider had an accessible complaint policy entitled, 'Speaking out' this included photographs and Makaton symbols. One relative told us, "I often raise things via e-mail I'm confident [the manager] is very efficient at responding, got a lot of confidence in them." Relatives who spoke with us told us they were more confident in speaking out since the manager started. One relative said, "I want to make sure [loved one] is safe and that the home is being more transparent with us now." The manager and area manager were committed to supporting people and their loved ones to provide feedback so they could ensure the service worked well for them.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. We reported on an incident in the safe key question which demonstrated the providers approach to managing concerns and how learning was shared. The area manager told us of actions they were taking as a result of their investigation, "We are going to ensure that staff have robust training in team meetings to manage behaviours that may be challenging and opportunities to debrief."

End of life care and support

- The service met the needs people using the service and had considered future needs and preferences.

Staff were not currently providing end of life support, however, records confirmed they had considered peoples preferences should they be required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- Governance processes had not always been effective and had not always kept people safe, protect people's rights or provide good quality care and support. We reported on an incident of unexplained bruising which had not been effectively managed within the safe key question of the report. The provider's governance processes had not effectively monitored incidents or records and as a result had not always managed risks to people.
- When things had gone wrong the provider had not always notified appropriate authorities or shared the outcomes with people, relatives and staff to ensure lessons were learnt. This meant the provider could not provide assurance of how they acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. The area manager and manager retrospectively notified the local authority and CQC of the events identified at inspection.
- The area manager completed an investigation into an incident identified during our inspection and acknowledged the service had not followed the provider's incident reporting procedure, which would have included completion of a physical intervention report. This resulted in potential missed opportunity to consider whether the actions taken by staff at the time were proportionate and in line with agreed support plans.
- This was a new service with people who had recently moved in some from family homes. The provider had not always ensured relatives had enough information regarding how their loved ones were settling in. Relatives told us they had not always been given enough information, their comments included, "There were some problems with communication it's so much better now" and when asked whether relatives had been kept up to date with things one said, "No, not in the past."

The provider had failed to ensure monitoring systems and processes to assess and improve the quality and safety of the service always operated effectively. This placed people at risk of harm. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had identified the need to improve communication and monitor the quality of the service and the recently appointed manager had begun work to build trust with both people and their loved ones. The area manager told us how they intended to pick up on the shortfalls with incident management and provide further staff training to manage incidents where people may be distressed to ensure people receive

support in line with agreed support plans.

- One professional told us, "The service has had a period of change with staffing and management which at times has affected the quality of support. They now have a full-time manager, so I am optimistic that this will improve."
- The manager had the skills, knowledge and experience to perform their role, and understood and demonstrated compliance with regulatory and legislative requirements. They had a clear understanding of people's needs, effective oversight of the service and had a vision for how the service was moving forward. Relatives were consistently positive about the impact the manager had had on the service. One told us, "There's a bit more correspondence and they're keeping us updated."
- Staff were able to explain their role in respect of individual people without having to refer to documentation. Staff we spoke with demonstrated a good knowledge of people's needs and choices and these included an awareness of cultural needs and preferences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people and those important to them and used the feedback to develop the service. Relatives told us the provider had regular contact with them and despite experiencing a gap with this they were assured this had now restarted. One relative told us, "They used to send pictures which stopped for a while. There were less things coming to us. It's been reintroduced now; they e-mail with photos of places and activities [person] has been to." The manager told us, "We need to develop a robust communication tool with parents, and we acknowledge the previous management struggled to maintain this. It feels like we're heading in the right direction though."
- The service worked well in partnership with health and social care organisations, which helped to give people using the service a voice and improved their wellbeing. One social care professional said, "Henson Court has had some management changes and without strong leadership the development and culture of this newly established service faltered with some concerns regarding quality of care being raised by [ a relative], however with a new permanent manager in place improvements have now been made." They went on to say, "I have visited the service on many occasions, each time [the person] was being supported well by staff and they do seem to know [person] well and engage in friendly banter, they respond positively to staff often asking if the managers in particular can join our discussions."

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

- The provider kept up to date with national policy to inform improvements to the service. The building had been recently refurbished with consideration given to a variety of spaces for people to use as part of their home. The manager had considered guidance including the principles of right support, right care, right culture. They told us about their plans to continue to develop the service, "We want to continue building relationships with parents and work with our PBS team. Everyone has goals in PBS plans which have been assessed. it's not just about managing behaviours but is also about supporting people towards their goals." The manager was able to provide examples where the staff had worked through PBS assessments with people which had resulted in a reduction in behaviour incidents, increased opportunities for a variety of educational and social activities and several people have been supported to reduce their need for medicines administered to help with episodes of distress.
- Managers worked directly with people and led by example. Throughout the inspection we observed the manager working with people in a skilful and relaxed manner. They had a good understanding of people's needs and were able to provide direct guidance and reassurance to staff. Staff and relative's spoke highly of the manager. Staff comments included, "The manager is very easy to talk to." and "The manager is really friendly really approachable, but able to manage conflict too. It is going well."

- The manager set a culture that valued reflection, learning and improvement and welcomed fresh perspectives. They acknowledged the team had experienced some difficulties with changes in staffing and management and had focused on supporting the staff, "We had a recent staff meeting in terms of nurturing the team and supporting the team I'm encouraging positives." Staff were consistently positive about the managers focus. One told us, "I like [the manager] they are very approachable, down to earth and when we are doing things well, they tell you. For example, recently they shared positive feedback from a relative with me."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff member told us, "It's a very friendly, supportive company. The area manager strives for the best quality of living for people and staff. it is very welcoming."
- Staff performance was monitored, and staff had opportunities to discuss their learning and development needs. Staff told us that the manager was supportive both personally and professionally. Staff comments included, "I've been supported regarding managing childcare. they've been very supportive" and "There's a good manager in place now. Manager listens and is very good at communication and very good at supporting the guys it's good and it's encouraging us."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. This was a new service with a person-centred focus working closely with relatives and professionals supporting people to grow in independence and achieve good outcomes. One social care professional told us, "Overall I think the service is heading in the right direction. Now they have a newly appointed manager who can iron out some staff inconsistencies. I have spoken to them numerous times and feel they have a good approach and I hope they can shape the service how they would like."

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not ensured systems and processes operated effectively to protect people from abuse and improper treatment. They were unable to demonstrate incidents were always investigated immediately on becoming aware or reported in line with safeguarding requirements and as a result this increased potential risk of harm to people.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure monitoring systems and processes to assess and improve the quality and safety of the service always operated effectively. This placed people at risk of harm.</p>