

Royal Mencap Society

Aeolian House

Inspection report

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Date of inspection visit:
13 March 2019

Date of publication:
21 August 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Aeolian House provides personal care and support for up to eight adults with learning disabilities. The house includes a kitchen, lounge and dining room, bathrooms and toilets. Each person has their own bedroom and there is access to an enclosed garden. At the time of our inspection six people were using the service.

At the time of the provider's registration, the care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. However, we found care was provided in line with these values which include choice, promotion of independence and inclusion. People living with learning disabilities and autism at Aeolian House were supported to live as ordinary a life as any citizen.

People's experience of using this service:

People received support from staff who were trained and supported to carry out their role. There were enough qualified and skilled staff at the service and staff worked flexibly to meet people's needs. The provider followed an appropriate recruitment process to employ suitable staff.

Aeolian House was kept clean and health and safety checks were carried out to make sure people lived in a safe environment.

People were protected from harm or injury. Systems for managing incidents, staff and care practices were used to achieve this. Staff knew how to recognise and report any concerns they had about people's care and welfare and how to protect them from abuse.

People were supported to be healthy and their healthcare needs were monitored to help keep them safe and well. The staff worked with and referred people to other health care services to support people's wellbeing. Medicines were managed safely and people had their medicines at the times they needed them.

People were involved in planning and preparing their meals according to their choices. They took part in activities they were interested in and staff encouraged people to try new ones.

Staff promoted and respected people's diversity and lifestyle choices. Information was made available in accessible formats to help people understand the care and support agreed.

People were supported to have choice in their daily lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff respected people's privacy, dignity, independence and the choices they made.

People experienced responsive and person-centred care. They exercised choice and control of their lives and were involved in the running of the service. Support plans recorded what was important to the person

and were current. Where people's needs changed, the provider responded and reviewed the care provided.

People maintained relationships with those that mattered to them. People and their relatives had opportunities to share their views and the provider listened to their feedback. Arrangements were in place to monitor, investigate and respond to complaints.

The provider used a range of audits and checks to monitor and assess the quality and safety of the service. Where issues were identified, action was taken to improve the care and support people received.

Staff worked in partnership with other agencies for the benefit of the people living there.

Rating at last inspection: Good (report published 30 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection schedule or sooner if required.

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 remained Good

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good

Details are in our Well-Led findings below.

Aeolian House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in August 2016. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with three people to ask about their experiences of the service.

We spoke with the registered manager and two members of staff. We reviewed care records for three people using the service. We checked training and supervision arrangements for the staff team. We looked around

the premises and at records for the management of the service including quality assurance systems, audits and health and safety records. We reviewed how medicines were managed and the records relating to this.

Following our inspection, the registered manager sent us information we requested. This included the service's yearly improvement plan.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Aeolian House and would be confident to speak to staff if they didn't.
- Staff knew how to recognise if anyone was at risk of abuse and who to contact if they had concerns for people's safety. This included external agencies such as the local authority and police. Staff kept their safeguarding knowledge up to date through training every year.
- Information for people, visitors and staff to report concerns was clearly displayed. Records showed concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- Staff identified risks to people and put plans in place to meet people's safety needs. People had risk assessments for using equipment or receiving support to prevent them being harmed. For example, if people were at increased risk of experiencing anxiety, or at risk of falls.
- Risk assessments were personalised and gave guidance on how risks could be minimised and managed whilst supporting people's choice and freedom. These were reviewed monthly or as soon as there were changes. This included where a person's behaviour or health need changed or when they undertook a new activity.
- Staff supported people to manage their health conditions and understood the risks associated with these. People had the equipment they needed to promote their safety whilst maintaining their independence. This included mobility aids and pendant alarms.
- Health and safety checks were regularly carried out to ensure the premises and equipment remained safe. They included checking water hygiene, gas and electrical safety. Fire systems and equipment were monitored and checked. People took part in practice fire drills and staff knew what to do in the event of an emergency.
- Staff checked the safety and maintenance of the building to see if areas in the home required repair or redecoration. Any repairs needed were undertaken by the housing association who owned the property.
- There was out of hours management support in the event of emergencies or if staff needed advice and support. Staff told us this on call system was reliable.

Staffing and recruitment

- People told us they received the care they wanted and staff supported them to do things they enjoyed doing. There were enough staff to support people and keep them safe. For instance, people received one to one staffing when this was required.
- All required checks were made before new staff began working in the service. These included a criminal records check and references to confirm staff were of good character and had the right skills and experience to support people. People were involved in staff interviews and asked their own questions.

Using medicines safely

- People were supported safely with the medicines they needed to remain well. Where people wished to manage their own medicines, they were supported to do so.
- Staff had information about people's prescribed medicines. Where people needed medicines at certain times, there was guidance for staff about when people might need these and how they should be given. Examples related to medicines used for diabetes and pain relief.
- Staff managed medicines well. They had undertaken training and competency checks to make sure their practice remained safe.
- The provider followed safe practice and national guidance for the receipt, storage, administration and disposal of medicines. Medicines were stored securely and checks were carried out to make sure medicines were given to the person at the right time and in the right way. Records were available to support this.

Preventing and controlling infection

- Aeolian House was clean and well maintained. People told us they were encouraged and assisted to complete household tasks, with staff support where needed.
- Staff monitored cleanliness standards and cleaning schedules guided staff on how to maintain the home to prevent the spread of infection.
- Staff told us and records confirmed they completed training on infection control and food hygiene safety.

Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses. Accidents and incidents were recorded. Investigations into each incident were fully completed or reviewed by the registered manager in a timely manner.
- The provider monitored incidents for patterns or trends so any learning could be taken, and risks to people further reduced. Information was shared to make sure all staff knew about any resulting changes to practice.

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

Good: 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

- The same people had lived at Aeolian House for many years. Their needs were assessed at the time of admission and reviewed every year to make sure the service continued to be right for them.
- Assessments considered people's protected characteristics under the Equality Act 2010 to make sure that if the person had any specific needs, such as those relating to their religion, culture or sexuality, the staff could meet those needs.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. This ensured that people who used the service had a life that achieved the best possible outcomes for them including control, choice and independence.
- Best practice guidance and information was displayed and staff told us this helped them support people in the most effective ways and keep up to date.

Staff support: induction, training, skills and experience

- People were confident the staff team had the right skills to support them. Staff had a good understanding of the care and support people needed.
- Staff received an induction and on-going training to enable them to fulfil their role and meet people's individual needs, such as courses on diabetes and positive behaviour management. The registered manager had a system in place to ensure staff stayed up to date with their training.
- There were arrangements for staff to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff confirmed they met with the registered manager or senior on a regular basis and felt well supported. Records confirmed what staff told us and they were up to date with all training required by the provider.

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

- People told us they enjoyed the food and planned and shopped for their meals every week. People were encouraged to be independent and cook their meals with staff only offering support and guidance where this was needed.
- People had their own food cupboards and fridges were organised with people's individual items. One person had bought their birthday cake and told us they were looking forward to celebrating with a party at the weekend.
- Information about people's dietary requirements and preferences was included in their care plan and staff understood how to support individual needs. For example, where people required a specific diet due to a healthcare condition.
- Staff monitored and checked that people were eating and drinking enough and contacted other professionals if there were concerns.

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

- Health action plans included personalised details about people's past and current health needs. Where people had health conditions, staff knew how to support them to keep safe and well.
- People accessed the healthcare services they needed and one person told us staff were "supportive with doctor appointments." Staff spoke about having good links with healthcare professionals and people told us they felt fully involved in making decisions about their care or treatment. For example, the GP gave one person information about healthy eating after their weight increased.
- People received effective and coordinated care when they were referred to or moved between services. One person told us how they valued the support they received from their keyworker during treatment and a stay in hospital.
- Information was shared appropriately with other professionals to help ensure people received consistent care and support. People had hospital passports documents which provided an overview of their health needs should they need to attend hospital or appointments with the GP.
- Professionals we contacted provided positive feedback about the service and told us staff acted on their advice and were knowledgeable about people's needs. One told us, "Without the longstanding wealth of experience and relationship of trust built up over years with staff, I would have many concerns about [person] and the management of their health needs."

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

- The environment met people's needs and suitable adaptation had been made for people. This included specialist equipment to promote people's independence.
- People told us they were happy with their rooms and had furnished them how they liked. Bedrooms were redecorated when needed and people confirmed they had chosen new paint colours and furniture.
- Since our last inspection, redecoration showed the provider took account of people's needs. Bathrooms had been refurbished and the front driveway paved to enable improved access for people with physical needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to make every day choices and decisions and had contributed and signed in agreement with records about their care.
- Our observations and review of records showed staff spent time with people, involving them in discussions about their goals, activities, care and support.
- Staff understood the legal requirements of the MCA and their responsibilities. One staff member told us, "I have to think that a person can make a decision rather than can't, that's important." Staff kept their

knowledge up to date through yearly training and discussion at staff meetings. We saw this had included a recent quiz about MCA and DoLS.

- Care plans highlighted when people could make decisions for themselves or if best interests' discussions would be needed to support them.
- The registered manager had requested authorisation from the relevant local authority when people's freedom had been restricted.

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

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

Ensuring people are well treated and supported; equality and diversity

- Without exception, people spoke positively about the staff. One person described staff as "friendly, funny and we can have a joke together." Another person said, "I like my keyworker, she listens."
- People were comfortable and relaxed in the company of staff. Staff used their knowledge of people's interests to have conversations about things which were important to people.
- Staff understood how to support people's individual needs. Staff described how they supported people if they were feeling unhappy or upset.
- People's diverse needs were recorded in their care plans. This included the support people required in relation to their culture, expressing sexuality and lifestyle choices and their beliefs.
- Discussions with staff showed they understood how to protect people from discrimination. Staff spoke about how people were treated equally, regardless of their disability, race or gender.

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

- People's care and support plans included guidance to assist staff to involve the person and help them with everyday decisions. Our observations and review of records showed that staff spent time with people, involving them in discussions about their goals, activities, care and support.
- Care records included people's choices, for example, their preferred times to get up/go to bed, times of meals, gender of staff to support them and whether they like a bath or shower.
- Meetings as a group and with keyworker staff gave people opportunities to talk about their care and support. People met with their key worker each month to review their care plan and make sure it remained up to date and relevant to them.
- One person told us one of the best things about the service was "being able to do what you want to do". Comments from a professional included, "[People] are given choice and control over their lives, with appropriate intervention from staff when required."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were always respectful of their privacy and dignity.
- Staff gave people individual time and attention when needed and respected people's choice to be alone when they wanted.
- Staff supported people's independence to do things for themselves. For example, people were encouraged to clean their rooms, cook their meals and help with other tasks in the home.
- People maintained relationships with those who were important to them. Relatives could visit or contact the service any time. Relatives were invited to key events such as reviews or other meetings as appropriate.
- People's personal information was kept secure and their records were stored appropriately in the service.

Staff maintained confidentiality when discussing individuals' care needs.

Is the service responsive?

Our findings

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

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

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

- People's likes, dislikes, needs and preferences were reflected in their care plans. Plans were individual and highlighted what was important to the person now, and in the future. There was information about people's histories and relationships which mattered to them. A summary document provided essential details about the person's needs and how best to support them whilst keeping them safe.
- Staff were clear about the outcomes they were supporting people to achieve. These included their social, emotional and health related needs and goals, both short and long term. Comments from a professional included, "Due to the staff knowledge around the resident, they have been able to see that he is supported and has a good quality of life."
- Care plans described people's social and leisure needs and outlined how staff should support them. This information corresponded with what people told us about their interests.
- Staff worked flexibly to support people to live full and active lives. People had opportunities to attend educational and social activities of their choice. One person told us they enjoyed cookery sessions at a local centre. Another person liked going to a disco every week and told us they had plans to visit an airport to view the different planes.
- People were involved in reviewing their care with their families, staff and other professionals as necessary. Staff spent time with people discussing their goals and aspirations for the future and all other aspects of their care.
- Accurate records reflected how people had spent their day, what they had enjoyed doing and any changes in their health and wellbeing.
- The provider supported people's needs in line with the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people have information available to them that they can access and understand. Where people could not understand written words, they were provided with pictures and photos to help them communicate their preferences and promote their independence. Much of the information within the care plans, such as health action plans was produced in this way to ensure people were fully involved in their support planning and understood.

Improving care quality in response to complaints or concerns

- People knew who to speak to if they were unhappy with the service. They told us they felt listened to and confident any issues would be addressed.
- The provider had appropriate procedures for responding to and dealing with complaints. Records showed how these were managed. They included the nature of the complaint, what action was taken and how it was resolved and reported back to the person.

End of life care and support

- The home was not supporting anyone with end of life care at the time of our inspection.

- One person had a comprehensive care plan in place which explained their choices and wishes in relation to their future care. Arrangements for other people to discuss their preferences, in consultation with their families or representatives were in process.
- Staff told us they had completed end of life care training some years ago. The registered manager acknowledged refresher training would be beneficial and agreed to organise this.

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

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

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

- There had been a change of registered manager since the last inspection. The registered manager had responsibility for another service owned by the provider and divided her time according to the needs of each service.
- People and staff were positive about the registered manager and her leadership qualities. One staff member told us, "It's nice to have stability, [the registered manager] comes two to three times a week and wants what's best for everyone here."
- The provider had clear values based on providing a person-centred service that supported people to maximise their independence. Staff were aware of these values and told us how this shaped the way they supported people.
- The provider acted with openness and transparency if something went wrong.

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

- The registered manager understood their responsibilities and met the requirements of their own and the provider's registration. They sent CQC notifications of events that happened in the service in a timely manner. People could be confident that important events which affected their health, safety and welfare would be reported appropriately
- Staff told us they felt supported by the registered manager and everyone worked well as a team. One staff member told us, "Staff pick up things, all are caring, everyone thinks the same about supporting people."
- Staff were supported to understand their roles and responsibilities through staff meetings, supervision and yearly reviews of their performance. Staff told us that they could share their ideas and felt listened to. Appropriate policies and procedures were also available to staff to support their practice.
- Effective quality assurance systems were used to monitor that people were safe and appropriate care was being provided. They included checks on people's care records, risk assessments, finances, medicines, the premises and health and safety practice. Staff told us they had designated roles to help review these areas.
- The provider had clear expectations and met regularly with the registered manager to assess the running of the service. Reports from these visits showed how the service performed, areas of good practice and those that required improvement. We found the registered manager acted promptly where areas requiring improvement were identified.

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

- People and their relatives were involved in reviewing the quality of the service and making suggestions. There were regular opportunities for people to share their thoughts about the service through meetings and satisfaction questionnaires.
- The provider reviewed feedback to see if any improvements or changes were needed.
- Regular team meetings gave staff opportunity to share information about people's care and support and matters that affected the service. Staff said they also discussed learning and development needs and reflected on their practice to check they were supporting people in the best ways.
- The provider recognised the contribution staff made to the quality of care people received. They gave recognition to staff for going above and beyond their duties and upholding the provider's values. One staff member had been recognised for supporting a person through a difficult time for health concerns and treatment for an illness.

Continuous learning and improving care; Working in partnership with others

- A development plan was in place to further improve the quality of the service. This identified improvement actions and the timescales for completion. We found the plan was used effectively. For example, staff had improved ways of recording outcomes for people and staff had attended more training. This included a course on supporting people's sexuality and relationships.
- Staff worked in partnership with other agencies and professionals to seek advice and guidance when people needed additional or specific support. A professional told us, "I have a high regard for front line staff at the home, who have kept in good contact with me."
- The provider had arrangements for keeping up to date with best practice and looking at ways to improve the service. The registered manager regularly met with other managers from the provider's other services and management meetings were held to discuss legislative changes and lessons learnt.
- The Provider Information Return (PIR) gave us accurate details about how the service was running and what improvements were planned. Our findings from the inspection corresponded with this information.