

Liaise Loddon Limited

3 to 5 Kennet Way

## Inspection report

Oakley  
Basingstoke  
Hampshire  
RG23 7AP

Website: [www.liaise.co.uk](http://www.liaise.co.uk)

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## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

3 to 5 Kennet Way is a residential care home. The service provides personal care and support for three people who have learning disabilities and associated conditions, such as autistic spectrum disorders.

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.

People's experience of using this service:

The provider did not always act promptly to implement the recommendations of external professionals in relation to fire safety. After feedback from the inspection, action was quickly taken to address issues identified.

There was a manager in place, who told us they intended to submit an application to CQC to register as manager of the service. The manager understood the requirements of their role and promoted a positive atmosphere at the service.

There were enough staff in place. The provider was in the process of recruiting more permanent staff to reduce the reliance on agency staff. All staff had enough training and supervision in place. 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 provider had processes in place to gain appropriate consent to care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to live active lives, accessing activities in line with their interests and being supported to build their everyday living skills. Relatives told us they were happy with the care their family members received.

People were supported appropriately around their behaviour, anxiety and communication. There were systems in place to gain people's feedback, listen to their concerns and protect them from the risk of suffering abuse or avoidable harm.

People's needs in relation to their health and nutrition were met. People's care reflected their individual

needs. This included their preferred daily routines and preferences. They were supported to remain active and take part in a variety of activities.

Staff understood people's needs and were motivated in their role. They treated people with dignity, respect and were patient when they offered support.

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

Rating at last inspection:

The last rating for this service was good (published 29 July 2017).

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?

The service was safe.

Details are in our safe findings below

Good ●

### 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 findings below.

Requires Improvement ●

# 3 to 5 Kennet Way

## 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:

This inspection was carried out by one inspector.

#### Service and service type:

3 to 5 Kennet Way 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, but they had recently left to work at one of the provider's other services. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a new manager in place, who told us they intended to apply to register with CQC as registered manager of the service.

#### Notice of inspection:

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

#### During the inspection

People were unable to give us verbal feedback. We spoke to two relatives about their family members care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the manager, the area manager, the positive support co-ordinator and three care staff. We reviewed a range of records. These included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies, procedures, audits, incident reports and risk assessments were reviewed.

After the inspection

We received feedback from two relatives via telephone and email. We also spoke to a fire safety officer from the local fire and rescue service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks associated with people's mood, anxiety and behaviour were assessed and reduced where possible. There was guidance in place to support people to manage their anxieties and de-escalate potentially challenging situations.
- The use of any form of restraint was minimised to ensure it was only used for the purposes of keeping people safe. All incidents of restraint were followed up and reported to the appropriate authorities. This helped to ensure that the actions staff took were proportionate to the risk to people.
- There were plans in place to reduce the risks to people, enabling them to access the community safely. For example, one person required additional support and an adapted seatbelt when accessing cars. After previous incidents, the measures were put in place to promote the person's safety. The provider had consulted family and professionals to ensure this was the least restrictive course of action. This enabled the person to still safely use cars.
- The provider carried out regular fire evacuation drills with people. This helped to ensure that people were familiar with the procedures around evacuating the building as needed. People had personal evacuation plans in place. During the inspection, we brought to the attention of the manager that one person's evacuation plans required updating. The manager was responsive in ensuring this was immediately completed.

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

- People's relatives told us their family members were safe living at the service. Comments included, "Whenever there have been incidents, they have informed us and safeguarding", "There has been a big improvement around behaviour and anxiety since living there", and, "It is a safe place where [my relative receives] the right support."
- Staff received training in safeguarding vulnerable adults. This helped them recognise the signs people had suffered abuse and the appropriate actions required to help keep them safe.
- The manager had made appropriate referrals to the local authorities safeguarding teams when there were concerns about people's safety or wellbeing.
- There was a whistleblowing policy in place. This detailed external bodies staff could raise concerns with if they felt unable to speak with the provider.

### Staffing and recruitment

- There were enough staff in place to meet people's needs. Staffing levels were determined by assessments of people's needs.
- The provider was actively recruiting more permanent staff as there were current vacancies at the service.

The vacancies were currently temporarily filled using agency staff. Regular agency staff were booked to work at the service, and they had gone through an induction at the home to help them better understand people's needs. People's relatives were mostly positive about agency staff. Comments included, "I can't really notice the difference (between agency and permanent staff)." However, one relative commented, "Currently there is a strong reliance on agency staff (several of whom are long term and excellent) but a renewed stable team is vital."

- There were robust systems in place to ensure staff went through appropriate pre-employment checks. This included checks around their work history and conduct in previous roles. Staff were subject to Disclosure and Barring Service (DBS) check. A DBS check helps to identify where staff may not be suitable to work with adults made vulnerable by their circumstances. These recruitment processes helped the provider identify suitable staff.

#### Using medicines safely

- There were safe systems in place for the ordering, storage, administration and disposal of medicines. Staff had received training and competency assessments in medicines administration. This helped ensure they were following guidance in line with best practice.
- Some people were prescribed 'when required' medicines for pain or anxiety. Where some people were unable to verbally express they were in pain, their care plans identified the 'non-verbal cues,' such as body language, which helped staff identify people where these medicines were required.

#### Preventing and controlling infection

- The home was clean and hygienic. Staff were responsible for carrying out regular domestic duties, which helped to maintain the level of cleanliness and hygiene in the home. One relative commented, "The home is always clean."
- The provider had policies and procedures in place to reduce the risk of infections spreading. There were appropriate arrangements around people's laundry and for the disposal of clinical waste.
- Staff had access to personal protective equipment, for example, gloves and aprons. This helped to minimise the risk of infections spreading when supporting people with their personal care.

#### Learning lessons when things go wrong

- The provider's positive support coordinator reviewed all records of incidents to identify trends, causes and actions in response. They shared learning from incidents with staff through verbal handovers, supervision and team meetings. This helped to reduce the risks of incidents reoccurring. This helped to ensure learning from incidents was applied into working practice.
- In one example, there had been some incidents between people in the home. Staff had put measures in place to help reduce the frequency and impact of these incidents. Relatives told us these measures had been effective in reducing the risk of incidents reoccurring. One relative said, "Staff understand when something might happen and are in control of the situation."



# 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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The provider had systems and processes in place to gain appropriate consent to people's care.
- People had assessments in place which documented how staff could support them to understand and make decisions, where possible. These assessments detailed people's communication methods and effective strategies staff could employ to meet these needs.
- Where people were unable to consent to their care, the provider had fully assessed their capacity to make specific decisions about aspects of their care. Where required, they documented how and who was involved in making decisions in the persons 'best interests' as they were not able to do so themselves. For example, one person had a best interests decision around the use of a seatbelt lock when accessing cars. The decision around its use was made in the person's best interests due to safety concerns. Without this piece of equipment, the person would not be able to safely access cars, restricting their opportunities to go out in the community. These actions were in line with the MCA.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. 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.

- The provider had made the appropriate referrals for these safeguards as required

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

- Staff used 'positive behaviour strategies' to help people manage their anxieties and de-escalate potentially challenging situations. This is an approach to supporting people which focusses on teaching people new skills to replace the behaviours which may challenge.
- Restrictions put in place for people's safety, such as restricting unsupervised access to the kitchen, were assessed and monitored. This included documenting how these could be minimised to reduce their impact. This helped to ensure that care was as least restrictive as possible. The plans and protocols in place had been agreed by people, relatives and professionals.

Staff support: induction, training, skills and experience

- Staff received training in line with The Care Certificate. This is a nationally recognised set of competences relevant to staff working in social care. Staff received periodic updates of the training to help ensure they were following best practice.
- Staff received training specific to their role. This included training in a nationally recognised approach to supporting people safely when they displayed behaviour which put themselves or others at risk.
- Staff received appropriate induction, supervision and support in their role. New staff's induction included time working alongside experienced staff, so they could learn about people's needs. Staff had regular supervision meetings, where professional development and training needs were discussed.

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

- The service was suitable for people's needs. It was spread over two separate houses. The houses were kept separate due to compatibility of people and for their safety. Access between the two sites was via the secure back garden.
- Relatives told us they felt the home was a suitable environment for their family members. One relative commented, "It is by far the most suitable place [my relative] has stayed in."
- People had their own personal bathrooms, which meant they could access and organise these spaces to their liking. People's bedrooms were personalised to their taste.

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

- People's dietary requirements were identified in their care plans. When people followed specific diets in line with their health or medical conditions, staff ensured these requirements were met. One relative commented, "The diet offered is varied and well monitored."
- People were supported to follow a diet in line with their preferences. They required support from staff to plan and prepare their meals. Staff helped people to make choices about their food using visual or pictorial prompts.
- Access to the kitchen was restricted for people's safety. Staff were working with people to enable them to have more access to this area and become more independent in preparing food and drinks.

Supporting people to live healthier lives, access healthcare services and support

- People had a personal health plan in place. This detailed the support they needed to meet their ongoing healthcare needs. This document was taken to health appointments and helped to give professionals an overview of people's needs.
- Relatives were positive about the support people received with their healthcare needs. Comments included, "Health is well monitored and the GP consulted as necessary", and, "[My relative] gets good support with healthcare. They manage [person's medical condition] very well."
- People were supported to attend regular health appointments such as doctors, dentists, opticians and chiropodists. Recommendations from appointments were incorporated into people's care plans.
- Staff had completed an oral health assessment for each person. This detailed their oral healthcare needs and their daily mouth care support. This helped to ensure people's oral care needs were met.

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

- The provider worked effectively with healthcare professionals to ensure that people received the care they needed. Care records documented the ongoing involvement of GPs and other specialist healthcare professionals. When people's needs changed, referrals to the appropriate professionals were made promptly, to ensure there was a coordinated approach to their care.

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

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

- People's relatives told us their family members were happy living at the service. Comments included, "It is the right place [for my family member] and they are happy here", and, "[My relative] has progressed from a severely distressed young person to the much happier person we see today. They mostly live an improved quality of life with carers keen to understand and support him."
- Staff were knowledgeable about people's needs and were intuitive about when and how they needed support. Relatives comments included, "There are a few staff who are special. They really take the time to get to know people", and, "Staff are very engaging."
- Staff were dedicated and persistent in helping people strive towards positive outcomes. One relative told us about how their family member accessed an activity after being initially very reluctant to do so. After many visits with staff, building up familiarity and confidence, the person participated in the activity, which they have enjoyed since. A relative said, "It was staff's persistence to never give up."
- There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristics identified in The Equality Act 2010. Information about their diverse needs were considered as part of the provider's assessment processes and recorded in people's care plans.

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

- People and their relatives were involved in developing care plans. Upon admission to the home, they were asked to complete documents which detailed their family contacts, preferences and routines. This information was used to develop people's care plans.
- People were supported to make choices about everyday decisions, such as what to do, what to eat and what to wear. Staff used personalised communication strategies to ensure people had a meaningful input and could understand the options available.
- Relatives told us they were kept informed about important events and consulted about their family member's care. Comments included, "The communication is very good", and, "We are always given updates and made to feel welcome when we visit."

Respecting and promoting people's privacy, dignity and independence

- People had care plans in place to ensure their dignity was upheld when accessing the community. In one example, one person sometimes displayed socially inappropriate behaviour in public. Their care plan detailed the actions staff needed to take to maintain the person's dignity in the event they showed such behaviour

- Staff explained how they maintained people's dignity when providing personal care. This included explaining to people what they were doing throughout and providing discreet support. One relative told us, "[My family member] has their own bathroom and their own privacy, which is good."
- Staff were conscious to minimise the appearance of any care related documentation in communal areas of the home. Staff respected that the service was people's home and promoted an atmosphere which was consistent with this. Confidential records and information about people were stored securely and not left in communal areas.
- People's privacy and personal space were respected. People were assessed to require a constant staff presence, to help ensure their safety. However, staff were conscious not to overmanage people or invade their personal space. This helped to ensure that people did not feel crowded or encroached on by staff.
- People were supported to develop their everyday living skills. The provider had developed an activities-based learning programme, which helped people develop skills. In one example, one person was learning safe routines around use of the kitchen. They had previously not been able to access this part of the house, but by following this programme, they were able to develop the skills to do this.

## 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 good. At this inspection this key question has remained 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

- Care plans included a comprehensive breakdown of people's personal care routines. For some people, following specific routines was very important as it helped relieve any anxieties about situations. One person's care plan included specific wording that staff should use to encourage the person around their personal care. Another person was very sensitive to the feeling of water falling on them, so staff needed to follow a specific routine, which helped the person feel comfortable during their personal care.
- People had a sensory care plan in place. This plan detailed people's specific sensory needs in relation to sights, sounds, textures, flavours, smells and other sensory input. The care plans identified the sensory stimulation needed to promote people's wellbeing by creating a suitable environment. For example, one person required low sensory stimulation, as this helped them remain calm.

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 live active lives. Staff worked with people to develop a regular programme of activities in line with their interests. This included leisure and social activities, both inside and outside the home. Relatives comments included, "There is a regular and supportive activity programme. Staff have done an excellent job in supporting two short holidays, which were both very successful", and, "[My relative] is always supported to keep busy."
- Staff made person specific arrangements to ensure people could access activities that interested them. For example, staff had arranged one person to attend an autism friendly cinema screening'. This involved adjustment being made around the cinema experience to make it more suitable for people living with autism, including changes to lighting and sound. This helped the person to enjoy going to the cinema, where they would otherwise not be able to go.
- People were supported to stay in contact with relatives and people important to them. Care plans included details of how people could be supported to stay in contact with them. Relatives told us they felt welcome visiting the service and were happy with the support their family members received in maintaining regular contact.

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.

- The provider met the requirements of this standard by presenting information to people in a variety of

ways, which was tailored to their understanding.

- People's communication needs were documented in their care plans. In one example, one person used Makaton as part of their communication. Makaton is a language system that uses symbols, signs and speech. The person's care plans included pictures of them making the specific Makaton signs they used and what they meant. This helped to ensure there was a shared understanding of the person's communication needs.
- Staff were confident in adopting communication strategies to meet people's specific needs. They used a variety of methods to provide information and communicate to people, including photographs, symbols, easy read documents, simplified text and social stories. These strategies had been successfully deployed to aid people's smooth transition between activities and in the establishment of positive daily routines.

Improving care quality in response to complaints or concerns

- Relatives confirmed they felt able to raise concerns and understood how to make a complaint. Comments included, "The management team have regularly canvassed our views on particular issues and taken those views on board in trying to help resolve any issues", and, "Any issues we have had have been sorted out very quickly."
- The provider had a complaints policy which detailed how and to whom a complaint could be made. This policy was displayed in a simplified form to help people understand what to do if they had concerns.
- The provider had received a low number of complaints since the last inspection. The complaints received had been thoroughly investigated and responded to in line with the provider's policy.

End of life care and support

- Nobody at the service was receiving end of life care at the time of inspection. People were either reluctant or unable to discuss their future wishes and plans.
- The provider had developed policies around end of life care and documents which could be used to help explore people's wishes around care during their last days.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question is 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

- The provider did not always take responsive action to mitigate the risks identified by external stakeholders. The provider commissioned an external company to carry out a fire risk assessment of the home in April 2019. The risk assessment identified eight findings, which required action to help ensure fire safety in the home. One finding was deemed 'high priority', whilst the remaining actions were judged as 'medium priority'.
- The area of 'high priority' related to accessibility of fire escapes. There were complications to implementing recommendations due to the risk of people absconding. However, the area manager was unable to demonstrate what action had been taken to meet all risks identified in the external risk assessment.
- After the inspection, the area manager sent us an updated internal fire risk assessment, which detailed additional measures they had put in place to improve the accessibility of fire exits, including ensuring all staff on shift had a set of keys to unlock these doors in the event of an emergency. They also confirmed they had consulted with the local fire and rescue service, who had arranged to visit the property to carry out an assessment of the provider's new safety arrangements.
- A new manager was in place, who told us of their intention to submit an application to CQC to register as manager of the home. A deputy manager was in post, who oversaw people's care and the supervision of care staff. The Positive Support Co-ordinator oversaw the development and review of people's care plans. Senior staff roles were clearly defined.

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

- Relatives were positive about the leadership at the home. Comments included, "It's a very well-run home", and, "We have always had a positive relationship with the managers."
- Relatives told us the provider had a person-centred ethos which was reflected throughout all branches of the organisation. Comments included, "To date we have been very pleased with the Liaise provision. This confidence has come largely from the benefit of a smaller company where senior management are aware and caring of all the individuals in their care", "The provider has been tremendous from the very beginning", and, "This has easily been the best home [my relative] has lived in."
- The manager had a hands-on approach and a very good understanding of people's needs. They regularly scheduled themselves to care duties. This helped to ensure they had a good understanding of staff's strengths and abilities.

- The provider had displayed their previous inspection rating conspicuously throughout the home. The display of previous inspection ratings is a requirement, as it helps give people, relatives and visitors an idea of the quality of the service.
- Providers are required to notify CQC about significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.

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 had a duty of candour policy in place. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent. There was an open and transparent approach when incidents or mistakes occurred. The manager understood their responsibilities under this regulation and took the appropriate steps to ensure these requirements were met.

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

- The provider invited people, relatives and professionals to regular review meetings. They produced a yearly report, which summarised important events, updates on health and people's achievements over the past year. This document was instrumental in reviewing and setting new goals to focus support around.
- The manager sought people's feedback about the service to make improvements. Some people struggled to give formal feedback due to communication difficulties. Staff used a range of strategies to support people to give meaningful feedback when possible. This helped staff identify suitable activities and menu choices.
- Staff supported people to develop links with the local community, helping promote good outcomes. They had helped people foster relationships with local business owners, such as shops and pubs. This had helped to ensure people were familiar and comfortable in these surroundings.

Continuous learning and improving care

- The manager and area manager were responsive to feedback from our inspection and quickly put an action plan in place to address issues around fire safety.
- Audits were completed which covered key areas of the home. These included audits of care plans, staff recruitment files, medicines management systems and infection control. Through these audits, the manager had identified some errors in the recording of the administration of medicines. They were addressing these issues with staff to promote learning and improvement in this area.
- The area manager regularly visited the home to conduct quality audits. They had a good understanding of people's needs and the key priorities and challenges the service faced.

Working in partnership with others

- The provider had developed effective working partnerships with professionals involved in people's care. This included working with behavioural specialists, neurologists, psychologists, doctors and social workers. Recommendations from professionals were recorded in people's care records. This helped to ensure that staff were providing care in line with professional guidance.