

Aspens Charities

Burton Cottages

Inspection report

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Date of inspection visit:
31 October 2019
01 November 2019

Date of publication:
20 December 2019

Ratings

Overall rating for this service

Requires Improvement 

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| Is the service safe? | Good  |
| Is the service effective? | Requires Improvement  |
| Is the service caring? | Good  |
| Is the service responsive? | Good  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

About the service

Burton Cottages residential care home provides accommodation and personal care for up to ten people who have learning disabilities and some associated physical and/or sensory disabilities. There were eight people using the service at the time of inspection. The building was split into two cottages adjoined in the middle.

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

The service was a large home. It was registered for the support of up to 10 people. Eight people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area.

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

The provider and manager had good oversight of the service. There were a series of audits which helped the provider and manager to identify where improvements were needed to continue to develop the service. Through this process a number of areas related to record keeping had been identified as needing improvement. We also identified a number of areas where record keeping could be developed further to demonstrate more clearly the actions taken. For example, in relation to daily records, fire records and recruitment records. Whilst best interest meetings had been held when needed, the assessments that determined the need for these meeting and the actions taken to try to support a person to make a decision had not been carried out.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

People were supported to maintain their own interests and friendships. Most attended day centres throughout the week. Staff supported others to take part in activities of their choice to meet their individual needs and wishes. This included shopping trips, horse riding, swimming, trips to theatre and pubs, and trips to places of interest.

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

Staff understood the risks associated with the people they supported. Risk assessments provided further guidance for staff about individual and environmental risks. People were supported to receive their medicines safely.

Staff received training that helped them to deliver the care and support people needed. This included specialist training in autism and positive behavioural support to meet people's complex needs. They attended regular supervision meetings and told us they were very well supported by the manager. A staff member told us, "I feel I can go to the manager or any of the seniors if I need support about anything, personal or work related. I have been supported in that respect, we are always there for each other here."

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

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

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

Rating at last inspection

The last rating for this service was Requires Improvement. (16 November 2018).

The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our safe findings below.

Burton Cottages

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Burton Cottages is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a registered manager. The service had a manager who had been in post for four months. Since the inspection they had submitted their application to be registered with the CQC. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

Most people were not able to share their views of the service, due to complex communication and support

needs. Therefore, we observed their experiences living at Burton Cottages and staff interactions with them. We spoke with people, the head of residential services for the organisation, the service manager, a senior care worker, two care workers, a night care worker and two agency workers. We reviewed a range of records. This included both people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway tracked people. This is where we check that the records for people match the care and support they receive from staff.

After the inspection

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were observed to be content in their surroundings. A staff member told us, "We pick up on things quickly. For example, one person was staring at (X) and we were concerned that this might be making (X) uncomfortable. We discussed this as a team, we talked with the person to try to help them understand what they were doing and the effect, and with people's permission, we altered the seating in the lounge and this has reduced the problem."
- Staff had a good understanding of how to ensure people were protected from harm or abuse.
- All staff had received training and knew how to recognise signs of abuse. A staff member was clear about the procedure and she said, "I would write it all down and talk to (service manager) and she would report it to the safeguarding team."
- Relatives of people told us they felt their relatives were safe living at burton cottages. One relative said, "There are good strategies for managing behaviours and we are always told if there are any incidents."

Assessing risk, safety monitoring and management

- Where risks had been identified, there were appropriate assessments and management plans for staff to reduce the risk as much as possible. There were clear guidelines in relation to the management of behaviours that challenged. People who displayed behaviours that challenged had positive behavioural support plans. These included advice for staff on how to support them giving advice about positive strategies to divert and distract from behaviours, early interventions that could be taken, how to deal with a crisis situation and how to support the person to recover from situations. Staff told us that because they knew people well situations did not escalate to crisis situations.
- Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan that described the support they needed in an emergency.
- Fire drills were held regularly.
- People lived in a safe environment. The service had good systems to carry out regular health and safety checks and checks on electrical appliance safety.
- A legionella risk assessment had been carried out to ensure the ongoing safety of water.
- A maintenance tracker was kept that showed when work was needed and when it had been addressed. This showed that maintenance tasks were addressed in a timely manner.

Staffing and recruitment

- There were six full time vacancies for day shifts and one full time night vacancy. Vacant hours were clearly

shown on the rota and were covered through the use of overtime and regular agency staff. Rotas showed the hours people were funded to receive one to one support and who provided these.

- There was a recruitment drive underway and interviews were being held the week following the inspection. Staff told us the home's location was sometimes a barrier to recruitment. Proactive measures were in place to try to mitigate this. For example, the service was arranging to do a leaflet drop in the local area promoting the home.
- The staff rotas had recently changed to fifteen hour shifts at the request of the staff team. A staff member told us this, "Reduced the number of agency staff used and it meant that if you were out supporting someone, you did not have to rush to be back for the end of your shift, so people have benefitted from this." They said they were limited to doing two long days in a row. Rotas confirmed this. There was one situation where a night staff member worked six nights in a row. Whilst agreement had been given to this as a one off, it was agreed that this was not appropriate and would not be done again.
- There were detailed on call procedures for staff to gain advice and support if needed outside of office hours and at weekends.
- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history.
- Disclosure and Barring Service (DBS) checks had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.

Using medicines safely

- There were good procedures to ensure medicines were correctly ordered, stored and administered.
- The home had recently moved from using a monitored dosage system to using boxed medicines. A stock control sheet was in use to count medicines three times a day to help identify any resulting safety issues. Whilst medicines were recorded appropriately in the medicines administration records (MARs) and correct medicine counts were found, the record sheets showed inaccuracies, as the systems for calculating had been changed halfway through the month. This had not been identified. This had no impact for people as the medicine counts were correct. The forms were altered on the day of inspection to provide greater clarity for staff.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were protocols in use for one person that clearly described when to give these medicines to them. If people were unable to verbally tell staff they were in pain, a DisDAT tool (Disability Distress Assessment Tool) was completed that showed how the person showed or indicated they were in pain.
- People's records clearly stated how they preferred to receive their prescribed medicines.
- Staff had received both online and face to face training in the management of medicines. In addition, they had to be assessed in terms of competency before they were signed off to give medicines.
- People's medicines were reviewed regularly by healthcare professionals.

Preventing and controlling infection

- All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed on a daily, weekly or monthly basis.
- Audits were carried out regularly to ensure tasks had been completed. Aprons and disposable gloves were available for staff use.
- Since the last inspection the flooring in some areas had been replaced with wooden flooring that were easier to keep clean. Walls had been repainted and new furniture bought.

Learning lessons when things go wrong

- There were good systems to ensure that records were kept of accidents and incidents along with the actions to be taken to reduce the likelihood of an event reoccurring.

- Following each incident there was a debrief for the staff involved. This gave staff the opportunity to share what happened and to reflect with a senior or manager on what went well and what could have been done better. It also gave management an opportunity to assess how staff coped and to see if they needed any additional support in relation to the management of behaviours that challenged and to set this up if needed.
- The manager told us that they had a near miss incident where when a person started to choke, the staff member supporting the person did not follow the guidelines in the person's care plan. No harm came to the person, but the staff member was required to retrain, and the person's risk assessment was updated to make sure the risk of a similar incident was minimised.
- The home's quality assurance system also ensured that any instances were reviewed in relation to actions taken and risk reduction measures in place. Details of any accidents or incidents were stored on the home's computer system and the provider had instant access to these records.

Is the service effective?

Our findings

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

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

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

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.

- Applications for DoLS authorisations had been sent, some had been granted and the home were awaiting final decisions for others. Applications included detailed information about why restrictions were needed. For some people, not all restrictions in place had been listed. For example, in relation to clothing, crockery and one person's use of a handling belt. The reasons for some restrictions were historical and had not been formally reviewed for some time.
- We discussed the use of plastic crockery in one of the cottages. The service manager told us this had been introduced in response to a safeguarding for one person 18 months previously. The manager confirmed the problem identified at that time was not of such a concern now and the use of plastic crockery would be reviewed. This had also been identified by the organisation through their quality assurance procedures.
- Best interest meetings had been held when it had been considered a person was not able to give consent. For example, in relation to dental treatment. However, the assessment process that determined the person did not have capacity to make a decision after all attempts to support them to make the decision for themselves had failed had not been carried out. The manager had recognised this step had been missed and told us this would be completed for all future decisions. This is an area for improvement.

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

- Most people had lived at the service a long time. Their needs and wishes were regularly assessed and reviewed to ensure they received appropriate care and support. These included various aspects of people's care needs such as how they communicated their preferences, and information on how they liked to spend their time.
- Since our last inspection one person had been admitted to the home. A full assessment of their needs and wishes had been carried out in advance of the move. They told us they liked living at Burton Cottages.
- Each person had an autism specific assessment that looked at how autism affected their day to day lives in relation to social interaction, communication, and imagination and social understanding. Support was then planned to minimise any impact from this.
- As one person was due to move in there was one further vacant bed. The registered manager told us funding had recently been agreed for one person to move in and a transition programme would now be written to prepare the person and people at Burton Cottages for the move.
- The manager told us one person's relatives had expressed an interest for their relative to move closer to their family home as they would have access to a wider variety of activities. Notice had not yet been given but, in the interim, the home had looked at the activities on offer locally and increased the range and types of activities available to the person.

Staff support: induction, training, skills and experience

- The training programme confirmed that staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety and infection control. The training programme was colour coded and flagged up when training was due, due or if it had expired.
- Specialist training was also provided that reflected the complex needs of people who lived at Burton Cottages. This included training on autism, positive behavioural support, dealing with behaviours that challenged and epilepsy. Each person had a care plan that described the support they needed in relation to any diagnosed condition.
- We asked a staff member about recent training that had supported them in their role. They said, "We had a talk on a communication course about using pictures to aid communication. When we got back to the home we saw that staff were already on to it and were building up a bank of photos for one person to help their communication. It's working well and has made a big difference to how the (X) makes choices and decisions."
- Staff told us their views were listened to and they felt supported through regular supervisions. Records confirmed this.
- A staff member told us the service manager was "Approachable, can talk about anything. She is good, very good and I feel supported by her, definitely."
- Another staff member told us, "I feel I can go to the manager or any of the seniors if I need support about anything, personal or work related. I have been supported in that respect, we are always there for each other here."
- New staff completed the provider's induction process. This included completing an inhouse induction booklet and working supernumerary for two to three weeks to get to know people and understand the policies and procedures at the service. A staff member told us they felt well supported throughout their induction. They said, "On my second shift, I thought, I really like it here, they have a real understanding of autism. It's a delight to feel supported and to feel part of the team."
- Following the inhouse induction staff completed the organisation's induction which was carried out over three days. This could be done anytime within the first three months. However, the manager told us that from January 2020, these courses would be every six weeks.
- Agency staff were given a tour of the building and were asked to read through induction folders that gave brief details of each person, how they communicated, and things that were important to them.
- All staff that were new to care completed the Care Certificate. The Care Certificate ensures staff that are

new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

- Following on from the Care Certificate, there was an expectation that all staff would complete a health qualification at a level appropriate to their role in the home. The manager confirmed three had completed a qualification, two were in the process of studying for a qualification and others were being signed up to study for one.

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

- People had enough to eat and drink.
- People were offered and received a choice of drinks throughout the day.
- People were supported to take turns in choosing the main meal each day. Staff told us residents' meetings were due to be reintroduced and as part of that process there would be greater emphasis on getting people more involved in meal choices.
- All staff had received training on nutrition and hydration.

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

- People arranged their bedrooms as they wanted them with personalised objects, photographs and individual furniture.
- People did not require any specialist equipment to meet their needs. Five people had iPad tablets. One of these had a 'GoPro' application that was used for communication. A member of the local speech and language therapy (SaLT) team had helped set it up specific to the person's needs and it helped them make simple choices such as what drink or snack they wanted. Staff said the tool is used less frequently now as the person is using speech more to make their needs known.
- Wherever an area of the home was due to be redecorated, people had a say in the choice of décor. For example, new flooring had been fitted in the lounge areas. One person's bedroom was due to be refurbished and the person had chosen the curtains and paint for the walls.
- Three people had alarms on their bedroom doors so that staff could get to them quickly at night if they needed assistance. This had been agreed in their best interests. There were alarms on all entrances and exits in line with people's needs.
- Since the last inspection a new sensory room had been created. There was seating in this area, mirrors and string lights, projector slides and a bubble machine. Staff told us one person in particular loved spending time in this room.
- We were told a gardener had recently been employed and was starting to clear the garden area. There were plans to introduce a sensory garden with raised plant beds. They also wanted a level area for a trampoline and adult swing.

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

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

Is the service caring?

Our findings

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

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

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

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

- People were supported by staff who knew them well. Staff demonstrated their caring approach through their interactions and by checking regularly with people to make sure they were meeting their needs and wishes.
- Staff were able to tell us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. For example, when one person was anxious staff said they liked staff to sing with them and this helped them to calm down. We heard a staff member telling an agency staff member what types of songs the person enjoyed.
- The service had policies and procedures specifically covering human rights and all staff had completed equality and diversity training. A staff member told us, "It is really good here, everyone is treated equally and gets what they wish for. No-one has any firm religious beliefs. Sometimes some people appear to go out more than others but because some go to a day centre this balances out. I love it here."
- Another staff member told us, "I have never encountered any racism here. People are not judged regarding their behaviours, they are always supported."
- A relative told us, "Yes the staff are absolutely caring. They are genuinely fond of all the service users. One of our son's keyworkers in particular is outstanding and proactive in addressing any concerns we might have." Another relative said, "Although there has been a change of staff, they are all very good and do the best they can."

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

- Staff were kind and caring and knew people and their needs very well. A staff member told us, (X) doesn't like their bedding left on their bed during the day. If it was left there it would be thrown out the window. X's bed is made up at 8pm every night but if they wanted their bedding earlier they would lead staff to the laundry.
- We were told residents' meetings used to be held but had not been done for some time. We saw from minutes of staff meetings that there were plans to reinstate these.
- On the day of our inspection one person had not been feeling well so did not attend their day centre. The home's policy was that agency staff would not work on a one to one with this person. However, the agency person on duty was someone the person had known well at a previous placement and they asked if they could have the agency worker supporting them. This had been agreed and the person was very happy their request had been respected.

Respecting and promoting people's privacy, dignity and independence

- A staff member told us they were slowly getting to know one person. They said, "I know (X's) routines and (X's) breathing is a giveaway about anxiety levels. If a task needs doing I get it done before the breathing changes to vocal noises." They also said, "I am working on building up eye contact. I have seen (X) smile a lot more and it's been massively successful. I'm now starting on foot massages. It would be nice to do pamper sessions."
- One person's support plan clearly described personal care tasks they could do independently and the areas they needed support. Some tasks were completed with hand over hand to assist the person in learning how to complete the tasks and build up their independence.
- We observed one person putting the online shopping that had just been delivered, into the cupboards. A staff member was there to provide guidance and support, but it was clear the person knew where things went and was happy to carry out the task. When they had enough they left the kitchen and returned to their iPad activity.
- Staff respected people's privacy and dignity.
- We saw that staff knocked on people's doors before entering. A staff member told us, "I always make sure people have private time in the bathroom, so I wait outside until they are ready for support." We always knock on people's doors and wait to be called in before entering."

Is the service responsive?

Our findings

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

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

- The organisation merged with another organisation two years ago and changed its name. Since then a full review of paperwork and policies and procedures had been undertaken. A new format for care planning had been introduced and the home had recently started the process of transferring care plans onto the new format. The service manager told us four care plans had been completed to date.
- Each person using the service had care plans that identified and recorded their needs. Care plans were reviewed regularly, and when people's needs changed, and were up to date. People's relatives told us they were invited to reviews and were able to share their views.
- Staff knew people well, and knew their likes, dislikes and background.
- We observed staff supporting people in a person-centred way; they adapted their approach from person to person.

Meeting people's communication needs

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

- Each person's ability to communicate their needs and wishes had been assessed. A staff member told us there had recently been a meeting to look at how one person communicated their needs and wishes. As a result, staff were now using the person's communication book more and the person had been more cooperative in choosing their clothes and bedding and getting their independence back.
- The staff member said they had very recently raised with management that another person might also benefit from an aid to help him make greater choices such as the types of snacks they wanted. It was agreed this would be looked at.
- People's care plans were person centred. In one care plan records stated that whilst the person might not always understand staff they understood tone and facial expressions. They didn't like changes to routines but if the changes were explained clearly and they had time to process information they could manage change.
- One person enjoyed regular face time calls with their relative. Staff told us these calls were important to the person.

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

- One person used to attend the organisation's day service, but they showed signs they were unhappy there. They also had an erratic sleep pattern and displayed self-injurious behaviour. The person's life and opportunities were restrictive. The manager told us a combination of measures were taken to change the person's life. Medicine was prescribed to address the sleep problems. The organisation's behavioural specialist worked alongside the behavioural specialist from the local community learning disability team and staff that were trained in positive behavioural support. Staff had also received training in active support. Strategies were put in place to increase meaningful activities for the person.
- A health professional told us, "We put a lot of work into supporting the management and I particularly found that new members of staff working with our client were very responsive and worked with the management to suggest and bring new ideas and ways of working with the client. This worked well, and I was impressed with some of the support workers commitment. There was a very successful outcome for the client (decrease in significant self-injurious behaviour to zero/to limited incidents) and this is credit to the management and staff team."
- The manager told us, "Two weeks ago I supported (X) to the village. (X) chose what (X) wanted, took notes from their wallet and waited for the change. It reminds us why we do our jobs." They also told us the person couldn't use restaurants before as they would have taken food off people's plates. This too had changed, and they had supported the person to go to restaurants in keeping with their culture. They had also recently been to a local hairdresser and on a group outing to a zoo. They hired a swimming pool once a week for this person to use. All staff told us the changes had a massive positive impact for the person.
- Staff told us one person liked to go to the local pub regularly for a coffee and crisps. A staff member said the person "has a favourite table, all the staff know him."
- Another person was supported to attend horse riding weekly.
- A relative told us they were invited to Christmas parties and they are "Great."
- The majority of people attended the organisations day centre throughout the week or for set days.
- Some people used a local hairdressing salon and for those who did not want to go, the hairdresser came to the home.

Improving care quality in response to complaints or concerns

- Two complaints had been received since our last inspection. Records demonstrated both had been investigated thoroughly and where appropriate changes had been made.
- There was an easy read complaint procedure for people. Staff told us that in most cases people would demonstrate through behaviour if they were unhappy with a situation. For example, if they were unhappy one person would cry or bang on their door. Another person would go to their room if they were unhappy in the lounge or they would call out if someone was unsettling them. Staff told us once you get to know people, you know when they are happy, sad or upset by something. Records confirmed there was clear advice and guidance about how people expressed their emotions.
- Staff told us they found all the management team approachable and would have no hesitation approaching them if they had any concerns.

End of life care and support

- The manager told us that if anyone needed end of life care in the future this would be fully assessed at the relevant time.
- They said the organisation had a booklet that the service manager was due to start using with people if appropriate, and with their relatives to seek views on the subject.

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 requires improvement. At this inspection this key question has remained the same.

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

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

At the last inspection the provider had needed to improve the systems to assess the quality of the service and mitigate risks to people. Improvements were seen in how the service was assessing the quality and some of the areas we identified had recently also been highlighted through their quality assurance process however new systems were not fully implemented and embedded into practice.

- Daily records lacked detail. People had busy lives and were coming and going to and from various activities, but the notes did not always state where they had been or if they had enjoyed their experience.
- The service manager spoke very enthusiastically about a recent group trip to a zoo. It was the first group trip the home had organised for a long time and it had been a very successful event. Five people had gone with staff. We looked at daily records for three people. Two described the trip but comments were more focussed on the negatives. One person's records were more detailed in terms of the travel to and from the activity but there was very little detail about the person's actual experience to enable staff to review the person's support.
- The manager then showed us photos and some short videos of their day that demonstrated much more clearly that people had really enjoyed the experience. We discussed how record keeping demonstrated a different view to that shown in photo and video. Following the inspection, the manager confirmed a staff meeting had been arranged to provide additional training to staff in this area.
- Each person had a skill and/or training goal in place. Progress with goals had not been completed. It was noted that the goal progress sheets were in a different folder to the daily records. The service manager said they would move the location in an attempt encourage staff to record progress daily.
- One person was prescribed medicine to help them sleep at night if they were using self-injurious behaviour (SIB). We noted that at times a pain killer was given first and if the person did not settle the stronger medicine was given. Whilst the behavioural guidelines were clear in relation to the SIB there was no link to the use of a pain killer in the first instance and the home's notes did not explain why this was given sometimes and not others. When the stronger medicine was given due to self-harm, for example pulling hair or biting, the extent or level of the behaviour was not always recorded along with what had been tried in relation to de-escalation and if this had any effect. The lack of details would not enable professionals to assess if the strategies in place were effective.

- One person had a handling belt that was used by staff when supporting the person on activities outside of the home. The service manager told us the belt was only used if there was a risk of the person rushing off on their own as there would be concerns for their safety. This was confirmed by staff. Agreement for use of the belt had been via a best interest meeting. The risk assessment in use did not state the belt should only be used as a last resort. The service manager confirmed this would be updated.
- One person had refused chiropody treatment. We asked when they had last had their toenails cut but the service manager was not sure. They assured us the person's nails, whilst needing to be cut, were not ingrown or causing any pain. Staff had started working on desensitisation so that the nails could be cut once trust had been built up. The service manager said they would discuss this with the person's GP and take advice on how best to resolve the situation. Following the inspection, the manager confirmed the person's GP visited the home regarding this person's nailcare and was assisting staff with a social story and desensitisation programme. The GP also made a chiropody recommendation.
- Recruitment checks were carried out at the organisation's head office and once completed were sent to the service. However, not all records were available. One staff member's application form had been mislaid and another staff member only had one reference. One person did not have an induction checklist. A copy of the induction checklist was sent to us after the inspection.
- A relative told us management were very approachable but, "Sometimes matters raised informally have to be reiterated a number of times before they are addressed."
- The home's quality assurance systems had identified two weeks before our inspection that some fire records were not up to date. These had yet to be updated. Weekly fire alarm call points had last been tested in August 2019, monthly automatic door closures and emergency light checks were last checked in June 2019. Whilst there were records of fire drills, there was no reference to which staff were on duty and no evaluation of their response. The above areas require improvement.

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

- The registered manager left their post on 04 July 2019. A new manager was appointed. They told us they had been appointed on an interim basis. They were in the home one day a week and provided support daily by phone and email to the service manager who worked full time in the home and who was being trained up for the role of registered manager. At the time of inspection, the manager had just received their DBS check and their application for registration has since been submitted.
- A staff member told us the management team had worked positively to ensure staff were well supported. An example given was, "We could always take breaks but sometimes we didn't take them because there was always something to be done and time would drift. Now, seniors make sure we take breaks. The work still gets done but we have someone watching out for our well being too."
- A staff member told us the service manager, "Is a good manager, I've always felt we've been listened to. If something is not agreed, the reason why is explained." They went on to say, the service manager has, "Sense and heart and has always been great and with the new seniors there is vim and verve and a passion to make things better."
- At a recent seniors' meetings, areas of responsibilities and extra duties had been identified and delegated to key staff. There was an expectation that each staff member would become champions in these areas, take responsibility for ensuring record keeping was kept up to date and, undertake any training available to support them in their role.

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 was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open

and honest when untoward events occurred.

- The manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required.
- The manager understood their role and responsibilities to notify CQC about certain events and incidents. Notifications were submitted to the CQC, as required. The previous CQC rating was prominently displayed in the home and on the provider's website.

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

- A staff member told us, "There is so much heart, I've never worked anywhere better, they (staff) really care about service users." They also said, "Since the two new seniors started, outings have gone up and people have a better quality of life."
- Staff meetings were held regularly, and minutes of the last meeting demonstrated clearly that staff were encouraged to share their views on the running of the care home. Records reflected that staff were praised and encouraged to make improvements in various areas.
- The service manager told us that service user meetings were due to be reinstated soon and that the annual satisfaction surveys were due to be completed. A relative told us they would welcome a newsletter with updates on changes within the home for example in relation to maintenance of the garden and staff changes.

Continuous learning and improving care; Working in partnership with others

- The manager had systems to check all agency staff had references and police checks. Records did not confirm agency staff had completed training in behaviours that challenged even though agency staff on duty confirmed they had completed this. The manager confirmed there were plans to ensure all regular agency staff completed the home's training on this topic. Whilst records confirmed police checks had been carried out for agency staff there was no reference to whether the result had been clear or, if not, if there was a risk assessment. The manager confirmed this could be easily confirmed. We assessed this had little impact for people as agency staff generally worked alongside more experienced staff.
- The organisation's behavioural specialist worked in partnership with the behavioural specialist from the local community learning disability team and staff that were trained in positive behavioural support. This ensured people received professional advice and guidance to meet people's needs.
- The home had signed up to, 'Stopping the over medication of people with a learning disability, autism or both,' (STOMP) but they had yet to be involved with this project. However, they told us people's medicines were reviewed regularly and within the past two to three months two people's medicines had been reduced significantly with good results.
- Following a review of one person's needs a request was made for additional funding for support at night. As a result, an additional night carer was employed, this made the person less anxious at night and they now sleep better at night. Staff told us, this had a massive effect on the person's ability to participate in activities through the day and had improved their life enormously. In addition, because they were much more settled this had also had a positive impact for the others in the cottage.
- The manager told us they attended the registered manager's network. They said this was a valuable resource and an opportunity to meet with other managers to hear and share problems but also to discuss and share ideas of innovative practices. A recent meeting had focussed on clarifying the types of matters that needed to be reported to CQC. The manager said this had been a very useful discussion.
- The service manager attended a behaviour support network meeting locally. They also attended a meeting in London with BILD the British Institute of Learning disabilities. This had focussed on how to improve communication assessments. As a result, they were working with the organisation's positive behaviour specialist to carry out more detailed assessments of people's communication needs.

